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Friday, July 31, 2026
Sravana 09, 1948 (Saka)

LOK SABHA DEBATES

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Eighth Session

(Eighteenth Lok Sabha)



(Vol. XVI contains Nos. 1 to 10)

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NEW DELHI

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No. 10, Friday, July 31, 2026/ Sravana 09, 1948 (Saka)

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THE SPEAKER

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LOK SABHA DEBATES

LOK SABHA

Friday, July 31, 2026/ Sravana 09, 1948 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

… (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, मैंने आपसे कई बार आग्रह किया है कि प्रश्नकाल महत्वपूर्ण समय होता है, जो माननीय सदस्यों का है।

… (व्यवधान)

माननीय अध्यक्ष : आज कांग्रेस के माननीय सदस्य श्री श्रेयस एम. पटेल का प्रश्न लगा है। आप प्रश्न काल के अंदर नियोजित तरीके से गतिरोध पैदा मत कीजिए।

… (व्यवधान)

माननीय अध्यक्ष : आप सदन को चलने दें। आज प्रियंका जी का भी प्रश्न काल में क्वेश्चन लगा हुआ है । वह प्रश्न पूछने के लिए खड़ी हैं, लेकिन आप सदन बाधित कर रहे हैं।

… (व्यवधान)

माननीय अध्यक्ष : मेरा आग्रह है और मैंने पूर्व में भी कहा था कि सदन के अंदर तख्तियां लेकर आना, बैनर लेकर आना संसद की परंपराओं और मर्यादाओं के अनुरूप नहीं है।

… (व्यवधान)

माननीय अध्यक्ष : कुछ माननीय सदस्य तो भेष बदल-बदल कर संसद में जिस तरीके से कपड़े पहन कर आते हैं, मेरी उन माननीय सदस्यों को चेतावनी है।

… (व्यवधान)

11.01 hrs

At this stage, Dr. Mohammad Jawed, Shri Benny Behanan and some other hon. Members came and stood on the floor near the Table.

… (व्यवधान)

माननीय अध्यक्ष : मुझे कई माननीय सदस्यों ने लिख कर दिया है कि संसद भवन और परिसर की पवित्रता बनी रहनी चाहिए, मर्यादा बनी रहनी चाहिए। आपको जनता ने संसद में चर्चा और संवाद के लिए चुनकर भेजा है। आप सदन की पवित्रता को समाप्त कर रहे हैं, उसकी गरिमा को

समाप्त कर रहे हैं।

… (व्यवधान)

माननीय अध्यक्ष : मैं आपसे पुन: आग्रह करता हूं कि आप अपनी-आपनी सीटों पर विराजें।

… (व्यवधान)

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

… (व्यवधान)

WRITTEN ANSWERS TO QUESTIONS

(i) Starred Question Nos. 181 to 200[#]

FUNCTIONING OF NUTRITION REHABILITATION CENTRES

***181. SHRI SHREYAS M. PATEL:**

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

(a) the total number of Nutrition Rehabilitation Centres (NRCs) functioning in Hassan District, Karnataka, along with their locatios, bed capacity and staffing positions;

(b) whether the Government has assessed the prevalence of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) among children in the district and evaluated the adequacy of the existing NRC facilities and if so, the details thereof;

(c) the details of the funds sanctioned, released and utilised during the last five years for establishment, strengthening and operation of NRCs;

(d) whether any proposal has been received from the Government of Karnataka for establishing additional NRCs or upgrading existing facilities in Hassan District, if so, the details thereof and the action taken thereon; and

(e) whether the Government proposes to establish additional NRCs in underserved taluks and strengthen linkages with Anganwadi Centres,

[#] 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.

Primary Health Centres and District Hospitals for early identification, referral and treatment of malnourished children, if so, the details thereof along with the expected timeline for implementation?

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

(a): As per information shared by the State of Karnataka, details of Nutrition Rehabilitation Centre (NRC) functioning in Hassan District under the National Health Mission (NHM) is placed below:

Details of NRCs	1 [Hassan Institute of Medical Sciences (HIMS), District Hassan]
Number of Beds	20
Human Resources	1 Medical Officer 1 Nutrition Counsellor 1 Staff Nurse 1 Cook cum Care Taker 1 Attendant

As per the State, it also maintains functional Taluk-level NRCs at Arasikere, Belur and Sakaleshpura in Hassan district.

(b): The Government assesses the prevalence of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) through growth monitoring activities conducted at the Anganwadi Centres through Poshan Tracker under Ministry of Women & Child Development and health screening by the Department of Health & Family Welfare.

Monitoring under the National Health Mission (NHM) is carried out through a robust, multi-layered framework that includes review of State-wise Key Deliverables against approved targets during NPCC meetings with all States/UTs. 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.

National Family Health Survey 5 (2019-21) data for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) among children under 5 years in Hassan District is given below:

S. No.	Indicator (%)	Hassan District
1.	Children under 5 years who are wasted	15.2
2.	Children under 5 years who are severely wasted	5.2

(c): The details of funds approved and expenditure under National Health Mission for NRCs for the State of Karnataka from FY 2022-23 to FY 2025-26 are given in the enclosed **Statement.**

(d): The Ministry of Health and Family Welfare provides support through the National Health Mission (NHM) based on the proposals received from the States/UTs in their Annual Programme Implementation Plans. Approval was provided for the proposal for establishment of NRC in District Hassan under NHM as per the proposal of the State Government.

(e): As per information received from the State, Taluk level NRCs have been

approved for the Talukas of Channarayapatna, Holenarasipura, Alur, and Arakalagudu of Hassan District as per State Budget Announcement for FY 2026–27.

As per the existing guidelines, NHM provides supportive framework for management and referral of malnourished children. These include support for operational costs including wage compensation and diet for mothers, treatment and special diet for admitted children, Human Resource and their training, Equipment, incentives to ASHAs for referral and follow up of children admitted in NRCs and infrastructure maintenance. Capacity building of the mothers/caregivers is supported through counselling and support on age-appropriate feeding practices of children after discharge from the NRCs by the Frontline workers and Nutrition counsellors.

For strengthening the linkages, inter-ministerial co-ordination is facilitated through early identification of children suffering from Moderate and Severe Acute Malnutrition by sharing of data through digital portals.

STATEMENT

Approvals and Expenditure for Nutrition Rehabilitation Centres under National Health Mission for the State of Karnataka from F.Y. 2022-23 to 2025-26:

Nutrition Rehabilitation Centres	Karnataka (in Rs lakhs)	
	SPIP Approval	Expenditure
2022-23	336.68	274.51
2023-24	326.6	178.89
2024-25	389.72	120.94
2025-26	449.72	83.03
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		

GLOBAL PROMOTION OF AYUSH SYSTEMS

***182. SHRI MITESH PATEL (BAKABHAI):**
SHRI RAHUL SINGH LODHI:

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

(a) the steps taken by the Government for global promotion and recognition of AYUSH systems including Ayurveda, Yoga, Unani, Siddha and Homoeopathy;

(b) the details of international collaborations, MoUs and exports of AYUSH products and services during 2025-26; and

(c) the progress made so far in the integration of AYUSH with modern healthcare systems both domestically and internationally?

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

(a) and (b): Ministry of Ayush is implementing the central sector scheme for Promotion of International Cooperation for Ayush including Ayurveda, Yoga, Unani, Siddha, and Homoeopathy. Under this scheme the Ministry provides support to Indian Ayush drug Manufacturers/ Ayush Service providers to give boost to the export of Ayush products and services; facilitates the International promotion, development and recognition of Ayush systems of medicine; foster interaction of stakeholders and market development of Ayush at international level; promote academics and research through the establishment of Ayush

Academic Chairs in foreign countries and holding training workshop/symposiums for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level.

The details regarding the export of Ayush products and services and MoUs signed by Ministry of Ayush, Govt. of India during 2025-26 with foreign countries for promoting traditional systems of medicine is given in the enclosed **Statement-I.**

(c): Ministry of Ayush has undertaken several initiatives to promote the integration of Ayush systems with the modern healthcare system in the country. These include:

National Level:

i) Establishment of Ayush Vertical under DGHS (2023): An Ayush Vertical has been established under the Directorate General of Health Services (DGHS) through collaboration between the Ministry of Ayush and the Ministry of Health & Family Welfare (MoH&FW). It serves as a dedicated institutional mechanism for planning, monitoring and supervising Ayush public health programmes and provides technical support for integration of Ayush into healthcare services, public health programmes, medical education and capacity building. The Ayush Vertical has developed evidence-informed Standard Treatment Guidelines to facilitate clinical integration. STGs for six common musculoskeletal disorders (2024) and five common metabolic disorders (2025) have been published. National Master

Trainer programmes have also been conducted in collaboration with the Central Health Education Bureau, followed by cascading training across States and Union Territories.

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 being supported by the Ministry of Health & Family Welfare under National Health Mission (NHM), while the support for Ayush infrastructure, equipment/ furniture and medicines is being provided by the Ministry of Ayush under National Ayush Mission (NAM), as shared responsibilities. 6302 PHCs, 3191 CHCs and 475 DHs have been co-located across the country as per the NHM-Medical Information System (MIS) database as on 31.12.2025.

iii) Integrated Ayush Departments have been established at Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital (2022) and Lady Hardinge Medical College (2023), New Delhi. These departments provide preventive, promotive and therapeutic healthcare services, including Panchakarma. Ayush Research Councils are also providing extended Ayush OPD services at VMMC & Safdarjung Hospital, Lady Hardinge Medical College and Dr. Ram Manohar Lohia Hospital, New Delhi.

iv) Details of initiatives taken by the Research Councils and National Institutes under the Ministry of Ayush for integration of Ayush with the modern healthcare system are given in the enclosed **Statement-II.**

v) Indian Public Health Standards (IPHS) for Ayush Healthcare Facilities (2024): IPHS for Ayushman Arogya Mandirs and Ayush hospitals have been developed to standardize infrastructure, human resources, medicines and quality of service delivery, thereby strengthening the integration of Ayush services within the public healthcare system.

vi) Public Health Advisories: The Ministry has issued Ayush public health advisories on Heat Wave (2024) and Monkey Pox (2024) in coordination with the National Centre for Disease Control (NCDC), supporting the integration of Ayush in national public health preparedness and response.

International level:

Ministry of Ayush, in collaboration with the World Health Organization (WHO), has undertaken several initiatives to facilitate the integration of traditional medicine into modern healthcare systems at the international level. These include:

i) Launch of the ICD-11 Traditional Medicine Module 2 by WHO in New Delhi on 10 January 2024, enabling the inclusion of morbidity codes for Ayurveda, Siddha and Unani in the International Classification of Diseases (ICD-11), thereby

facilitating standardized documentation and reporting of traditional medicine in health information systems.

ii) Agreement between the WHO and the Ministry of Ayush, Government of India for the Development of Traditional Medicine intervention categories and index for the International Classification of Health Interventions (ICHI) with a holistic approach and with a focus on TM system of Ayurveda, Siddha and Unani.

iii) Publication by WHO of the Development of WHO Terminologies on Ayurveda, Unani and Siddha, providing globally harmonized terminology to support clinical practice, education, research and policy.

iv) Publication by WHO of the Benchmark Documents for Training and Practice of Ayurveda and Unani (2022) to promote standardized education, training and quality-assured clinical practice in line with international standards.

v) WHO Technical Report on Training in Yoga, jointly developed by WHO and the Ministry of Ayush, establishes international standards for yoga training, enhancing the quality, credibility, and global integration of yoga into healthcare.

vi) Establishment of the WHO Global Traditional Medicine Centre (GTMC) in Jamnagar, Gujarat, as a global knowledge hub to strengthen evidence generation, research, innovation and the integration of traditional medicine into national health systems.

vii) Bilateral cooperation through Memoranda of Understanding (MoUs) with various countries for collaboration in traditional medicine, covering areas such as education, research, regulation, quality assurance and integrative healthcare.

viii) Promotion of international dialogue on integrative healthcare through global conferences, ministerial meetings and WHO-led initiatives, including the two WHO Global Summit on Traditional Medicine held in India in 2023 & 2025, which emphasized evidence-based integration of traditional medicine within universal health coverage and primary healthcare.

ix) Facilitation of academic collaboration through Ayush Chairs and institutional partnerships with foreign universities and research organizations, promoting education, research and clinical exchange in integrative medicine.

STATEMENT-I

A. The exports of Ayush and herbal products in last financial year i.e. 2025-26 is mentioned below:

Year	Value in USD (million)
2025-26	**638.72**

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

B. Country level MoUs signed during 2025-26:

Sr No.	Title	Signing date	Country name
1.	MoU between the Government of the Republic of India and the Republic of Angola on cooperation in the Field of Ayurveda and other Traditional Systems of Medicine.	02/05/2025	Angola
2.	MoU between the Ministry of Ayush of the Government of the Republic of India and the Ministry of Health of the Republic of Kazakhstan on	04/11/2025	Kazakhstan

	cooperation in the Field of Ayurveda and other Traditional Systems of Medicine.		
3.	MoU between the Government of the Republic of India and the Government of the United Republic of Tanzania on Cooperation in the Field of Traditional System of Medicine and Indian Ayurveda.	19/12/2025	Tanzania

C. Institute level MoUs signed during 2025-26:

Sr No.	Title	Signing date	Country name
1.	MoU between Institute of Teaching & Research in Ayurveda (ITRA), Ministry of Ayush, Government of the Republic of India and institute of Traditional and Alternative Medicine, PMB 31, Ho, Ghana.	02/07/2025	Ghana
2.	MoU between All India Institute of Ayurveda (AIIA), Goa, Ministry of Ayush, Government of the Republic of India and University of the Free State on the Establishment of an Academic collaboration in Traditional Medicine.	12/08/2025	South Africa
3.	MoU Between Morarji Desai National Institute Yoga An Autonomous organization under the Ministry of Ayush Republic of India (Hereinafter referred to as First Party) Association Reunionnaise des Relations et Creations Culturelles, Reunion Island (Hereinafter referred to as Second Party) Establishing Cooperation & Collaboration In the Field Of Yoga	13/01/2026	Reunion Island
4.	MoU between All India Institute of Ayurveda (AIIA), Ministry of Ayush, Government of the Republic of India and Charité Universitätsmedizin Berlin on Academic and Research collaboration in Ayurveda.	01/06/2026	Germany
5.	MoU between Central Council for Research in Homoeopathy (CCRH) and University of Cyberjaya Malaysia on Collaboration in the field of Homeopathy.	21/10/2025	Malaysia
6.	MoU Between Morarji Desai National Institute of Yoga (MDNIY) and Mongolian Yoga Federation (MYF)	03.10.2025	Mongolia

D. Agreements signed during 2025-26:

Sr No.	Title	Signing date	Country name
1.	Agreement between the World Health Organization (WHO) and the Ministry of Ayush, Government of India for the	24/05/2025	WHO

	Development of Traditional Medicine intervention categories and index for the International Classification of Health Interventions (ICHI) with a holistic approach and with a focus on TM system of Ayurveda, Siddha and Unani		
2.	Agreement between The Government of Republic of India and The World Health Organization Concerning The Global Summit on Traditional Medicine	25/09/ 2025	WHO

E. Chair MoU signed during 2025-26:

Sr No	Title	Signing date	Country Name
1.	MoU between All India Institute of Ayurveda (AIIA), Ministry of Ayush, the Government of the Republic of India and National University of Science and Technology Oman on the Establishment of an "Academic chair" in Ayurveda.	17/12/2025	Oman

STATEMENT-II

Details of initiatives taken by the Ministry of Ayush through its Research councils and National Institutes:

S. No.	Research councils/ National Institutes	Details of initiatives Institute
1.	Central Council for Research in Ayurvedic Sciences (CCRAS)	CCRAS has undertaken various research studies to examine the benefits and feasibility of integration of Ayurveda through the following research projects with modern system of medicine: i. Operational study to explore the feasibility of integrating Ayurveda with modern system of medicine in a tertiary care hospital (Safdarjung Hospital New Delhi) for the management of Osteoarthritis (Knee)- Completed ii. Feasibility of introducing Indian System of Medicine (Ayurveda) in the National Reproductive and Child Health services at Primary Health Care (PHC) level" in Himachal Pradesh- Completed iii. Integration of AYUSH systems in National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)- Completed iv. Feasibility of introducing Ayurveda Intervention in Reproductive and Child Health (RCH) in PHCs of Selected district (Gadchiroli) of Maharashtra (Effectiveness of Ayurvedic intervention for Ante-Natal care (Garbhini Paricharya) at Primary Health Care level: A Multi Centre Operational Study)-completed. v. A Memorandum of Agreement (MoA) was signed between the

		Indian Council of Medical Research and the Ministry of Ayush on 11th May 2023, to promote Integrative Health Research. Under this collaboration, a community-based clinical trial on Iron Deficiency Anaemia among non-pregnant women has been completed. vi. In addition, the Indian Council of Medical Research (ICMR), and Ministry of Ayush through CCRAS have jointly undertaken a major initiative to establish Ayush–ICMR Advanced Centres for Integrative Health Research (AI-ACIHR) at selected AIIMS institutions. These centres aim to develop high-quality evidence in priority disease areas and create robust models for integrative healthcare. The identified centre and research areas are mentioned below. a. AIIMS Delhi: i) Advanced Centre for Integrative Health Research in Gastrointestinal Disorders ii) Advanced Centre for Integrative Health Research in Women and Child Health iii.AIIMS Jodhpur:Advanced Centre for Integrative Health Research in Geriatric Health iv.AIIMS Nagpur:Advanced Centre for Integrative Health Research in Cancer Care v.AIIMS Rishikesh:Advanced Centre for Integrative Health Research in Geriatric Health In these centres research studies on Osteo-arthritis, Mild cognitive impairment, Pulmonary rehabilitation in Chronic Obstructive Pulmonary Disease (COPD) and Pneumoconiosis, Abnormal Vaginal Discharge, Polycystic Ovarian Syndrome , Gestational Diabetes, Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD), Pancreaticobiliary diseases, Crohns disease, Ulcerative colitis, Gastro-Oesophageal Reflux Disease (GERD), Pre-malignant oral lesions, Head Neck Squamous Cell Carcinoma and Sarcopenia have been undertaken. vii. Standard Treatment Guidelines (STGs) for AYUSH have been developed for following diseases: a. Standard Treatment Guidelines on Management of Common Musculoskeletal Disorders in Ayurveda System of Medicine , Published in April 2024 includes STG's on Osteoarthritis, Rheumatoid arthritis, Cervical spondylosis, Lumbar spondylosis, Fibromyalgia, Adhesive capsulitis b. Standard Treatment Guidelines on Management of Metabolic disorders in Ayurveda System of Medicine , Published in April 2025 includes STG;s on Diabetes Mellitus,. Dyslipidemia, . Gout, Non

		Alcoholic Fatty Liver Disease and Obesity c. Work in progress on development of STG's on dermatological Disorders.
2.	Central Council for Research in Unani Medicine (CCRUM)	Council has established four re-location centers at Dr. RML Hospital, Dr. DDU Hospital, Safdarjung Hospital, New Delhi and J.J. Hospital at Mumbai. Research protocols are developed and finalized in consultation with multidisciplinary experts, following ICMR, AYUSH, and GCP guidelines. These protocols are reviewed by the respective research sub-committees and the Scientific Advisory Committee (SAC). Ethical aspects are overseen by the Institutional Ethics Committee (IEC), and regular onsite monitoring is carried out by IMRAC. Collaborative projects with modern academic/ research Institutions have also been under taken by the Council to integrate and promote Unani Medicine. Besides the Council has signed 43 MoUs with Academic / Research Institutes of the country e.g. National Institute of Pharmaceutical Education and Research, (NIPER) Hyderabad, ICMR-NIN (National Institute of Nutrition), Hyderabad, Anna University, Chennai, ICMR-National Institute of Traditional Medicine (NITM), Belgavi, CSIR-Centre for Cellular and Molecular Biology (CCMB), Hyderabad, CSIR-Indian Institute of Chemical Technology (IICT), Hyderabad etc.
3.	Central Council for Research in Homoeopathy (CCRH)	CCRH is working towards integration of Homoeopathy with mainstream healthcare by undertaking research in collaboration and cooperation in the field of integrative medicine. The Council has co-location of homoeopathy treatment centre in allopathic hospital for providing treatment on various clinical conditions at Safdarjung Hospital, New Delhi, Lady Hardinge Medical College & Hospital, New Delhi, Delhi Cantonment General Hospital, New Delhi, Clinical trial Unit, at BRD Medical College and Hospital, Gorakhpur, U.P, Civil Hospital, Aizwal, Mizoram and District hospital, Dimapur, Nagaland. The Council has also taken initiative to link Homoeopathy along with mainstream healthcare set-up by undertaking various Public Health programmes such as the Integration of NPCDCS Programme for Homoeopathy, Swasthya Rakshan program (SRP), the Programme 'Homoeopathy for Healthy teething', a component of 'Homoeopathy for healthy child and Schedule Caste (SC) Component plan'.
4.	Central Council for Research in Siddha (CCRS)	CCRS has taken initiatives for integrating Siddha practices with the modern healthcare system by encouraging scientific research and clinical trials to validate the efficacy and safety of Ayush treatments

		along with modern treatments. Integrated Siddha cancer OPD has been functioning at All India Institute of Ayurveda campus and Siddha cancer OPD at Safdarjung hospital aiding the Palliative care of cancer patients through Siddha system through Siddha Clinical Research Unit, Safdarjung, New Delhi under CCRS. CCRS has signed MoU with AIIMS Rishikesh for initiating collaborative research activities for Cancer Management, Reproductive & Childcare and Regenerative Medicine.
5.	Central Council for Research in Yoga & Naturopathy (CCRYN)	CCRYN has been undertaking collaborative research with premier institutions such as AIIMS, NIMHANS, IITs, S-VYASA and other academic institutions to generate scientific evidence on the efficacy of Yoga & Naturopathy for various health conditions. The research findings contribute to the evidence base supporting the integration of Yoga into preventive, promotive and integrative healthcare. The Council also supports Yoga services through its Central Research Institutes of Yoga & Naturopathy (CRIYNs) and collaborative centres.
6.	National Institute of Siddha (NIS)	This Institute is providing treatment for various diseases under Siddha System of medicine with modern health care systems both domestically and internationally for diseases like Cancer, Eye problem, Renal failure.
7.	Morarji Desai National Institute of Yoga (MDNIY)	MDNIY has been designated as WHO-Collaborating Centre for Traditional Medicine (Yoga) since 2013. MDNIY has established 04 Yoga Therapy Centers in the medical institutes for Yoga Therapy and Research. MDNIY is running 20 preventive Health Care Units of Yoga in CGHS wellness centers in Delhi NCR.
8.	National Institute of Homoeopathy (NIH)	National Institute of Homoeopathy has taken the following steps to integrate Homoeopathic system of medicine with the mainstream healthcare system in the field of education, research and healthcare services: i. In the National Institute of Homoeopathy, Kolkata, specialist doctors from Modern Medicine (10 doctors from General Medicine, Radiology & Imaging, Dermatology, Dental, General Surgery, Gynae& Obs., Oncology, Anesthetist and ENT) are engaged to provide expert opinion on the disease diagnosis and specially to demonstrate amongst students. In case of emergency, they prescribe allopathic medicines. i. Further, NIH, Kolkata provides Homoeopathic consultation every Tuesday at Centenary Hospital, Syama Prasad Mookerjee Port, Kolkata along with mainstream medicine.

		i. Development of evidence-based treatment protocols and clinical practice guidelines integrating Ayush with modern medicine for priority disease conditions. v. Digital integration through Ayush Grid, Tele-Ayush services, electronic health records and interoperability with modern digital health platforms. v. National Institute of Homoeopathy gives health care services following its fundamental principles synergistically with modern medical facilities. The facilities of X-RAY, USG etc. is available in NIH with specialist doctors from modern medicine. The modern laboratory investigations are being done in NIH by Hind Labs on PPP model. i. Students/Interns of NIH attends the trainings at the following modern medical facility centres: —— Internship Training at Chittaranjan Seva Sadan Hospital in the subject of Gynaecology and Obstetrics. —— Internship Training at Beleghata ID & BG Hospital, in the subject of Community Medicine. BHMS Students gets exposed for post mortem procedures at R G Kar Medical College and Hospital in the subject of Forensic Medicine and Toxicology.
9.	National Institute of Naturopathy (NIN)	Institute is promoting coordinated and patient-centric integrative care through initiatives such as Yoga-based cardiac rehabilitation services in collaboration with the Centre for Chronic Disease Control (CCDC), integrative maternity services including counselling and Yoga, and lifestyle-based clinical services incorporating Naturopathy and Yoga interventions alongside conventional medical assessment and diagnostic services.
10.	North Eastern Institute of Ayurveda & Homoeopathy (NEIAH)	NEIAH, Shillong has integrated modern practices in physiotherapy, dentistry and dietary etc. in its hospital to provide a comprehensive health care for patients benefit. Moreover, laboratory and radiology procedures are routinely conducted to supplement the Ayurvedic diagnosis of patients. As part of compulsory rotatory internship programme, NEIAH collaborates with the Primary Healthcare Centres by sending interns to various hospitals and PHCs under the Government of Meghalaya.
11.	National Institute of Ayurveda (NIA)	National Institute of Ayurveda (NIA), Jaipur is actively working on several integrative healthcare initiatives to promote the integration of Ayurveda with modern healthcare systems through evidence-based research and collaborative studies. Some of the major initiatives are

		as follows: Two research studies in the field of Shalakya Tantra (Ophthalmology) are currently underway to evaluate the comparative efficacy and safety of Ayurvedic treatment and conventional modern medical treatment in the management of Non-Proliferative Diabetic Retinopathy (NPDR) and Anterior Uveitis. These studies are being conducted in collaboration with Sawai Man Singh (SMS) Medical College, Jaipur. NIA is collaborating with the Tata Memorial Centre, Mumbai on a research study titled "Anti-Cancer Effect of AYUR-LC (A Novel Ayurvedic Herbo-Mineral Formulation) in Non-Small Cell Lung Carcinoma (NSCLC): An In Vivo Experimental Study." This collaborative research aims to generate scientific evidence for the integrative management of cancer and strengthen the evidence base and credibility of AYUSH-based interventions.
12.	Institute of Teaching and Research in Ayurveda (ITRA)	Two Joint Ph.D. Degree program between Academy of Scientific and Innovative Research (AcSIR) -CSIR-National Institute for Interdisciplinary Science and Technology (CSIR-NIIST), Trivendrum and Institute of Teaching and Research in Ayurveda (ITRA).
13.	All India Institute of Ayurveda (AIIA)	i. All India Institute of Ayurveda (AIIA) has adopted integrative healthcare model by collaborating with leading medical institutions for patient care, research, and education. ii. AIIA has also established research collaborations with universities and research organizations across countries including the USA, UK, Germany, Japan, Brazil, Australia, Canada and others for joint research, student exchange, faculty exchange, and training programmes. iii. The All India Institute of Ayurveda has 200 bedded tertiary care hospital with functional ICU. iv. The hospital functions as a model integrative medicine hospital for Ayurveda, and also has modern medicine specialists in various clinical, para clinical departments. v. The institute has established integrated oncology, chest diseases, metabolic diseases, Lifestyle diseases, Rheumatology, Skin clinics. vi. The institute has established 44 specialty outpatient departments, through which integrated treatments are being given. vii. AIIA has established extension centers at strategically important locations across India, Like in the premises of Supreme courts of India, at Lal Bahaddur Shastri Academy of Administrative Training, Mussoorie, Statue of Unity at Kevadia, Gujarat, IIT Delhi, Supreme Court of India.

		viii. AIIA has established functional integrated cancer clinic and research center at AIIMS, Jajjhar, and Integrative medicine at Safdarjung Hospital, VM Medical College, New Delhi. ix. The AIIA hospital is accredited with NABH, prioritizing quality care to the patients x. Daily on an average there are over 1500 patient's footfall is being recorded consistently at affordable cost.

अहिल्यानगर में आधुनिक स्वास्थ्य सेवाओं की आवश्यकता

***183. श्री भाऊसाहेब राजाराम वाकचौरे:**

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

(क) क्या महाराष्ट्र के अहिल्यानगर जिले के शिरडी संसदीय क्षेत्र में प्रतिदिन देश-विदेश से लाखों श्रद्धालु आते हैं जिसके कारण इस क्षेत्र में आधुनिक स्वास्थ्य सेवाओं की आवश्यकता होती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या उक्त क्षेत्र में उच्च स्तरीय स्वास्थ्य सेवाएं और सुपर स्पेशियलिटी चिकित्सा सुविधाएं उपलब्ध नहीं हैं और नागरिकों को गंभीर बीमारियों के इलाज के लिए मुंबई, पुणे या औरंगाबाद जैसे शहरों पर निर्भर रहना पड़ता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का विचार उक्त क्षेत्र में एम्स की तर्ज पर एम्स अथवा उच्च स्तरीय सुपर स्पेशियलिटी अस्पताल और चिकित्सा महाविद्यालय स्थापित करने का है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं और इस संबंध में सरकार की भावी योजना, यदि कोई हो, क्या है?

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

(क) से (घ): 'जन स्वास्थ्य' और 'अस्पताल' राज्य के विषय हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत प्राप्त कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के प्रस्तावों के आधार पर राज्यों/संघ राज्य क्षेत्रों को जन स्वास्थ्य परिचर्या प्रणाली को

सुदृढ़ करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। मानदंडों एवं उपलब्ध संसाधनों की सीमा के अनुसार प्रस्तावों को कार्यवाही के रिकॉर्ड (आरओपी) के रूप में स्वीकृति दी जाती है।

हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई) राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य परिचर्या प्रशासनिक आंकड़ों पर आधारित एक वार्षिक प्रकाशन है। महाराष्ट्र सहित, देश भर में, जिला-वार स्वास्थ्य अवसंरचना की उपलब्धता, जिसमें प्राथमिक स्वास्थ्य केंद्र (पीएचसी), उप-स्वास्थ्य केंद्र (एसएचसी), सामुदायिक स्वास्थ्य केंद्र (सीएचसी), उप-मंडल अस्पताल (एसडीएच) और जिला अस्पताल (डीएच) तथा अन्य स्वास्थ्य इकाईयां शामिल हैं, का विवरण एचडीआई 2023-24 के निम्नलिखित लिंक पर एचएमआईएस पोर्टल के अंतर्गत 'प्रकाशन' (Publications) में देखा जा सकता है: https://hmis.mohfw.gov.in

1.86 लाख आयुष्मान आरोग्य मंदिरों (एएएम), जिनमें महाराष्ट्र में 13,457 और अहिल्यानगर जिले में 369 एएएम शामिल हैं, के माध्यम से उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके व्यापक प्राथमिक स्वास्थ्य सेवा प्रदान की जाती है। इन एएएम को प्रजनन और बाल स्वास्थ्य सेवाएँ, गैर-संचारी रोग, संचारी रोग, वृद्धजन और उपशामक परिचर्या, मानसिक स्वास्थ्य परिचर्या, मुख- स्वास्थ्य, नेत्र एवं ईएनटी परिचर्या और बुनियादी आपातकालीन परिचर्या सहित सेवाओं की एक विस्तृत श्रृंखला द्वारा निवारक, प्रोत्साहक, पुनर्वास संबंधी और उपचारात्मक देखभाल प्रदान करनी होती है।

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-अभिम) एक प्रायोजित योजना (सीएसएस) है, जिसमें कुछ केंद्रीय क्षेत्र (सीएस) घटक शामिल हैं, जिसे स्वास्थ्य सेवा प्रदायगी, जन स्वास्थ्य कार्यों 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 सामना करने के लिए जन स्वास्थ्य प्रणालियों की क्षमता

बढ़ती है। वित्त वर्ष 2021-22 से 2025-26 में महाराष्ट्र राज्य के लिए पीएम-अभिम के तहत कुल 1,195.14 करोड़ रुपये की राशि आवंटित की गई है। इस राज्य को ₹1086.44 करोड़ कुल का 36 एकीकृत जिला जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और 36 क्रिटिकल केयर अस्पताल ब्लॉकों (सीसीबी) के लिए भी अनुमोदन प्रदान किया गया है, जिसमें अहिल्यानगर जिले में 1 आईपीएचएल और 1 सीसीबी शामिल है।

प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत 22 अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) की स्थापना को मंजूरी दी गई है, जिसमें महाराष्ट्र के नागपुर में एक एम्स भी शामिल है, जो कार्यशील है। इसके अलावा, महाराष्ट्र में विशिष्ट स्वास्थ्य परिचर्या सुविधा केंद्रों के विस्तार और सुदृढ़ीकरण के लिए, पीएमएसएसवाई के एक अन्य घटक के तहत छह (06) सरकारी मेडिकल कॉलेजों/संस्थानों- (i) ग्रांट मेडिकल कॉलेज एवं सर जे.जे. ग्रुप ऑफ हॉस्पिटल, मुंबई (ii) सरकारी मेडिकल कॉलेज, नागपुर (iii) सरकारी मेडिकल कॉलेज, औरंगाबाद (iv) सरकारी मेडिकल कॉलेज, लातूर (v) सरकारी मेडिकल कॉलेज, अकोला (vi) श्री वसंतराव नाइक सरकारी मेडिकल कॉलेज, यवतमाल का केंद्र-राज्य लागत-हिस्सेदारी के आधार पर सुपर स्पेशलिटी ब्लॉकों (एसएसबी) के निर्माण को मंजूरी दे कर उन्नयन किया गया है:

केंद्र प्रायोजित योजना (सीएसएस) 'मौजूदा जिला/रेफरल अस्पतालों से सहबद्ध नए चिकित्सा महाविद्यालयों की स्थापना' के अंतर्गत स्वीकृत 157 चिकित्सा महाविद्यालयों में से महाराष्ट्र के गोंदिया और नंदुरबार जिलों में 02 चिकित्सा महाविद्यालयों को मंजूरी दी गई है और वे कार्यशील हैं।

EBOLA VIRUS OUTBREAK

***184 SHRI BENNY BEHANAN:**
SHRI CHARANJIT SINGH CHANNI:

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

(a) the measures taken by the Government after the World Health Organization declared the Ebola Virus outbreak a Public Health Emergency of International Concern (PHEIC);

(b) the number of individuals screened for Ebola Virus at airports in India between May and July 2026, State/UT-wise and airport-wise;

(c) the precautionary and preparedness measures taken by the Government to respond to any suspected or confirmed Ebola Virus Disease cases in the country; and

(d) whether the Government restricted the entry of travellers from countries affected by the Ebola outbreak into India, 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): Following the declaration of the Bundibugyo Ebola disease outbreak as a Public Health Emergency of International Concern (PHEIC) by World Health Organization (WHO) and Public Health Emergency of Continental Security (PHECS) by the Africa Centre for Disease Control and Prevention (Africa CDC), the Government strengthened surveillance and public health preparedness across the country in accordance with the temporary recommendations of WHO.

These measures have been undertaken in close coordination with National Centre for Disease Control, Indian Council for Medical Research, Directorate

General Health Services, Ministry of Civil Aviation, Ministry of Home Affairs, Ministry of External Affairs, Ministry of Ports, Shipping & Waterways, Department of Biotechnology and other stakeholders.

Enhanced screening and surveillance measures have been instituted at International airports and other Points of Entry. In addition, advisories and Standard Operating Procedures (SOPs) covering surveillance, screening, quarantine, clinical management, laboratory testing and infection prevention practices, case reporting have been issued to all States and Union Territories to ensure a coordinated preparedness and response. As on date no case of Ebola Disease has been reported in the country. The precautionary and preparedness measures undertaken by the Government are given in the enclosed **Statement-I**.

The Government as such has not imposed a blanket restriction on the entry of travellers from Ebola-affected countries. However, as per SOP for public health preparedness and response to Ebola disease issued by the Government, all international passengers arriving at Points of Entry are screened for a history of travel to Ebola disease affected countries namely Democratic Republic of Congo (DRC), Uganda and South Sudan during the preceding 21 days.

As per the Self Declaration Forms submitted by international passengers including through the Air Suvidha 2.0 portal, a total of 10,974 passengers coming from the aforesaid countries have been screened from 23rd May uptil 28th July, 2026. The State/UT-wise and airport-wise details number of individuals screened

for Ebola Virus are given in the enclosed **Statement-II** and **Statement-III** respectively.

STATEMENT-I

Measures undertaken by the Government after the World Health Organization declared the Bundibugyo Ebola disease outbreak a Public Health Emergency of International Concern (PHEIC);

- Issued detailed Standard Operating Procedures (SOPs) and operational guidelines covering surveillance, reporting, Infection Prevention and Control, technical specifications for Personnel Protective Equipment, laboratory diagnosis, sample transportation, quarantine, isolation and discharge of cases.
- Identification and operational readiness of designated isolation facilities across States and UTs.
- Expanded laboratory diagnostic capacity through ICMR-NIV, Pune and additional designated Biosafety Level-3 laboratories across the country.
- Ensuring availability of Personal Protective Equipment (PPE) and other logistics for healthcare workers throughout the country including Points of Entry.
- Conducted mock drills in designated hospitals across all States/UTs to assess preparedness.

- Capacity building of APHOs, Bureau of Immigration officials, State Surveillance Units across all states and designated isolation hospitals.
- Deployment of additional Human Resources (doctors & paramedical personnel) at all major international airports.
- Mandatory submission of Self Declaration Forms (SDFs) for all international passengers including through Air Suvidha 2.0 portal.
- Enhanced thermal and symptomatic screening at international airports and seaports for arriving international passengers.
- Strengthened risk communication through airport displays, social media, awareness videos, in-flight announcements and the 24×7 national helplines (1075).
- Activation of the NCDC Public Health Emergency Operations Centre (PHEOC).
- Regular coordination meetings with concerned Ministries, States/UTs, APHO offices and designated isolation hospitals to review preparedness.

STATEMENT-II

State/Union Territory-wise number of individuals screened as precautionary measure at various airports from or who transited through Ebola-affected countries:

S. No.	State/UT	No. of Passengers
1	Andaman & Nicobar Islands	2
2	Andhra Pradesh	361
3	Arunachal Pradesh	0
4	Assam	27
5	Bihar	332
6	Chandigarh	7
7	Chhattisgarh	33
8	Delhi	433
9	Goa	32
10	Gujarat	2905
11	Haryana	225
12	Himachal Pradesh	29
13	Jammu and Kashmir	30
14	Jharkhand	42
15	Karnataka	334
16	Kerala	554
17	Ladakh	1
18	Lakshadweep	1
19	Madhya Pradesh	110
20	Maharashtra	2228
21	Manipur	5
22	Meghalaya	1
23	Mizoram	0
24	Nagaland	1
25	Odisha	126
26	Puducherry	18
27	Punjab	268

S. No.	State/UT	No. of Passengers
28	Rajasthan	451
29	Sikkim	2
30	Tamil Nadu	731
31	Telangana	624
32	Dadra & Nagar Haveli and Daman & Diu	11
33	Tripura	2
34	Uttar Pradesh	785
35	Uttarakhand	100
36	West Bengal	163

STATEMENT-III

Airport city-wise number of individuals screened as precautionary measure at various airports from or who transited through Ebola-affected countries:

S. No.	Airport city	Total Passengers
1	Ahmedabad	200
2	Amritsar	7
3	Bangalore	205
4	Calicut	49
5	Chennai	210
6	Cochin	185
7	Coimbatore	29
8	Delhi	1833
9	Hyderabad	532
10	Jaipur	10
11	Kannur	1
12	Kolkata	35
13	Lucknow	18
14	Mangalore	2
15	Mopa (Goa)	5
16	Mumbai	7568
17	Nagpur	4
18	Surat	1
19	Trivandrum	80

STRENGTHENING OF AYUSHMAN AROGYA MANDIRS

***185. SHRIMATI MALVIKA DEVI:**
SHRI NALIN SOREN:

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

(a) the number of Ayushman Arogya Mandirs approved and operational across the country, State/UT-wise, district-wise and parliamentary constituency-wise for Nabarangpur, Bastar and Kanker;

(b) the details of funds allocated, released and utilised for establishment, upgradation and functioning of Ayushman Arogya Mandirs, in the country during the last three years, State-wise and district-wise including the said constituencies;

(c) whether the Government proposes to further strengthen Ayushman Arogya Mandirs by ensuring and increasing the specialized medical services, essential drugs, modern medical equipments, digital health services, human resources, particularly in aspirational districts, rural, tribal-dominated areas and underserved regions of the country, particularly under the special provisions of the Union Budget 2026-27; and

(d) if so, the details thereof including the proposed establishment of new AAMs, augmentation of manpower, diagnostic equipments, telemedicine facilities, essential medicines, digital health infrastructure and financial assistance for improving accessibility and effectiveness of primary health services in the country, State/UT-wise?

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

(a) to (d): As reported by States/Union Territories (UTs) on Ayushman Arogya Mandir (AAM) portal, 1,86,298 AAMs have been operationalized across the country, as on 30.06.2026. State/ Union Territory-wise number of AAMs operationalized across the country is given in the enclosed **Statement-I**.

As informed by Government of Odisha, a total of 213 AAMs have been operationalised in Nabarangpur parliamentary constituency. As informed by Government of Chhattisgarh, a total of 682 AAMs and 645 AAMs have been operationalised in Bastar and Kanker parliamentary constituency respectively.

The National Health Mission (NHM) provides support for improvement in health infrastructure, human resources in health facilities, availability and accessibility to quality healthcare across the country. Technical and financial support is provided to the States/Union Territories to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Approval is accorded to the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources. Details of State/Union Territory-wise Central Release & Expenditure under NHM including AAMs for the FY 2023-24 to FY 2025-26 is given in the enclosed **Statement-II**.

Under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-

ABHIM), support is also provided for infrastructure development for 11,001 Building less-AAMs and 5,456 Urban AAMs etc. The Fifteenth Finance Commission (FC-XV) had recommended grants through Local Governments for specific components of the health sectors. Under FC-XV support was provided for 9,863 urban AAMs towards strengthening of primary health care.

The AAMs are required to deliver 12 packages of primary health care services across urban, rural, tribal dominated and aspirational district areas, encompassing Reproductive and Child Care Services, Communicable Diseases, Non Communicable Diseases, Palliative Care and Elderly Care, Care for Common Mental Disorders, Substance Use Disorders Management, Oral Health, ENT Care and Basic Emergency Care.

To complement the expanded services, the essential list of drugs & diagnostics has been expanded to make available 179 drugs & 63 diagnostics at Primary Health Centre (PHC)-AAMs and 113 drugs & 14 diagnostics at Sub Health Centre (SHC)-AAMs in the country.

Under NHM, financial assistance is provided for augmentation of human resources, including Community Health Officer (CHO), Auxiliary Nurse Midwife (ANM) and Multipurpose worker -Male along with ASHAs in the catchment area for SHC-AAM and Medical Officer, staff nurses, pharmacist, Health Assistants and Lab technician for PHC-AAM.

Comprehensive Primary Health Care (CPHC) services at AAM are

supported by a set of interoperable digital portals for digital recording and reporting. In an effort to establish seamless data flow and continuity of care, this Ministry has launched Swasth Bharat Portal - a centralized digital platform that provides single-window access to multiple national health programs, thereby reducing the burden of data reporting on healthcare providers and prioritizing patient care.

Further, the medicine availability has been strengthened through Drugs and Vaccine Distribution Management System (DVDMS) portal to enable end-to-end digital inventory management, real-time stock monitoring, and streamlined supply chain oversight to minimise stock-outs.

As per AAM portal, a total of 31,347 AAMs in tribal districts and 27,775 AAMs in aspirational districts have also been operationalised across the country as on 30.6.2026.

The teleconsultation services, available at all operational AAMs across the country, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care.

A total of 1,546 Mobile Medical Units (MMUs) are supported under NHM to provide outreach services in remote villages with difficult terrain which are underserved and inaccessible. Under National Ambulance Service, Advanced Life Support (ALS), Basic Life Support (BLS), Patient Transport Vehicle (PTV), Boat

ambulances, Bike ambulances and Emergency Response Vehicles are supported under NHM for transportation of patients across the country.

STATEMENT-I

Number of AAMs operationalized, State/Union Territory-wise, as on 30.06.2026:

S. N.	State Name	No. of operational AAM
1	Andaman & Nicobar Islands	129
2	Andhra Pradesh	11,873
3	Arunachal Pradesh	510
4	Assam	4,966
5	Bihar	12,444
6	Chandigarh	60
7	Chhattisgarh	5,898
8	Delhi	389
9	DNH&DD	88
10	Goa	310
11	Gujarat	10,625
12	Haryana	3,272
13	Himachal Pradesh	2,845
14	Jammu & Kashmir	3,173
15	Jharkhand	4,181
16	Karnataka	10,137
17	Kerala	7,207
18	Ladakh	321
19	Lakshadweep	13
20	Madhya Pradesh	12,775
21	Maharashtra	13,457
22	Manipur	420
23	Meghalaya	641
24	Mizoram	416
25	Nagaland	485
26	Odisha	7,379
27	Puducherry	133

28	Punjab	3,322
29	Rajasthan	14,494
30	Sikkim	183
31	Tamil Nadu	8,454
32	Telangana	5,038
33	Tripura	1,133
34	Uttar Pradesh	23,646
35	Uttarakhand	2,364
36	West Bengal	13,517
	Total	**1,86,298**

STATEMENT-II

State/Union Territory-wise Central Release & Expenditure under NHM including AAMs for the FY 2023-24 to FY 2025-26:

Rs. in Crore

S. No.	Name of the State/ Union Territory	2023-24		2024-25		2025-26	
		Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
1	Andaman and Nicobar Islands	37.84	40.71	49.99	44.41	44.41	48.48
2	Andhra Pradesh	1,096.01	2,833.44	1,319.61	2,439.82	1,162.85	2,764.51
3	Arunachal Pradesh	404.55	399.44	388.86	472.93	349.93	411.14
4	Assam	2,257.06	2,626.87	2,076.25	2,607.54	2,318.22	2,601.84
5	Bihar	2,032.95	4,010.97	2,367.18	4,466.31	2,508.99	4,287.22
6	Chandigarh	30.58	31.85	43.43	37.29	50.53	49.53
7	Chattisgarh	875.80	1,743.79	969.11	1,784.09	1,159.42	2,121.60
8	Dadra & Nagar Haveli and Daman & Diu	39.92	41.96	40.96	40.47	49.12	43.02
9	Delhi	150.54	338.41	240.39	365.44	346.34	547.04
10	Goa	48.97	84.53	55.06	95.17	51.20	90.20
11	Gujarat	1,506.96	4,040.00	1,324.86	3,198.15	1,362.72	2,757.10
12	Haryana	524.01	1,221.41	562.49	1,127.06	636.01	1,402.07
13	Himachal Pradesh	470.36	629.76	523.70	654.52	572.05	653.43
14	Jammu & Kashmir	805.22	956.95	1,040.76	1,110.30	1,017.14	1,180.71
15	Jharkhand	958.06	1,992.91	964.31	1,986.59	984.57	1,873.32
16	Karnataka	1,187.60	2,741.98	1,295.81	2,478.23	1,268.26	2,513.61
17	Kerala	189.15	1,246.25	1,351.78	1,422.88	813.16	1,743.43

S.	Name of the State/	2023-24		2024-25		2025-26	
18	Ladakh	120.44	119.67	135.98	150.50	142.24	138.98
19	Lakshadweep	3.79	7.10	9.68	10.00	12.94	10.40
20	Madhya Pradesh	2,545.68	5,202.61	2,430.91	5,225.77	3,047.35	5,628.05
21	Maharashtra	2,729.30	5,001.70	2,417.95	4,364.86	2,496.92	5,149.77
22	Manipur	169.12	159.32	279.16	295.79	255.54	366.92
23	Meghalaya	261.39	305.83	297.95	393.01	336.52	377.57
24	Mizoram	134.42	179.84	159.96	174.67	179.13	206.88
25	Nagaland	184.84	196.69	204.47	243.60	187.95	228.10
26	Odisha	1,901.77	3,356.68	1,916.79	3,585.01	1,760.71	4,330.21
27	Puducherry	30.80	45.74	26.27	49.27	30.83	56.40
28	Punjab	91.49	1,428.94	878.21	1,027.72	724.47	1,146.42
29	Rajasthan	2,785.46	4,350.63	2,398.62	4,772.33	2,360.80	4,540.21
30	Sikkim	68.17	75.77	81.67	89.59	99.18	117.93
31	Tamil Nadu	1,996.06	3,104.16	1,742.67	3,461.74	1,714.44	3,191.61
32	Telangana	564.93	1,288.75	1,110.43	1,872.42	868.92	1,452.06
33	Tripura	264.31	309.62	268.67	279.35	331.00	382.15
34	Uttar Pradesh	4,928.14	10,572.60	5,853.43	10,377.16	5,686.12	11,069.32
35	Uttarakhand	711.33	709.79	604.05	760.15	620.69	722.30
36	West Bengal	890.42	3,641.98	688.44	3,583.07	1,324.66	3,588.42
	Total	**32,997.43**	**65,038.66**	**36,119.87**	**65,047.23**	**36,875.33**	**67,791.93**

Note:

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

DEPLOYMENT OF ARTIFICIAL INTELLIGENCE IN PUBLIC HEALTHCARE

***186. SHRI SHASHANK MANI:**
SHRI ARUN GOVIL:

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

(a) whether the Government has formulated a comprehensive roadmap for deployment of Artificial Intelligence (AI) in public healthcare institutions to improve disease detection, diagnostics, clinical decision support and health service delivery in the country;

(b) if so, the steps taken by the Government for its implementation, including the Government healthcare institutions where such tools are operational or under pilot implementation;

(c) the measures being taken to promote the adoption of AI-enabled healthcare solutions in Government health facilities, particularly in rural and underserved regions of the country, Statewise;

(d) whether a regulatory framework has been put in place to ensure ethical, secure and responsible use of AI in healthcare, including the protection of patient data and transparency in AI-based decision-making, if so, the details thereof; and

(e) the manner in which AI is expected to strengthen accessibility, affordability and quality of healthcare services across the country?

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

(a) to (e): Yes, the Ministry of Health and Family Welfare has launched the 'Strategy for AI in Healthcare' (SAHI) on 17th February 2026 during the India AI impact summit. SAHI is a national guidance framework to enable the safe, ethical, evidence-based, responsible and inclusive adoption of artificial intelligence across India's healthcare system. SAHI has been developed after extensive consultation with several major stakeholders of the healthcare ecosystem.

The Ministry of Health has designated All India Institute of Medical Sciences (AIIMS) Delhi, Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh and All India Institute of Medical Sciences Delhi (AIIMS) Rishikesh as 'Centres of Excellence (CoE) for artificial intelligence'. The key objective of AI initiative of 'centre of excellence' is to promote development and use of AI-based solutions in health.

Several AI solutions have been developed. Some of these include the CIinical Decision Support System (CDSS) on e-Sanjeevani platform to provide symptom based clinical diagnosis and thus to assist doctors in providing faster and more accurate consultations; Media Disease Surveillance under Integrated Disease Surveillance Program (IDSP) to enable early detection and monitoring of disease outbreaks; a Diabetic Retinopathy (DR identification solution) to assist in the timely screening and diagnosis of vision-threatening eye diseases; AI enabled tools for identifying hotspots for TB, Leprosy, Malaria, other vector borne diseases etc. for targeted interventions across the country, including rural & underserved

regions; AI-enabled handheld X-rays for TB screening & early diagnosis through community outreach activities; TB Mukt Bharat App, featuring the AI-powered Khushi Chatbot that provides medication reminders, treatment guidance, adherence support, follow-up assistance, and nutritional and psychosocial support for TB patients. These AI solutions are operational in collaboration with central and state health institutions across the country.

Together, these solutions address multiple aspects of healthcare including disease detection, diagnostics, clinical decision support and health service delivery. Diabetic Retinopathy identification solution enables early disease detection and treatment, CDSS supports possible differential diagnosis, and MDS facilitates early outbreak detection and prompt public health action, while a range of solutions for detection of TB and other AI health applications support health service delivery.

Further, safeguards for data privacy, consent and AI accountability are ensured by compliance to various policies and guidelines issued from time to time. These include: Ethical guidelines for Application of Artificial Intelligence in Biomedical Research and Healthcare by ICMR which ensures that AI is developed, validated, deployed, and monitored in a manner that protects patients, promotes public trust, and supports responsible innovation; India AI Governance guidelines by MeitY which provides for a framework for the safe, trusted, inclusive, and responsible development, deployment, and use of AI; Strategy for

AI in Healthcare, which provides for a framework to enable the safe, ethical, evidence-based, responsible and inclusive adoption of AI across India's healthcare system; Information Technology Act 2000 which governs electronic transactions and digital governance; and Information Security Policy for Healthcare by the Department of Health and Family Welfare which provides for a comprehensive framework to protect healthcare information systems and sensitive patient data from cyber threats.

In addition, the Health Technology Assessment India (HTAIn), an attached office of the Department of Health Research (DHR), Ministry of Health and Family Welfare (MoHFW), evaluates emerging AI and Digital Health Technologies (DHTs) for their safety, clinical effectiveness, value, and scalability. Technologies with proven clinical effectiveness undergo a comprehensive Health Technology Assessment (HTA), generating evidence to support their cost-effective adoption and deployment in the public healthcare system. Further, Central Drugs Standard Control Organisation (CDSCO) also regulates use of AI in health as medical device software under the Drug & Cosmetic Act of 1940 and Medical Device Rules 2017.

वैश्विक शांति में भारत का योगदान

***187. श्री अरुण कुमार सागर**:

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

(क) संयुक्त राष्ट्र और अन्य मंचों पर भारत की सक्रिय भागीदारी ने वैश्विक शांति की दिशा में किस प्रकार योगदान दिया है;

(ख) आतंकवाद का मुकाबला करने के प्रयासों और इंटरपोल के साथ सहयोग के माध्यम से सुरक्षा में कितना सुधार किया गया है;

(ग) साइबर सुरक्षा और डिजिटल कूटनीति के माध्यम से वैश्विक चुनौतियों का समाधान किस प्रकार किया जा रहा है; और

(घ) सरकार की बहुपक्षीय कूटनीति के परिणामस्वरूप भारत की वैश्विक भूमिका किस हद तक सुदृढ़ हुई है?

विदेश मंत्री (डॉ. सुब्रह्मण्यम जयशंकर):

(क) से (घ): भारत ने अंतरराष्ट्रीय शांति और सुरक्षा को मजबूत करने में संयुक्त राष्ट्र का लगातार समर्थन किया है। यह समर्थन विभिन्न माध्यमों से व्यक्त किया गया है, जिसमें संयुक्त राष्ट्र शांति अभियानों में इसका विशिष्ट योगदान शामिल है। यह योगदान 8 बार भारत की संयुक्त राष्ट्र सुरक्षा परिषद की सदस्यता में भी परिलक्षित होता है और 2028-29 के लिए अगली उम्मीदवारी की औपचारिक रूप से घोषणा कर दी गई है। प्रत्येक कार्यकाल में भारतीय हितों के मुद्दों को अंतरराष्ट्रीय एजेंडा पर रखा जाता रहा है, जिनमें पिछला वर्ष 2021-22 में समुद्री सुरक्षा और आतंकवाद रोधी मुद्दे से संबंधित था। वर्ष 2028-29 की उम्मीदवारी के लिए छह प्राथमिकताएँ हैं: (i) वॉयस ऑफ ग्लोबल साउथ (ii) पुनर्गठित बहुपक्षवाद को आगे बढ़ाना (iii) भविष्य के अनुकूल शांति स्थापना (iv) एआई के दुरुपयोग से उत्पन्न खतरों पर विचार करना (v) समुद्री संसाधनों की सुरक्षा करना (vi) आतंकवाद संबंधी वित्त पोषण का मुकाबला करना।

भारत वैश्विक शांति और सुरक्षा में एक महत्वपूर्ण योगदानकर्ता है, जिसमें लगभग 3,00,000 शांति सैनिक संयुक्त राष्ट्र के 50 से अधिक मिशनों में सेवा प्रदान कर रहे हैं। वर्तमान में, 11 सक्रिय मिशनों में

से 9 में 4,200 भारतीय शांति सैनिक तैनात हैं, जो अंतरराष्ट्रीय शांति को बढ़ावा देने के लिए चुनौतीपूर्ण परिस्थितियों में काम कर रहे हैं। शांति स्थापना गतिविधियों में भारत की भागीदारी को संयुक्त राष्ट्र और सदस्य देशों द्वारा उच्च सम्मान की दृष्टि से देखा जाता है, जिसे हमारे शांति सैनिकों द्वारा प्राप्त विभिन्न पुरस्कारों और सम्मान-पत्रों में दर्शाया गया है।

हाल के दिनों में, वैश्विक शांति से संबंधित मुद्दों पर संयुक्त राष्ट्र के साथ-साथ अन्य मंचों पर भी चर्चा हुई है। भारत ने दृढ़ता से अपने विचार को आगे बढ़ाया है कि स्थायी और दीर्घकालिक शांति प्राप्त करने के लिए संवाद और कूटनीति सबसे अच्छे साधन हैं। यह यूक्रेन संघर्ष, पश्चिम एशिया घटनाक्रम के साथ-साथ खाड़ी संघर्ष के संबंध में बताया गया है।

आतंकवाद की चुनौती के संदर्भ में, भारत ने शून्य-सहिष्णुता (जीरो टॉलरेंस) की नीति की जोरदार वकालत की है और राष्ट्रों के इस अधिकार को मान्यता दी है कि वे आतंकवाद के खिलाफ अपनी रक्षा करें। वर्ष 1996 से, भारत ने अंतर्राष्ट्रीय आतंकवाद पर एक व्यापक कन्वेंशन को अंगीकृत करने का भी आह्वान किया है। भारत, संयुक्त राष्ट्र सुरक्षा परिषद के प्रस्तावों द्वारा स्थापित आतंकवाद-रोधी तंत्र का समर्थन करता है, जिनमें संकल्प 1267 और 1988 और उनके उत्तरवर्ती संकल्प शामिल हैं, जो अल-कायदा, इराक और लैवेंट के इस्लामिक स्टेट (आईएसआईएल) और संबंधित संगठनों जैसे लश्कर-ए-तैयबा (एलईटी) और जैश-ए-मोहम्मद (जेईएम) पर प्रतिबंधों से संबंधित हैं। केंद्रीय अन्वेषण ब्यूरो (सीबीआई), इंटरपोल के लिए राष्ट्रीय केंद्रीय ब्यूरो के रूप में, आतंकवाद और संगठित अपराध के मामलों की जांच के संबंध में भारतीय कानून प्रवर्तन एजेंसियों को सहायता प्रदान करता है।

साइबर सुरक्षा के संबंध में, भारत सूचना और संचार प्रौद्योगिकी (आईसीटी) सुरक्षा पर संयुक्त राष्ट्र द्वारा अधिदेशित सभी प्रक्रियाओं में भाग लेता है, जिसमें अंतर्राष्ट्रीय सुरक्षा के लिए आईसीटी के क्षेत्र में होने वाले घटनाक्रमों पर नव स्थापित स्थायी वैश्विक तंत्र और आईसीटी के उपयोग में जिम्मेदार

राज्य व्यवहार को आगे बढ़ाना शामिल है। भारत ने फरवरी 2026 में एआई इम्पैक्ट समिट की मेजबानी की, जहाँ उसने एआई के मानव-केंद्रित दृष्टिकोण – 'मानव' – को प्रस्तुत किया, जिसका अर्थ नैतिक और एथिकल सिस्टम; जवाबदेह शासन; राष्ट्रीय संप्रभुता; सुलभ और समावेशी; वैध और कानूनी सिस्टम है।

भारत की वैश्विक भूमिका को इसकी प्रभावी और उद्देश्यपूर्ण बहुपक्षीय कूटनीति से लाभ हुआ है। इसके हालिया उदाहरणों में इंटरनेशनल ट्रिब्यूनल फॉर द लॉ ऑफ सीज़ (आईटीएलओएस) और फाइनेंशियल एक्शन टास्क फोर्स (एफएटीएफ) के उपाध्यक्ष के लिए भारतीय उम्मीदवारों का चुनाव शामिल है। भारत की उम्मीदवारी को सदस्य देशों का व्यापक समर्थन मिला है, उदाहरण के लिए, सातवें कार्यकाल (2026-2028) के लिए संयुक्त राष्ट्र मानवाधिकार परिषद (यूएनएचआरसी) का चुनाव, यूनेस्को के कार्यकारी बोर्ड के लिए पुन: चुनाव (2025-2029), संयुक्त राष्ट्र आर्थिक और सामाजिक परिषद (2026-2028),किम्बरले प्रक्रिया के 2025 के उपाध्यक्ष और 2026 के अध्यक्ष, अंतर्राष्ट्रीय नागरिक उड्डयन संगठन (आईसीएओ) की परिषद के लिए पुनः चुनाव, अंतर्राष्ट्रीय समुद्री संगठन (आईएमओ) की परिषद, डाक संचालन परिषद (पीओसी) और यूनिवर्सल पोस्टल यूनियन (यूपीयू) की प्रशासन परिषद 2026-2029 के लिए चुनाव।

हम अंतर्राष्ट्रीय संस्थानों के सुधार के लिए भी एक सशक्त आवाज रहे हैं और संयुक्त राष्ट्र सुरक्षा परिषद में सुधार के लिए अंतर-सरकारी वार्ताओं में सक्रिय रूप से भाग लेते हैं।

AWARENESS PROGRAMMES UNDER DISHA SCHEME

***188. SHRI RAO RAJENDRA SINGH:**

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

(a) the details of the reach of legal services at the village level under the DISHA Scheme in the country including the number of villages and beneficiaries covered thereunder, State/UT-wise;

(b) the details of Legal Literacy and Legal Awareness Programmes conducted under the DISHA Scheme and the number of persons benefited therefrom, State/UT-wise; and

(c) the details of the Tele-Law programme, including the number of subscribers, beneficiaries, and legal consultations provided through the Tele-Law App during the last three years?

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

(a) to (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 the period of 2026-31 for pan India implementation in 36 States/UTs. DISHA 2.0 aims at leveraging technology to develop and enhance the outreach of citizen friendly solution platforms for legal services. It includes four components viz. Tele-Law: Reaching the Unreached (free pre-litigation advice to all); Nyaya Bandhu (Pro Bono legal Services) Programme; Legal Literacy and Legal Awareness Programme and VIDHI (Vision for Integrated Delivery of Harmonized Legal Initiatives)-Sanjeevani.

The Tele-Law Programme is being implemented through CSC-SPV (CSC e-Governance Services India Ltd.). It connects people with panel lawyers through mobile-app and Toll-Free No. 14454 for rendering free pre-litigation legal advice via use of video/tele conferencing facilities available at Common Service Centres (CSCs)/Village Level Entrepreneurs (VLEs) at the panchayat level, across the country. As on 30.06.2026, more than 1.13 crore free pre-litigation legal advice has been rendered to beneficiaries under the Tele-Law Programme, including through Tele-Law Mobile Application. State/UT-wise details of beneficiaries covered under the Tele-Law Programme are given in the enclosed **Statement-I**.

The Tele-Law Mobile Application is available for download on both the Google Play Store and the Apple App Store. As on 30.06.2026, the total number of Tele-Law Mobile App downloads is more than 2.75 lakh, 34,415 calls have been registered through this app and 33,334 pre-litigation legal advice were provided during last three years.

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. As on 30.06.2026, 10,835 advocates have been registered under the Nyaya Bandhu Programme and 5,559 cases have been registered by beneficiaries across the country. State/ UT wise details of cases registered under the Nyaya Bandhu Programme are given in the enclosed **Statement-II.**

The Legal Literacy and Legal Awareness Programme (LLLAP) under DISHA Scheme, envisages engaging with institutions and building partnerships across stakeholder Ministries/Departments/Organizations, to build capacity of the grassroot workers, legally empower them and spread legal awareness through workshops, webinars, Information, Education and Communication (IEC) materials and collaboration with Prasar Bharati for production and telecast/broadcast of DISHA awareness programmes on Doordarshan and Akashvani. 28 thematic National Webinars have also been organized covering key socio-legal issues. As on 30.06.2026, the programme has cumulative outreach of more than 2.32 crore persons across the country. State/UT-wise data of persons outreached is not maintained.

STATEMENT-I

State/UT-wise details of beneficiaries covered under Tele-Law, as on 30.06.2026:

Sr. No.	State/UT	No. of Districts	Advice Given
1	Andaman And Nicobar	3	4,020
2	Andhra Pradesh	28	3,66,272
3	Arunachal Pradesh	27	20,363
4	Assam	35	2,40,507
5	Bihar	38	6,35,052
6	Chandigarh	1	6,154
7	Chhattisgarh	33	5,13,665
8	Dadra And Nagar Haveli & Daman & Diu	3	11,079
9	Delhi	13	10,581
10	Goa	3	13,516
11	Gujarat	34	4,84,490

Sr. No.	State/UT	No. of Districts	Advice Given
12	Haryana	23	2,20,611
13	Himachal Pradesh	12	1,21,224
14	Jammu And Kashmir	20	7,63,148
15	Jharkhand	24	4,83,203
16	Karnataka	31	5,00,390
17	Kerala	14	36,702
18	Ladakh	2	3,312
19	Lakshadweep	1	2,482
20	Madhya Pradesh	55	12,22,428
21	Maharashtra	36	9,28,191
22	Manipur	16	1,484
23	Meghalaya	12	30,320
24	Mizoram	11	34,051
25	Nagaland	17	29,897
26	Odisha	30	4,10,303
27	Puducherry	2	3,230
28	Punjab	23	3,01,832
29	Rajasthan	41	6,64,548
30	Sikkim	6	2,820
31	Tamil Nadu	38	3,02,580
32	Telangana	33	3,13,173
33	Tripura	8	97,785
34	Uttar Pradesh	75	20,53,422
35	Uttarakhand	13	2,20,134
36	West Bengal	23	2,69,674
	Total	**784**	**1,13,22,643**

STATEMENT-II

State/UT-wise details of Cases registered by the Beneficiaries under Nyaya Bandhu (Pro-Bono Legal Services) Programme, as on 30.06.2026:

Sr. No.	State / UT	Total Cases Registered	Type of Cases	
			Civil	Criminal
1	Andaman & Nicobar Islands	93	88	5

2	Andhra Pradesh	185	145	40
3	Arunachal Pradesh	6	5	1
4	Assam	52	47	5
5	Bihar	195	144	51
6	Chandigarh	109	53	56
7	Chhattisgarh	66	62	4
8	Delhi	1104	790	314
9	Goa	9	4	5
10	Gujarat	170	113	57
11	Haryana	204	171	33
12	Himachal Pradesh	33	27	6
13	Jammu and Kashmir	99	98	1
14	Jharkhand	97	78	19
15	Karnataka	401	254	147
16	Kerala	49	30	19
17	Madhya Pradesh	280	172	108
18	Maharashtra	577	360	217
19	Manipur	2	2	0
20	Meghalaya	4	4	0
21	Mizoram	2	2	0
22	Nagaland	1	1	0
23	Odisha	91	66	25
24	Puducherry	1	1	0
25	Punjab	62	49	13
26	Rajasthan	237	210	27
27	Sikkim	1	1	0
28	Tamil Nadu	131	117	14
29	Telangana	190	114	76
30	Tripura	2	0	2
31	Uttar Pradesh	625	465	160
32	Uttarakhand	90	79	11
33	West Bengal	391	247	144
	Total	**5,559**	**3,999**	**1,560**

SHORTAGE OF FERTILIZERS

***189. SHRIMATI PRIYANKA GANDHI VADRA:**

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

(a) whether the Government has taken cognizance of fertilizer shortage, especially DAP in various parts of the country, if so, the details thereof indicating their demand and supply during the last three years, State and year-wise;

(b) whether the Government has taken measures to augment the supply of fertilizers, if so, the details thereof;

(c) the details of DAP, MOP and NPK fertilizer imports vis-a-vis domestic fertilizer production since 2019, year-wise; and

(d) whether the Government has taken initiatives to increase domestic production of fertilizers, if so, the details thereof?

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

(a) and (b): 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 the fertilizers viz. Urea, DAP, MOP and NPKS, in the country, has remained adequate during the ongoing Kharif 2026 season i.e. from 01.04.2026 to 27.07.2026. The information regarding requirement, availability, sales and closing stock of these fertilizers during the said period is as under:

ALL INDIA					
FERTILIZER AVAILABILITY POSITION DURING ONGOING KHARIF 2026 (FROM 01.04.26 TO 27.07.2026)					
					Fig. in LMT
S. No.	**Product**	**Pro-Rata Requirement**	**Availability**	**DBT Sales**	**CLOSING STOCK AS ON 27.07.2026**
1	**UREA**	120.16	174.47	108.95	65.52
2	**DAP**	34.67	42.36	25.84	16.52
3	**MOP**	10.97	14.21	5.72	8.51
4	**NPKS**	52.89	88.01	43.70	44.31

Further, there is also a closing stock of 21.23 LMT of indigenously produced SSP in the country which is used as a substitute of DAP for providing Phosphatic or 'P' nutrient to the soil.

Moreover, the State-wise information regarding requirement, availability and sales of these fertilizers during the FY 2023-24 to 2025-26 is given in the enclosed **Statement**.

(c): The information regarding imports of DAP, MOP and NPKs fertilizers in the country since FY 2019-20 is as under:

IMPORTS OF DAP, MOP & NPKS IN THE COUNTRY SINCE FY 2019-20			
			Fig in LMT
Year	**DAP**	**MOP**	**NPK**
2019-20	48.7	36.7	7.46
2020-21	48.82	42.27	13.9
2021-22	54.62	24.6	11.7
2022-23	65.83	18.66	27.52
2023-24	55.67	28.69	22.17
2024-25	45.69	35.41	22.72
2025-26	61.94	29	37.08
2026-27 (Till Jun-26)	7.11	6.09	4.91

The information regarding production of DAP and NPKs fertilizers in the country since FY 2019-20 is as under:

PRODUCTION OF DAP & NPKS IN THE COUNTRY SINCE FY 2019-20		
		Fig. in LMT
YEAR	DAP	NPKs
2019-20	45.5	93.34
2020-21	37.74	100.54
2021-22	42.22	89.67
2022-23	43.47	100.4
2023-24	42.93	101.85
2024-25	37.69	121.05
2025-26	39.01	128.37
2026-27 (Till Jun-26)	9.84	20.76
Source : dbtfert.nic.in		
MOP is not produced domestically		
NPKs includes Complex fertilizers and Ammonium Sulphate		

(d): With regard to Urea, 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 through JVC of nominated PSUs namely Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL). These two projects are under execution phase.

Moreover, the Government has 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 the Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics.

To reduce dependence on imported Phosphatic fertilizers and make country self-reliant the following measures have been taken by the Government:

(i) D/o Fertilizers has issued guidelines 18.01.2024 to ensure reasonableness of MRP and encourage domestic production.

(ii) Based on the requests, the new manufacturing units or increase in manufacturing capacity of existing units have been recognized / taken on record under the NBS Scheme.

(iii) The number of P&K fertilizers covered under NBS Scheme has increased from 22 grades in 2021 to 28 grades.

(iv) Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, has been approved since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.

STATEMENT

The State-wise information regarding requirement, availability and sales of these fertilizers during the FY 2023-24 to 2025-26

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2024-25																fig. in LMT
		UREA			DAP			MOP			NPKS			SSP		
S.N.	State	Requir-ement	Availab-ility	DBT Sales	Require-ment	Availab-ility	DBT Sales	Require-ment	Availab-ility	DBT Sales	Require-ment	Availab-ility	DBT Sales	Require-ment	Availab-ility	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
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	1.86	2.09	1.76
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05	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	1.73	1.32	0.93
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	2.00	1.76	1.14
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
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	3.00	3.41	2.35
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
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
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	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	0.00	0.00	0.00
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	2.00	1.95	1.41
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	2.50	1.91	1.32
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	0.04	0.03	0.02

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	0.13	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	0.12	0.08	0.06
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	1.32	0.80	0.56
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	0.04	0.03	0.03
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
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	12.41	13.88	10.75
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	12.50	13.63	9.15
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	0.15	0.08	0.06
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	0.03	0.03	0.02
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	0.01	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	0.30	0.35	0.26
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	0.01	0.01	0.00
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	2.70	1.99	1.34
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	7.15	6.48	4.99
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
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	1.40	0.85	0.68
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	1.60	0.70	0.59
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	0.45	0.33	0.15
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	0.17	0.17	0.11
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	6.50	6.57	4.31
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	4.84	5.04	3.46
	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**	**65.00**	**63.49**	**45.44**

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2024-25

fig. in LMT

		UREA			DAP			MOP			NPKS			SSP		
S.N	State	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	0.00	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	2.00	2.30	1.85
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	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	1.95	1.44	0.99
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	2.00	2.40	1.73
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
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	2.80	3.92	2.37
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
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
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	0.02	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	0.00	0.00	0.00
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	2.05	2.17	1.54
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	3.00	1.78	1.16
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	0.04	0.02	0.01
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	0.12	0.03	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	0.13	0.08	0.06
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	1.45	1.02	0.73
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	0.05	0.04	0.03
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
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	13.00	15.77	11.78
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	13.50	13.06	8.40
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	0.15	0.08	0.07
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	0.06	0.02	0.02

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	0.01	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	0.40	0.51	0.40
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	0.01	0.01	0.01
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	3.00	2.31	1.43
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	9.00	7.10	5.11
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
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	1.92	1.14	0.89
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	1.60	0.79	0.61
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	0.37	0.34	0.17
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	0.17	0.20	0.12
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	8.00	8.23	5.50
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	5.80	6.08	4.29
	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**	**72.61**	**70.85**	**49.28**

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

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2025-26															
fig. in LMT															
		UREA			DAP			MOP			NPKS			SSP		
S. N	State	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	0.00	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	15.60	19.22	17.06	4.80	6.32	5.45	1.70	2.22	1.82	15.80	19.06	15.59	1.94	2.59	2.12
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	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	1.36	1.68	1.15
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	1.75	2.87	1.84
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
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	2.70	4.89	2.97
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
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
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	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	0.00	0.00	0.00
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	2.05	2.59	1.92
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	2.13	1.96	1.29
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	0.03	0.03	0.02
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	0.06	0.08	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	0.08	0.10	0.06
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	0.86	1.42	1.02
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	0.06	0.05	0.05
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
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	13.00	15.88	12.53
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	11.50	14.78	9.70
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	0.10	0.09	0.06
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	0.04	0.03	0.03

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	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	0.00	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	0.43	0.48	0.38
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	0.01	0.01	0.01
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	2.70	2.60	1.69
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	9.00	7.49	5.38
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
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	1.69	1.23	0.96
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	1.60	0.90	0.67
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	0.23	0.33	0.19
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	0.17	0.27	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	6.50	10.09	6.47
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	3.75	6.38	4.58
	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**	**63.77**	**78.83**	**55.29**

RASHTRIYA CHEMICALS AND FERTILIZERS LTD.

***190. THIRU DAYANIDHI MARAN:**

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

(a) whether the Government has approved the proposal of Rashtriya Chemicals and Fertilizers Ltd. (RCF) to raise fifteen hundred crore through a Further Public Offering (FPO);

(b) if so, the details thereof along with the manner in which the proceeds are likely to be utilised;

(c) whether any part of the proposed investment will be directed towards strengthening fertilizer production, storage, logistics, research or distribution infrastructure in Tamil Nadu and if so, the details thereof;

(d) whether the Government has made any assessment regarding the impact of RCF's proposed expansion into renewable energy, water management and agrochemicals on its core mandate of ensuring affordable and timely fertilizer availability to farmers, if so, the findings thereof; and

(e) whether the Government proposes to establish/expand fertilizer manufacturing, warehousing or logistics facilities to improve supply chain resilience and reduce regional disparities in fertilizer availability in Tamil Nadu, if so, the details thereof?

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

(a) to (c): The Board of Directors of Rashtriya Chemicals and Fertilizers (RCF) in its 500th meeting held on 7th July 2026 has accorded in principle approval on the proposal of raising funds amounting to Rs. 1500 crore through a Further Public Offer (FPO) to meet ongoing and future capital expenditure. The proposal is under consideration of the government.

The capital raised through the proposed FPO is intended to fund balance equity infusion in the existing Joint Venture - Talcher Fertilizers Limited (TFL) and to have Strategic Joint Venture Investments by collaborating with other stakeholders to support India's fertilizer security and reduce dependence on imports.

(d): The renewable energy and water management initiatives of RCF are aimed at improving operational efficiency, sustainability and resource optimization, while the agrochemical initiatives are intended to broaden the product basket and support integrated crop nutrition. These initiatives are not expected to adversely affect fertilizer production or supply to farmers.

(e): Decisions regarding establishment or expansion of fertilizer manufacturing facilities are taken after due consideration of factors such as regional fertilizer demand, availability of raw materials, techno-economic feasibility, financial viability, logistics and other locational advantages. Such requirements are assessed periodically to ensure efficient fertilizer production and distribution across the country.

The following steps are taken by the Government in every season for ensuring timely and adequate supply of fertilizers in the country, including in the State of Tamil Nadu:

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 with the Ministry of Railways is undertaken 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 has remained adequate in the country, including in the State of Tamil Nadu, during the ongoing Kharif 2026 season (from 01.04.2026 to 26.07.2026). The information regarding requirement, availability, sales and closing stocks of fertilizers in the country, including in Tamil Nadu, during the said period is given in the enclosed **Statement.**

STATEMENT

The information regarding requirement, availability, sales and closing stocks of fertilizers in the country:

ALL INDIA					
AVAILABILITY OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.2026 TO 26.07.26)					
					Figures in LMT
S. No.	Product	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26
1	UREA	118.81	173.06	107.07	66.01
2	DAP	34.28	41.90	25.40	16.50
3	MOP	10.86	14.14	5.65	8.51
4	NPKS	52.34	87.57	43.09	44.48

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

TAMIL NADU					
AVAILABILITY OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.2026 TO 26.07.26)					
					Figures in LMT
S. No.	Product	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26
1	UREA	2.72	4.66	3.01	1.65
2	DAP	0.80	1.10	0.59	0.51
3	MOP	0.61	0.72	0.41	0.31
4	NPKS	2.72	3.86	2.04	1.82

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

बुंदेलखंड क्षेत्र में स्वास्थ्य सेवाएं

***191. श्री नारायणदास अहिरवार:**

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

(क) क्या बुंदेलखंड क्षेत्र में स्वास्थ्य देखभाल सेवाएं जर्जर अवस्था में हैं;

(ख) यदि हां, तो सरकार द्वारा इस क्षेत्र में अस्पतालों, सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) को सुदृढ़ करने के लिए अब तक क्या कदम उठाए गए हैं; और

(ग) क्या सरकार का विचार निकट भविष्य में बुंदेलखंड क्षेत्र के लिए कोई विशेष स्वास्थ्य विकास पैकेज या योजना शुरू करने का है ताकि उस क्षेत्र की आबादी को बुनियादी स्वास्थ्य सेवाओं की उपलब्धता सुनिश्चित की जा सके और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): 'जन स्वास्थ्य' तथा 'अस्पताल' राज्य के विषय हैं, अतः आवश्यकता के अनुरूप स्वास्थ्य सुविध केंद्रों की योजना बनाना, उनका कार्यान्वयन, उनका रखरखाव करना तथा पर्याप्त संख्या में स्वास्थ्य सुविधा केंद्रों की स्थापना करना संबंधित राज्य सरकारों की प्राथमिक जिम्मेदारी है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत राज्यों/संघ राज्य क्षेत्रों को उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में प्राप्त प्रस्तावों के आधार पर तथा उपलब्ध समग्र संसाधनों की सीमा के भीतर जन स्वास्थ्य प्रणाली को सुदृढ़ करने के लिए वित्तीय एवं तकनीकी सहायता प्रदान की जाती है। भारत सरकार, निर्धारित मानदंडों तथा उपलब्ध संसाधनों के अनुसार इन प्रस्तावों को कार्यवाही अभिलेख (आरओपी) के रूप में अनुमोदित करती है।

बुंदेलखंड क्षेत्र दो राज्यों अर्थात् उत्तर प्रदेश तथा मध्य प्रदेश में फैला हुआ है और इसमें कुल 13 जिले सम्मिलित हैं। राज्यों द्वारा उपलब्ध कराई गई जानकारी के अनुसार, गुणवत्तापूर्ण स्वास्थ्य सेवाओं तक समान पहुंच के महत्व को ध्यान में रखते हुए इस क्षेत्र में प्राथमिक एवं मध्यम स्वास्थ्य सेवाओं को सुदृढ़ करने, स्वास्थ्य अवसंरचना को बेहतर बनाने, मानव संसाधनों की उपलब्धता बढ़ाने तथा स्वास्थ्य परिणामों में सुधार हेतु अनेक पहलें की गई हैं।

उत्तर प्रदेश एवं मध्य प्रदेश जिसमें बुंदेलखंड क्षेत्र स्थित है, राज्यों/संघ राज्य क्षेत्रों को राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत प्रदान किए गए अनुमोदनों का विवरण कार्यवाही अभिलेख (आरओपी) में उपलब्ध है, जिसे निम्नलिखित लिंक पर देखा जा सकता है:

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

वित्त वर्ष 2024-25 तथा वित्त वर्ष 2025-26 के दौरान स्वास्थ्य परिचर्या सेवाओं के सुदृढ़ीकरण के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) तथा प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत उत्तर प्रदेश एवं मध्य प्रदेश को जारी की गई केंद्रीय अंश राशि का विवरण निम्नानुसार है:

(रुपये करोड़ में)

राज्य	वित्त वर्ष	एनएचएम के तहत केंद्रीय निर्गत	पीएम-एबीएचआईएम के तहत केंद्रीय निर्गत
उत्तर प्रदेश	2024-25	5853.43	400.95
	2025-26	5686.12	211.88
मध्य प्रदेश	2024-25	2430.91	63.019
	2025-26	3047.35	130.42

इसके अतिरिक्त, पंद्रहवें वित्त आयोग के अंतर्गत भवन-रहित उप-केंद्रों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), ब्लॉक स्तरीय जन स्वास्थ्य इकाइयों

(बीपीएचयू) आदि को सहायता प्रदान करने के लिए उत्तर प्रदेश तथा मध्य प्रदेश राज्य सरकारों को क्रमशः कुल 5727.87 करोड़ रुपये और 4482.82 करोड़ रुपये की राशि भी जारी की गई है।

राज्यों द्वारा उपलब्ध कराई गई जानकारी के अनुसार, बुंदेलखंड क्षेत्र में राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत सहायता प्राप्त कुल 2788 आयुष्मान आरोग्य मंदिर (एएएम), 428 प्राथमिक स्वास्थ्य केंद्र (पीएचसी), 96 सामुदायिक स्वास्थ्य केंद्र (सीएचसी), 15 सब-डिवीजनल अस्पताल (एसडीएच) तथा 19 जिला अस्पताल (डीएच) कार्यशील हैं।

STRENGTHENING THE SUPPLY OF FERTILIZERS

***192. SHRI ZIA UR REHMAN:**

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

(a) whether the Government has made any assessment regarding the impact of fluctuations in fertilizer availability during peak sowing seasons;

(b) if so, the details thereof;

(c) whether any mechanism has been developed to ensure uninterrupted supply of fertilizers to farmers; and

(d) if so, the details thereof?

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

(a) to (d): 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 all the fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate across the States/UTs 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 given in the enclosed **Statement-I** whereas the said information for Kharif 2026 season, i.e. from 01.04.2026 to 26.07.2026, is given in the enclosed **Statement-II**.

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			
		Require-ment	Availab-ility	DBT Sales	Closing Stock as on 31.03.26	Require-ment	Availab-ility	DBT Sales	Closing Stock as on 31.03.26	Require-ment	Availab-ility	DBT Sales	Closing Stock as on 31.03.26	Require-ment	Availab-ility	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**	**17.43**	**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 26.07.26):

fig. in LMT

		UREA				DAP				MOP				NPKS			
S.No	State	Require-ment	Availab-ility	DBT Sales	Closing Stock as on 19.07.26	Requirement	Availab-ility	DBT Sales	Closing Stock as on 19.07.26	Require-ment	Availab-ility	DBT Sales	Closing Stock as on 19.07.26	Require-ment	Availab-ility	DBT Sales	Closing Stock as on 19.07.26
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	3.64	6.64	2.80	3.84	0.78	1.73	0.84	0.89	0.39	0.73	0.32	0.42	2.10	6.65	2.70	3.96
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	1.32	2.12	1.71	0.41	0.20	0.41	0.27	0.14	0.14	0.43	0.20	0.22	0.14	0.28	0.11	0.18
5	Bihar	4.62	8.15	3.56	4.60	1.59	2.29	0.92	1.37	0.84	0.83	0.13	0.70	1.88	3.28	0.75	2.53
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	5.88	7.48	5.20	2.28	2.49	1.98	1.45	0.53	0.63	0.82	0.52	0.30	2.00	2.30	1.61	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	0.09	0.08	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	0.01	0.00
12	Gujarat	6.20	8.55	5.93	2.62	2.54	2.28	1.64	0.65	0.31	0.41	0.21	0.20	3.42	4.26	2.35	1.91
13	Haryana	6.38	9.89	7.77	2.13	1.30	1.63	1.20	0.44	0.42	0.38	0.14	0.24	0.33	0.43	0.16	0.27
14	Himachal Pradesh	0.17	0.42	0.28	0.15	0.01	0.03	0.01	0.02	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	Jammu and kashmir	0.60	1.15	0.78	0.36	0.18	0.29	0.19	0.10	0.08	0.15	0.11	0.04	0.01	0.06	0.02	0.04
16	Jharkhand	1.44	2.15	1.09	1.06	0.43	0.41	0.25	0.16	0.04	0.06	0.01	0.05	0.53	0.60	0.28	0.31
17	Karnataka	6.58	8.93	4.85	4.08	2.76	3.27	2.38	0.89	1.33	1.60	0.80	0.81	7.61	12.42	7.13	5.30
18	Kerala	0.32	0.66	0.41	0.25	0.07	0.18	0.10	0.08	0.22	0.44	0.30	0.15	0.52	0.59	0.34	0.26

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	0.00	0.00	0.00	0.00
20	Madhya Pradesh	10.42	14.99	9.65	5.34	3.34	3.37	2.30	1.07	0.78	0.61	0.28	0.33	4.38	6.78	3.67	3.12
21	Maharashtra	10.32	14.56	9.35	5.21	3.47	3.70	2.69	1.01	0.88	1.83	0.89	0.94	11.96	21.74	12.19	9.55
22	Manipur	0.11	0.18	0.12	0.06	0.02	0.02	0.01	0.01	0.00	0.00	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	0.02	0.01	0.00	0.01	0.02	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	0.00	0.00	0.00	0.00
26	Odisha	2.97	4.29	1.93	2.36	1.33	1.60	0.91	0.70	0.59	0.79	0.24	0.55	1.82	2.28	0.94	1.34
27	Puducherry	0.04	0.06	0.04	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	12.10	15.47	12.29	3.18	1.55	2.45	1.37	1.08	0.58	0.64	0.22	0.42	0.49	0.50	0.19	0.31
29	Rajasthan	6.42	10.97	7.65	3.32	3.07	2.66	1.99	0.66	0.05	0.14	0.05	0.09	0.74	1.39	0.67	0.72
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	2.72	4.66	3.01	1.65	0.80	1.10	0.59	0.51	0.61	0.72	0.41	0.31	2.72	3.86	2.04	1.82
32	Telangana	7.26	7.88	4.27	3.61	2.04	1.93	1.62	0.31	0.57	0.54	0.15	0.39	7.18	7.68	4.49	3.18
33	Tripura	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	Uttarakhand	0.71	0.96	0.74	0.22	0.15	0.30	0.15	0.15	0.04	0.05	0.01	0.05	0.12	0.04	0.02	0.02
35	Uttar Pradesh	25.04	35.11	19.97	15.14	5.29	8.80	3.88	4.93	1.51	1.38	0.24	1.13	2.09	6.42	1.41	5.02
36	West Bengal	3.45	7.48	3.48	4.00	0.83	1.38	0.60	0.79	0.81	1.52	0.41	1.11	2.13	5.76	1.91	3.86
	All India	**118.81**	**173.06**	**107.07**	**66.01**	**34.28**	**41.90**	**25.40**	**16.50**	**10.86**	**14.14**	**5.65**	**8.51**	**52.34**	**87.57**	**43.09**	**44.48**

RESEARCH AND DEVELOPMENT PROJECTS UNDER AYURGYAN SCHEME

***193. SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:**

DR. SANJAY JAISWAL:

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

(a) the details of the progress of the 16 ongoing Research and Development (R&D) projects under the AYURGYAN Scheme in the country, State/UT-wise, including Odisha, particularly in the Keonjhar Parliamentary constituency;

(b) the details of the operational status of the Ayurveda Biology Integrated Health Research (ABIHR) component;

(c) the details and the projected timeline for setting up the three new All India Institutes of Ayurveda (AIIAs) announced in the Union Budget 2026; and

(d) the steps taken by the Government to strengthen research, education and healthcare infrastructure for the promotion and integration of Ayurveda through these initiatives?

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

(a) and (b): The Ministry of Ayush is implementing a Central Sector Scheme namely Ayurgyan since 2021-22 with the aim to support Research & Innovation in Ayush by providing Extra Mural Research activities and Education by providing

academic activities, training, Capacity Building etc. The Scheme has 03 components viz. (i) Capacity Building & Continuing Medical Education (CME) in Ayush (ii) Research & Innovation (R&I) in Ayush from FY 2021-22 and (iii) Ayurveda Biology Integrated Health Research (ABIHR) was also added under the scheme as 3rd component in FY 2023-24.

Being the Central Sector Scheme, financial assistance is provided to the eligible institutions/organization across the country (including the state of Odisha) and the scheme is not specific to any State/UTs and regions .Under the Research & Innovation (R&I) in Ayush and Ayurveda Biology Integrated Health Research (ABIHR) components of the Ayurgyan Scheme, 34 and 11 research projects were supported respectively since inception of the scheme (i.e. 2021-22) for a duration of three years and funds were released on instalment basis. The details of the same is given in the enclosed **Statement**.

The outcomes of the research projects are in the forms of product development, patents, technology developed, SOPs, presentations on international platform, publication in reputed journals etc. The anticipated outcomes are realized upon completion of the projects. A total 82 research papers have been published in peer-reviewed journals under R&I component (including Erstwhile EMR) from FY 2021-22 to as on 30.06.2026. Further, under the R&I component of Ayurgyan Scheme, an amount of Rs.41.36 lakhs were released to

National Institute of Technology, Rourkela, located in the state of Odisha, for conducting the research project.

(c): In pursuance of the announcement made in the recent Union Budget regarding the establishment of three new AIIAs, two committees namely, the Selection Committee and the Project Core Committee (PCC) have been constituted by the Ministry of Ayush for the purpose of site selection under the Challenge Method, issued by the Cabinet Secretariat.

(d): To strengthen integration of Ayurveda with basic sciences and the conventional system of medicine through high-end interdisciplinary research by promoting collaborative research between Ayush institutions and institutions engaged in modern biological sciences, ABIHR component of Ayurgyan Scheme has been implemented from 2023-24. Further, under Centre of Excellence component of Ayurswasthya Yojana, there is a provision for financial assistance for upgradation of infrastructure and integrative research activities.

Ministry of Ayush is also implementing a Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and supporting their efforts for overall development and promotion of Ayush systems of medicines including Ayurveda in the Country through State/UT Governments. The main objective of the scheme, inter-alia are as follows:

- Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).

- Upgradation of existing standalone Government Ayush Hospitals.
- Setting up of up to 10/30/50 bedded integrated Ayush Hospitals.
- Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.
- Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses.

Further, with regard to integration of Ayurveda, 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.

In addition, Research Councils under Ministry of Ayush namely Central Council for Research in Ayurvedic Science (CCRAS), Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Siddha (CCRS) and Central Council for Research in Yoga & Naturopathy (CCRYN) also undertake research activities such as Clinical Research, Drug Proving, Drug Verification, Drug validation, Drug Standardization, Public Health Research, Fundamental Research and Epidemic research through their Research Institutes/Treatment Centre/Peripheral Units. A total 693 no. of research studies (i.e. CCRAS-340,

CCRH-142, CCRUM-140, CCRS-71) were undertaken by the above Research Councils during FY 2025-26.

STATEMENT

Details of Research Projects supported the various organizations under Ayurgyan Scheme:

Research & Innovation in Ayush Component

S.N.	Grantee Institute	Title of the Study	Stream	State	Approved Grant (in Rs.)
		2021-22			
1.	Institute Medical Sciences, Banaras Hindu University, Varanasi	Clinical effect of Ayurvedic formulation (withasomnifera, Tinospora cordifolia Moringa oleifera, Adhatoda vasica, Pipper longum, Glycyrrt glabra, ocimum sanctum and curcuma longa) in Covid-19 patients"	Ayurveda	Uttar Pradesh	948560
2.	Govt. Siddha Medical College, Palayamkottai, Tirunelvelli	open labelled randomized case control clinical study to evaluate the efficacy of vettummaarankuligai with Nilavembukudineer (VMK-NVK) in comparison with allopathic drug for the subjects affected with mild and moderate Covid-19	Siddha	Tamil Nadu	999000
3.	All India Institute of Medical Sciences (AIIMS), New Delhi	Repurposing of Classical Ayurvedic formulations for their anti-viral effects on SARS-COV-2 Main Protease: A Pre-clinical in-vitro screening approach	Ayurveda	Delhi	5355966
4.	Bangalore Medical College and Research Institute (BMC&RI), Bengaluru	An open-label controlled clinical study to evaluate the efficacy of Sudarshana Churna, Yashtimadhu Churna, and Amritarishta as an add-on therapy to standard care in mild symptomatic COVID-19 positive patients	Ayurveda	Karnataka	1029000

2022-23					
1.	International Centre for Genetic Engineering and Biotechnology, New Delhi	Comparative and combined efficacy evaluation of extracts of Nilavembukudineer and vathasurakudineer	Siddha	Delhi	6260020
2.	All India Institute of Medical Sciences	The effect of structured yoga practices on the quality of life and clinical outcomes in patients with ulcerative colitis	Yoga & Naturopathy	Delhi	6188936
3.	ICMR-National Institute of Epidemiology TNHB, Ayappakkam, Chennai	Health system preparedness of Siddha system of medicine in Non-Communicable Diseases (NCDs), Tamil Nadu: Current status, stakeholder perspectives and cost analysis	Siddha	Tamil Nadu	3932388
4.	Indian Institute of Technology Madras, Chennai	Effect of ghee from indigenous cow milk on cognition and neuro-protection against Alzheimer's disease	Ayurveda	Tamil Nadu	7000000
5.	All India Institute of Medical Sciences	Randomized Controlled Trial on effect of Indigenous Cows Ghrita and Jatyadi Ghrita on wound healing	Ayurveda	Delhi	3398861
6.	All India Institute of Medical Sciences	Management of Long COVID symptoms with Yoga based rehabilitation as an add on therapy to the standard care: A randomised controlled trail	Yoga & Naturo-pathy	Delhi	1239840
2023-24					
1.	Asthagiri Herbal Research Foundation, Chennai	Process standardization and chemical characterization of a siddha formulation, saara pathangam.	Siddha	Tamil Nadu	6874110
2.	All India Institute of Medical Sciences (AIIMS), New Delhi	Irnpact of yoga based lifestyle intervention on Polycystic Ovarian Syndrome (PCOS)	Yoga & Naturo-pathy	Delhi	6107285
3.	Central India Institute of Medical Sciences (CIIMS),	Evaluation of Cow urine distillate as a bioenhancer to increase the efficacy of anti-TB drugs against	Ayurveda	Maharashtra	4961608

	Nagpur	M. tuberculosis infection			
4.	JSS Ayurveda Medical College & Hospital, Mysuru	A Comparative clinical study to validate the influence of Gandha taila and Ksheerabala taila 101 on Osteopenia and Osteoporosis using biochemical markers of bone formation and resorption	Ayurveda	Karnataka	5921869
5.	Indian Institute of Technology, Roorkee	Molecular studies of pharmacologically active antiviral molecules in Gau mutra distillate and drug extract against Chikungunya and Dengue	Ayurveda	Uttarakhand	6340274
6.	Savitribai Phule Pune University Pune	Exploring protective potential of Dioscorea spp. In process of aging and Alzheimer's disease using Drosophila and rat animal models"	Ayurveda	Maharashtra	6471340
7.	Maulana Azad Institute of Dental Sciences	A Randomized Clinical Controlled trial to evaluate the efficacy and safety of Ayurveda interventions in Chemo/Radiother apy induced Oral Mucositis in Oral Carcinoma	Ayurveda	Delhi	6901960
8.	All India Institute of Medical Sciences (AIIMS), New Delhi	Neuroprotective effect of medicinal plants of Ayurveda in glauco vitro mechanistic study"	Ayurveda	Delhi	6145512
9.	School of Biosciences and Technology, VIT University, Vellore	Therapeutic evaluation of an unani herbal medicine against rheumatoid arthritis (Wafa-ul-mafasil)-an immunological approach for scientific validation''	Unani	Tamil Nadu	5948796
10.	Jamia Hamdard, Hamdard Nagar, New Delhi	Molecular mechanism of action of metalloid Unani Kushtajat for their role in protection against cellular stress	Unani	Delhi	6206091
2024-25					
1.	Kasturba Medical Collage, Manipal University,Manipal	Exploration of physiological action of homoeopathic anti-anxiety mediating human GABAergic and serotonergic neurons	Homoeo-pathy	Karnataka	5405120
2.	National Institute of Technology,	Gomutra Ark as a potent anti-cancer agent for the treatment of	Ayurveda	Odisha	5880780

	Rourkela	Oral SquamousCell Carcinoma - Molecular Mechanism underlying its anti-cancer effect			
3.	Dr. ALM postgraduate Institute of Basic Medical Sciences, University of Madras, Chennai	Identifying the mechanism behind the cardio-protective efficacy of Bombyx mori (Abresham) on pressure overload induced cardiac hypertrophy and fibrosis An experimental study usingC57/BL mice	Unani	Tamil Nadu	4604546
4.	SDM College of Medical Sciences & Hospital, Dharwad	Effect of Yoga on Endothelial Function and Vascular Aging in Individuals with Type-2 Diabetes (Yoga V-Age): A Randomized Controlled Trial	Yoga & Naturo-pathy	Karnataka	4236898
2025-26					
1.	College of Veterinary & Animal Scciences (CVAS), Mannuthy, Kerala Veterinary and Animal Sciences University, Wayanad	Pharmacological evaluation of homoeopathic drugs in breast cancer cell lines	Homoeo-pathy	Kerala	5234697
2.	R. C. Patel Institute of Pharmaceutical Education and Research Shirpur, Dhule	Investigation of molecular evidences of anti-psoriatic efficacy of selected homeopathic drugs using TLR-7/ IL-17/ IL-23 knock-in/out cell lines and mouse models of psoriasis	Homoeo-pathy	Maharashtra	4419064
3.	Interactive Research School for Health Affairs, Bharati Vidyapeeth, Pune	Effect of a therapeutic course of Basti on gut microbiome in obese individuals	Ayurveda	Maharashtra	5595230
4.	Vallabhbhai Patel Chest Institute, Delhi	A clinical study to evaluate the effects of yogic intervention on pulmonary functions, inflammatory markers, oxidative stress and health status in patients of Chronic	Ayurveda	Delhi	5212550

		Obstructive Pulmonary Disease (COPD)			
5.	All India Institute of Ayurveda (AIIA), New Delhi	Pre-clinical & Randomized Control Clinical Study to Evaluate the Effectiveness of Ayurvedic inhalation therapy (aerosol) and Rasayan therapy in the management of COPD	Ayurveda	Delhi	6159358
6.	Post Graduate Institute of Medical Education and Research.	Mechanistic elucidation of Ayush-56 in autism spectrum disorder like animal model	Ayurveda	Chandigarh	5725252
7.	All India Institute of Medical Sciences (AIIMS), New Delhi	Assessment of Unani Pharmacopoeial formulation (s) adjuvant role along with antiseizure medications in drug resistant epilepsy: A combined experimental and clinical study approach	Unani	Delhi	6999480
8.	Jubilee Centre for Medical Research Thrissur	Investigating Phenotypic-genotypic correlations of Ayurveda Prakriti through a multidisciplinary approach	Ayurveda	Kerala	6931880
9.	Sarada Krishna Homoeopathic Medical College	Evaluation of individualized homoeopathic high dilution in the regression of cervical premalignant lesion of women in Kanniyakumari district	Homoeo-pathy	Tamil Nadu	7000000
10.	Jadavpur University Kolkata	Pharmacological studies on the probable mechanism of action of Modified Dawa-ul-Misk Motadil (MDMM) in the management of cardiovascular diseases, involving formulation optimization of this ancient Unani preparation	Unani	West Bengal	6318930
Total (Rupees Seventeen Crore Seventy Nine Lakh Fifty Five Thousand Two Hundred One Only)					**17,79,55,201 (17.79 Crore)**

Ayurveda Biology Integrated Health Research

Fund released during FY 2023-24

Sl. No	State /UT	Name of the Institution	Study Title	Fund released (In lakhs)
1.	Andhra Pradesh	Laila Neutraceuticals Vijaywada	Development of Drug master file and technical dossier of Trigonella Foenum graecum-stage 1 (pre-clinical studies-oral toxicity genotoxicity, efficacy, pharmacokinetic studies and safety pharmacology in rodents)	560.00
2.	Uttar Pradesh	Dabur Research foundation, Ghaziabad	Development of Technical dossier of Withania somnifera –stage 2 (preclinical studies, oral toxicity, gebno toxicity, efficacy, pharmaco kinetic studies and safety pharmacology in rodents).	56.00
Total				**616.00**

Fund released during 2024-25

S. N.	State /UT	Name of the Institution	Study Title	Fund released (In Lakhs)
1.	Maharashtra	Intox Pvt. Ltd. Pune	Development of technical dossier of Boswellia serrate –stage 2 (preclinical studies–oral toxicity, genotoxicity, efficacy, pharmacokinetic studies and safety pharmacology in rodents)	498.50
2.	Karnataka	Adigyl Lifesciences Pvt. Ltd.	Development of Technical dossier of Bacopa Monnieri –stage 1 (preclinical studies-oral toxicity, genotoxicity, efficacy pharmacokinetic studies and safety pharmacology in rodents)	499.32
3.	Gujarat	Jai Research Foundation Valvada	Development of Technical dossier of Zingiber Officinale –stage 1 (preclinical studies-oral toxicity, genotoxicity, efficacy, pharmacokinetic studies and safety pharmacology in rodents)	498.85
4.	Andhra Pradesh	Laila Neutraceuticals, Vijaywada	Development of Drug master file and technical dossier of Trigonella Foenum graecum-stage 1 (pre-clinical studies-oral toxicity genotoxicity, efficacy, pharmacokinetic studies and safety	499.54

			pharmacology in rodents)	
Total				**1996.21**

Fund released during FY 2025-26

Sl. No	State /UT	Name of the Institution	Study Title	Fund released (In lakhs)
1.	Uttar Pradesh	Dabur Research foundation, Ghaziabad	Development of Technical dossier of Withania somnifera–stage 1 (preclinical studies, oral toxicity, genotoxicity, efficacy, pharmacokinetic studies and safety pharmacology in rodents)	737.60
2.	Madhya Pradesh	Regional Ayurveda Research Institute, Aamkho, Gwalior, Madhya Pradesh	Preclinical Toxicological Evaluation and Safety Pharmacology of Selected Ayurvedic Formulations Triphala churna, Lashunadi vati, and Brihat Vata Chintamani Rasa.	157.08
3.	West Bengal	Department of Pharmaceutical Technology, Jadavpur University, Kolkata	Toxicological Evaluation, Safety Assessment, and Metabolomic Profiling of Selected Ayurvedic herbs and Formulations	548.33
4.	Karnataka	Indian Institute of Science, Bangalore	Investigation of potential leads from Ayurveda therapeutics for Management of AMR	472.00
5.	Maharashtra	Regional Ayurveda Research Institute, Kothrud, Pune	Preclinical Toxicological Evaluation and Safety Pharmacology of Selected Ayurvedic Formulations - Laksha Guggulu, Dadimadi Ghrita and Ekangaveera Rasa	236.64
6.	West Bengal	Central Ayurveda Research Institute, Kolkata	Preclinical Toxicological Evaluation and Safety Pharmacology of Rajah Pravartini Vati, Phala Ghrita and Drakshavaleha	339.10
Total				**2490.40**

ग्रामीण स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करना

***194. श्री संदिपनराव आसाराम भुमरे:**
श्रीमती कलाबेन मोहनभाई देलकर:

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

(क) क्या सरकार ने विगत पांच वर्षों के दौरान देश के विभिन्न राज्यों में ग्रामीण स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए कदम उठाए हैं;

(ख) यदि हां, तो महाराष्ट्र और संघ राज्य क्षेत्र दादरा और नगर हवेली तथा दमन और दीव सहित तत्संबंधी राज्य/संघ राज्य क्षेत्र-वार ब्यौरा क्या है; और

(ग) विगत तीन वर्षों और वर्तमान वर्ष के दौरान देश में, विशेष रूप से महाराष्ट्र और संघ राज्य क्षेत्र दादरा और नगर हवेली तथा दमन और दीव में ग्रामीण स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए सरकार द्वारा अब तक कितनी धनराशि आवंटित की गई है और कितनी धनराशि का उपयोग किया गया है?

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

(क) से (ग): जन स्वास्थ्य एवं अस्पताल राज्य सूची के विषय हैं और इसलिए, जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने की प्राथमिक जिम्मेदारी राज्यों/संघ राज्य क्षेत्रों की है। तथापि, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, भारत सरकार, महाराष्ट्र तथा दादरा और नगर हवेली तथा दमन और दीव जैसे संघ राज्य क्षेत्रों सहित सभी राज्यों/संघ राज्य क्षेत्रों को ग्रामीण स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने में सहायता प्रदान करती है। राज्य/संघ राज्य क्षेत्र वार्षिक कार्यक्रम कार्यान्वयन योजना (पीआईपी) के माध्यम से अपने प्रस्ताव भेजते हैं और उपलब्ध समग्र वित्तीय संसाधनों (आरई) के आधार पर, भारत सरकार अनुमोदित मानकों एवं दिशानिर्देशों के अनुसार कार्यवाही अभिलेख (आरओपी) में अनुमोदन प्रदान करती है। सभी राज्यों/ संघ राज्य क्षेत्रों के पिछले पाँच वर्षों के आरओपी का विवरण नीचे दिए गए लिंक पर उपलब्ध है:

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

वित्त वर्ष 2023-24 से 2026-27 तक महाराष्ट्र तथा दादरा और नगर हवेली और दमन और दीव संघ राज्य क्षेत्रों सहित देश के सभी राज्यों/संघ राज्य क्षेत्रों को ग्रामीण परिचर्या सेवाओं को सुदृढ़ करने के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत जारी की गई निधियों तथा व्यय का ब्यौरा संलग्न **विवरण** में दिया गया है।

एनएचएम के अतिरिक्त, राज्यों और संघ राज्य क्षेत्रों को पीएम-एबीएचआईएम के तहत ग्रामीण स्वास्थ्य सेवा सहित स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए 32,961.10 करोड़ रु. की राशि भी अनुमोदित की गई है। इसके अतिरिक्त, ग्रामीण घटकों सहित स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए राज्यों को पंद्रहवें वित्त आयोग स्वास्थ्य अनुदान के अंतर्गत 59,811.80 करोड़ रु. की अतिरिक्त वित्तीय सहायता भी दी गई।

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वित्त वर्ष 2023-24 से वित्त वर्ष 2026-27 तक राष्ट्रीय स्वास्थ्य मिशन के तहत राज्य/संघ राज्य क्षेत्र-वार केंद्रीय निर्गत और व्यय:

(करोड़ रु. में)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	2023-24		2024-25		2025-26		2026-27	
		केंद्रीय निर्गत	व्यय	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	18.11	3.70
2	आंध्र प्रदेश	1,096.01	2,833.44	1,319.61	2,439.82	1,162.85	2,764.51	348.00	217.60
3	अरुणाचल प्रदेश	404.55	399.44	388.86	472.93	349.93	411.14	94.77	1.54
4	असम	2,257.06	2,626.87	2,076.25	2,607.54	2,318.22	2,601.84	563.71	177.20
5	बिहार	2,032.95	4,010.97	2,367.18	4,466.31	2,508.99	4,287.22	763.33	437.77
6	चंडीगढ़	30.58	31.85	43.43	37.29	50.53	49.53	4.38	6.32
7	छत्तीसगढ़	875.80	1,743.79	969.11	1,784.09	1,159.42	2,121.60	280.23	99.47
8	दादरा और नगर हवेली तथा दमन और दीव	39.92	41.96	40.96	40.47	49.12	43.02	4.74	3.63

9	दिल्ली	150.54	338.41	240.39	365.44	346.34	547.04	41.00	38.95
10	गोवा	48.97	84.53	55.06	95.17	51.20	90.20	8.87	7.51
11	गुजरात	1,506.96	4,040.00	1,324.86	3,198.15	1,362.72	2,757.10	466.99	255.60
12	हरियाणा	524.01	1,221.41	562.49	1,127.06	636.01	1,402.07	192.21	141.48
13	हिमाचल प्रदेश	470.36	629.76	523.70	654.52	572.05	653.43	83.94	47.74
14	जम्मू और कश्मीर	805.22	956.95	1,040.76	1,110.30	1,017.14	1,180.71	163.53	74.61
15	झारखंड	958.06	1,992.91	964.31	1,986.59	984.57	1,873.32	157.56	42.09
16	कर्नाटक	1,187.60	2,741.98	1,295.81	2,478.23	1,268.26	2,513.61	377.21	167.47
17	केरल	189.15	1,246.25	1,351.78	1,422.88	813.16	1,743.43	354.40	258.05
18	लद्दाख	120.44	119.67	135.98	150.50	142.24	138.98	35.71	9.63
19	लक्षद्वीप	3.79	7.10	9.68	10.00	12.94	10.40	3.92	1.84
20	मध्य प्रदेश	2,545.68	5,202.61	2,430.91	5,225.77	3,047.35	5,628.05	842.13	541.27
21	महाराष्ट्र	2,729.30	5,001.70	2,417.95	4,364.86	2,496.92	5,149.77	946.48	511.05
22	मणिपुर	169.12	159.32	279.16	295.79	255.54	366.92	10.11	1.10
23	मेघालय	261.39	305.83	297.95	393.01	336.52	377.57	57.03	11.92
24	मिजोरम	134.42	179.84	159.96	174.67	179.13	206.88	16.22	1.02
25	नागालैंड	184.84	196.69	204.47	243.60	187.95	228.10	43.03	1.03
26	ओडिशा	1,901.77	3,356.68	1,916.79	3,585.01	1,760.71	4,330.21	458.98	258.52
27	पुदुच्चेरी	30.80	45.74	26.27	49.27	30.83	56.40	7.00	0.51
28	पंजाब	91.49	1,428.94	878.21	1,027.72	724.47	1,146.42	234.91	90.36
29	राजस्थान	2,785.46	4,350.63	2,398.62	4,772.33	2,360.80	4,540.21	456.70	220.62
30	सिक्किम	68.17	75.77	81.67	89.59	99.18	117.93	13.06	0.21
31	तमिलनाडु	1,996.06	3,104.16	1,742.67	3,461.74	1,714.44	3,191.61	571.60	163.88
32	तेलंगाना	564.93	1,288.75	1,110.43	1,872.42	868.92	1,452.06	243.99	127.75
33	त्रिपुरा	264.31	309.62	268.67	279.35	331.00	382.15	55.97	27.64
34	उत्तर प्रदेश	4,928.14	10,572.60	5,853.43	10,377.16	5,686.12	11,069.32	1,584.74	675.28
35	उत्तराखंड	711.33	709.79	604.05	760.15	620.69	722.30	271.72	104.08
36	पश्चिम बंगाल	890.42	3,641.98	688.44	3,583.07	1,324.66	3,588.42	349.09	223.74

नोट:

1. उपरोक्त निर्गत केंद्र सरकार के अनुदान से संबंधित है और इसमें राज्य का अंशदान शामिल नहीं है। वित्त वर्ष 2026-27 के लिए केंद्र सरकार द्वारा निर्गत दिनांक 13.07.2026 तक अद्यतित किया गया है और यह अनंतिम है।

2. व्यय में केंद्रीय निर्गत, राज्य द्वारा निर्गत और वर्ष की शुरुआत में अव्ययित शेष राशि की तुलना में व्यय शामिल है। व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत एफएमआर के अनुसार है और यह अनंतिम है। व्यय को दिनांक 31.05.2026 तक अद्यतित किया गया है।

NUTRIENT BASED SUBSIDY SCHEME

***195. SHRI NAVEEN JINDAL:**

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

(a) the total subsidy outlay under the Nutrient Based Subsidy (NBS) scheme for the current financial year;

(b) whether the Government proposes to revise the present price of urea which has remained unchanged since March 2018, if so, the details thereof; and

(c) special subsidy, if any, being extended for DAP in view of rising global prices?

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

(a): For Kharif 2026, under Nutrient Based Subsidy (NBS) Scheme, the Government has approved Rs. 41,533.81 crore as subsidy to ensure availability of Phosphatic & Potassic (P&K) fertilizers.

(b): No Sir, as of now, there is no such proposal of the Government to revise the present price of Urea.

(c): In case of Phosphatic and Potassic (P&K) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Policy w.e.f. 01.04.2010. Under NBS policy, MRP of P&K fertilizers is decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The Government monitors international prices of key fertilizers and raw materials and fluctuations, if any, are

subsumed while fixing NBS rates for P&K fertilizers annually / bi-annually to ensure affordable supply of P&K fertilizers to the farmers. Relevant factors like requirement of nutrients in the country, balanced use of fertilizers, subsidy burden and MRP of fertilizers are taken into account while recommending the subsidy rates for different nutrients.

Further, to make Di-Ammonium Phosphate (DAP) which is a key fertilizer, available at affordable price of Rs. 1350 per 50 kg bag, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP over and above NBS subsidy for the said period.

एम्स में मरीजों के लिए सुविधाएं

***196. डॉ. आनन्द कुमार गोंड:**

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

(क) क्या सरकार ने देश के विभिन्न अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) और स्नातकोत्तर संस्थानों (पीजीआई) में दूर-दराज के क्षेत्रों से आने वाले रोगियों और उनके संबंधियों/परिचारकों के लिए उपलब्ध प्रतीक्षा क्षेत्र और आश्रय सुविधाओं का आकलन किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार को इस बात की जानकारी है कि दूर-दराज के क्षेत्रों से आने वाले अनेक रोगियों और उनके रिश्तेदारों को उपचार या अपॉइंटमेंट की प्रतीक्षा करते हुए कई दिनों तक अस्पताल परिसर से बाहर रहने के लिए मजबूर होना पड़ता है और उन्हें अत्यधिक गर्मी, कड़ाके की ठंड और वर्षा का सामना करना पड़ता है जिससे उन पर मानसिक, शारीरिक और वित्तीय बोझ पड़ता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का विचार दूर-दराज के क्षेत्रों से आने वाले रोगियों के संबंधियों/परिचारकों की सुविधा के लिए बड़े प्रतीक्षालय, विश्राम क्षेत्र, पेयजल, शौचालय और अन्य आवश्यक बुनियादी सुविधाएं उपलब्ध कराने का है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में प्रस्तावित कार्य-योजना, समय-सीमा और वित्तीय प्रावधान क्या हैं?

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

(क) से (घ): अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) और स्नातकोत्तर चिकित्सा संस्थान (पीजीआई) मरीजों और उनके परिचरों के लिए प्रतीक्षालय, आश्रय सुविधाएँ, स्वच्छ पेयजल, शौचालय सहित बुनियादी सुविधाएं तथा अन्य बुनियादी सुविधाएँ उपलब्ध करा रहे हैं। इसके अतिरिक्त, संस्थानों ने अपने रैन बसेरों में मरीजों के परिचरों के लिए किफायती, स्वच्छ, सुरक्षित और सुलभ आवास सुविधाओं की भी व्यवस्था की है।

इन संस्थानों में देशभर के विभिन्न अस्पतालों से आने वाले रेफरल सहित बड़ी संख्या में रोगी आते हैं। नए एम्स में विभिन्न स्वास्थ्य परिचर्या सेवाओं की प्रदायगी में निरंतर विस्तार के कारण बहिरंग रोगी विभाग (ओपीडी) में आने वाले मरीजों तथा अंतरंग रोगी विभाग (आईपीडी) में भर्ती होने वाले मरीजों की संख्या में उल्लेखनीय वृद्धि देखी जा रही है। वास्तविक रोगी भार और आवश्यकताओं

के आधार पर मरीजों की बढ़ती आवाजाही को देखते हुए रैन बसेरों, प्रतीक्षालयों आदि का विस्तार एक निरंतर चलने वाली प्रक्रिया है।

सरकारी चिकित्सा महाविद्यालयों में स्नातकोत्तर पाठ्यक्रम

***197. श्री उमेषभाई बाबूभाई पटेल:**

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

(क) क्या विभिन्न राज्यों और संघ राज्यक्षेत्रों के सरकारी चिकित्सा महाविद्यालयों में एक समान स्नातकोत्तर चिकित्सा पाठ्यक्रमों के लिए निर्धारित शुल्क में व्यापक असमानता है;

(ख) यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है और इसके क्या कारण हैं;

(ग) देश के प्रत्येक संघ राज्यक्षेत्र में सरकारी चिकित्सा महाविद्यालयों का ब्यौरा क्या है और उनमें कौन-कौन सेपाठ्यक्रम चलाए जा रहे हैं तथा वर्तमान शुल्क संरचना क्या है;

(घ) क्या सरकार का नमो चिकित्सा शिक्षा और अनुसंधान संस्थान, सिलवासा के शुल्क ढांचे को युक्तिसंगत बनाने हेतु इसकी समीक्षा करने का विचार है ताकि इसे छात्रों के लिए वहनीय बनाया जा सके और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या नमो महाविद्यालय, सिलवासा में नियमित प्राध्यापकों, चिकित्सकों, रेजीडेंट चिकित्सकों सहित अन्य कुल स्वीकृत पद रिक्त पड़े हैं और यदि हां, तो तत्संबंधी श्रेणी-वार ब्यौरा क्या है और इसके क्या कारण हैं तथा उक्त रिक्त पदों का शिक्षा, नैदानिक प्रशिक्षण और चिकित्सा सेवाओं की गुणवत्ता पर क्या प्रभाव पड़ा है?

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

(क) से (ङ): सरकारी मेडिकल कॉलेजों में स्नातकोत्तर पाठ्यक्रमों सहित अन्य चिकित्सा पाठ्यक्रमों की फीस निर्धारित करना संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आता है। तदनुसार, मेडिकल कॉलेजों की शुल्क संरचना से संबंधित डेटा केंद्रीय स्तर पर नहीं रखा जाता है। राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा उपलब्ध कराई गई जानकारी के अनुसार, सरकारी मेडिकल कॉलेजों तथा उनमें संचालित पाठ्यक्रमों का संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

नमो चिकित्सा शिक्षा एवं अनुसंधान संस्थान, सिलवासा की शुल्क संरचना का निर्धारण एवं इसे तर्कसंगत बनाने संबंधी कार्य, दादरा एवं नगर हवेली और दमन एवं दीव संघ राज्य क्षेत्र के प्रशासन/इस संबंध में पंजीकृत सोसायटी के अधिकार क्षेत्र में आता है।

दादरा और नगर हवेली तथा दमन और दीव संघ राज्य क्षेत्र के प्रशासन से मिली जानकारी के अनुसार, 219 स्वीकृत पदों की तुलना में सभी श्रेणियों के कुल 193 चिकित्सा पेशेवर उपलब्ध हैं।

विवरण

देश भर के गवर्नमेंट मेडिकल कॉलेजों का संघ राज्य क्षेत्र-वार ब्यौरा

क्र. सं.	संघ राज्य क्षेत्र के नाम	कॉलेज का नाम	पाठ्यक्रम का नाम
1	अंडमान और निकोबार द्वीप समूह	अंडमान और निकोबार द्वीप समूह आयुर्विज्ञान संस्थान, पोर्ट ब्लेयर	एमडी - माइक्रोबायोलॉजी
			एमडी - बायो-केमिस्ट्री
			एमडी - एनेस्थिसियोलॉजी
			एमएस - जनरल सर्जरी
			एमडी - नेत्र विज्ञान
			एमडी/एमएस - एनाटॉमी
2	चंडीगढ़	गवर्नमेंट मेडिकल कॉलेज, चंडीगढ़	एमडी - फिजियोलॉजी
			एमडी - बायो-केमिस्ट्री
			एमएस - प्रसूति एवं स्त्री रोग
			एमडी - माइक्रोबायोलॉजी
			एमडी - फार्माकोलॉजी
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी

			एमएस - जनरल सर्जरी
			एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमडी - पीडियाट्रिक्स
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमएस - ऑर्थोपेडिक्स
			एमडी - फोरेंसिक मेडिसिन/फोरेंसिक मेडिसिन और टॉक्सिकोलॉजी
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी- जनरल मेडिसिन
			एमडी - इम्यूनो हेमेटोलॉजी और ब्लड ट्रान्स्फ्यूजन
			एमडी - पैथोलॉजी
			एमडी - रेडियोथेरेपी/रेडिएशन ऑन्कोलॉजी
			एमडी – मनोविकार चिकित्सा
			एमडी - एनेस्थिसियोलॉजी
			एमएस - नेत्र विज्ञान
			एमडी/एमएस - एनाटॉमी
3	दादरा और नगर हवेली और दमन और दीव	नमो चिकित्सा शिक्षा एवं अनुसंधान संस्थान, सिलवासा	एमडी - माइक्रोबायोलॉजी
			एमडी - एनेस्थिसियोलॉजी
			एमडी - पैथोलॉजी
			एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमएस - जनरल सर्जरी
			एमएस - प्रसूति एवं स्त्री रोग
			एमएस - नेत्र विज्ञान
			एमडी - पीडियाट्रिक्स
			एमएस - ऑर्थोपेडिक्स
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी
			एमडी- जनरल मेडिसिन
4	दिल्ली	अटल बिहारी वाजपेयी इंस्टीट्यूट ऑफ मेडिकल साइंसेज और डॉ. आरएमएल अस्पताल, नई दिल्ली	एमडी - एनेस्थिसियोलॉजी
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमएस - नेत्र विज्ञान

			एमडी - मनोविकार चिकित्सा
			एमडी- जनरल मेडिसिन
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी
			एमडी - माइक्रोबायोलॉजी
			एमएस - ऑर्थोपेडिक्स
			एमएस - जनरल सर्जरी
			एमडी - पैथोलॉजी
			एमडी - पीडियाट्रिक्स
			एमडी - फिजिकल मेडिसिन और रिहैबिलिटेशन
			एमएस - प्रसूति एवं स्त्री रोग
			एमडी - बायो-केमिस्ट्री
			एम.सीएच - थोरेसिक सर्जरी/कार्डियो थोरेसिक सर्जरी/कार्डियो वैस्कुलर और थोरेसिक सर्जरी
			एम.सीएच - न्यूरो सर्जरी
			एम. सीएच - बाल चिकित्सा सर्जरी
			एम.सीएच - प्लास्टिक सर्जरी/प्लास्टिक और रिकन्सट्रक्टिव सर्जरी
			एम.सीएच - यूरोलॉजी/ जेनिटो -यूरिनरी सर्जरी
		चाचा नेहरू बाल चिकित्सालय	एमडी - पीडियाट्रिक्स
			एम. सीएच - पीडियाट्रिक्स सर्जरी
		ईएसआई-पीजीआईएमएसआर, ईएसआई-अस्पताल, बसईदारापुर , नई दिल्ली	एमएस - जनरल सर्जरी
			एमडी- जनरल मेडिसिन
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी - एनेस्थिसियोलॉजी
			एमडी - माइक्रोबायोलॉजी
			एमडी - पीडियाट्रिक्स
			एमएस - प्रसूति एवं स्त्री रोग
			एमएस - ऑर्थोपेडिक्स
			एमडी - पैथोलॉजी
			एमएस - नेत्र विज्ञान
			एमडी - बायो-केमिस्ट्री
		जीबी पंत स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान, नई दिल्ली	एमडी - बायो-केमिस्ट्री
			एमडी - माइक्रोबायोलॉजी
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी

			एमडी - पैथोलॉजी
			एम.सीएच - थोरेसिक सर्जरी/कार्डियो थोरेसिक सर्जरी/कार्डियो वैस्कुलर और थोरेसिक सर्जरी
			एम.सीएच - न्यूरो सर्जरी
			एम.सीएच - सर्जिकल गैस्ट्रोएंटरोलॉजी
		भारतीय रेलवे स्नातकोत्तर आयुर्विज्ञान एवं अनुसंधान संस्थान नई दिल्ली	एमएस - जनरल सर्जरी
			एमडी - एनेस्थिसियोलॉजी
			एमएस - ऑर्थोपेडिक्स
			एमएस - नेत्र विज्ञान
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमएस - प्रसूति एवं स्त्री रोग
			एमडी - पैथोलॉजी
			एमडी - पीडियाट्रिक्स
			एमडी- जनरल मेडिसिन
		मानव व्यवहार एवं संबद्ध विज्ञान संस्थान, दिल्ली	एमडी – मनोविकार चिकित्सा
			एम.सीएच - न्यूरो सर्जरी
			एम.सीएच - हेपेटो पैनक्रियटो बाइलरी सर्जरी
		लेडी हार्डिंग मेडिकल कॉलेज, नई दिल्ली	एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमएस - नेत्र विज्ञान
			एमडी - माइक्रोबायोलॉजी
			एमएस - ऑर्थोपेडिक्स
			एमडी - फिजियोलॉजी
			एमडी - फार्माकोलॉजी
			एमडी - पीडियाट्रिक्स
			एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमएस - प्रसूति एवं स्त्री रोग
			एमडी - पैथोलॉजी
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी - बायो-केमिस्ट्री
			एमडी - फोरेंसिक मेडिसिन/फोरेंसिक मेडिसिन और टॉक्सिकोलॉजी
			एमडी/एमएस - एनाटॉमी
			एमडी - एनेस्थिसियोलॉजी
			एमडी- जनरल मेडिसिन

			एमएस - जनरल सर्जरी
			एमडी – मनोविकार चिकित्सा
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी
			एमडी - फिजिकल मेडिसिन और रिहैबिलिटेशन
			एम. सीएच – पीडियाट्रिक सर्जरी
		मौलाना आज़ाद मेडिकल कॉलेज, नई दिल्ली	एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमडी - रेडियोथेरेपी/रेडिएशन ऑन्कोलॉजी
			एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमडी - पैथोलॉजी
			एमडी - पीडियाट्रिक्स
			एमएस - प्रसूति एवं स्त्री रोग
			एमडी - बायो-केमिस्ट्री
			एमडी - फार्माकोलॉजी
			एमडी/एमएस - एनाटॉमी
			एमडी - फिजियोलॉजी
			एमडी – मनोविकार चिकित्सा
			एमएस - नेत्र विज्ञान
			एमएस - ऑर्थोपेडिक्स
			एमडी - माइक्रोबायोलॉजी
			एमडी- जनरल मेडिसिन
			एमएस - जनरल सर्जरी
			एमडी - फोरेंसिक मेडिसिन/फोरेंसिक मेडिसिन और टॉक्सिकोलॉजी
			एमडी - एनेस्थिसियोलॉजी
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी
			एम. सीएच – पीडियाट्रिक सर्जरी
		राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान, नई दिल्ली	एमडी - सामुदायिक स्वास्थ्य प्रशासन
		उत्तरी दिल्ली नगर निगम मेडिकल कॉलेज, दिल्ली	एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
		यूनिवर्सिटी कॉलेज ऑफ मेडिकल साइंसेज और जीटीबी अस्पताल, नई दिल्ली	एमडी - फोरेंसिक मेडिसिन/फोरेंसिक मेडिसिन और टॉक्सिकोलॉजी
			एमडी- जनरल मेडिसिन

			एमडी - पीडियाट्रिक्स
			एमडी - माइक्रोबायोलॉजी
			एमडी - पैथोलॉजी
			एमडी - बायो-केमिस्ट्री
			एमडी - फार्माकोलॉजी
			एमडी - फिजियोलॉजी
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी
			एमएस - ऑर्थोपेडिक्स
			एमडी - एनेस्थिसियोलॉजी
			एमडी – मनोविकार चिकित्सा
			एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमएस - जनरल सर्जरी
			एमएस - प्रसूति एवं स्त्री रोग
			एमडी/एमएस - एनाटॉमी
			एमएस - नेत्र विज्ञान
		वर्धमान महावीर मेडिकल कॉलेज और सफदरजंग अस्पताल, दिल्ली	एमडी - फिजिकल मेडिसिन और रिहैबिलिटेशन
			एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमडी - फोरेंसिक मेडिसिन/फोरेंसिक मेडिसिन और टॉक्सिकोलॉजी
			एमडी/एमएस - एनाटॉमी
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी - फार्माकोलॉजी
			एमडी- जनरल मेडिसिन
			एमएस - प्रसूति एवं स्त्री रोग
			एमडी - बायो-केमिस्ट्री
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी
			एमडी - पीडियाट्रिक्स
			एमडी - खेल चिकित्सा
			एमएस - ऑर्थोपेडिक्स
			एमएस - जनरल सर्जरी
			एमडी - फिजियोलॉजी

			एमडी - पैथोलॉजी
			एमडी - माइक्रोबायोलॉजी
			एमडी - रेडियोथेरेपी/रेडिएशन ऑन्कोलॉजी
			एमडी - एनेस्थिसियोलॉजी
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमएस - नेत्र विज्ञान
			एमडी – मनोविकार चिकित्सा
			एम.सीएच - थोरेसिक सर्जरी/कार्डियो थोरेसिक सर्जरी/कार्डियो वैस्कुलर और थोरेसिक सर्जरी
			एम.सीएच - न्यूरो सर्जरी
			एम. सीएच – पीडियाट्रिक सर्जरी
			एम.सीएच - प्लास्टिक सर्जरी/प्लास्टिक और रिकन्सट्रक्टिव सर्जरी
			एम.सीएच - यूरोलॉजी/ जेनिटो -यूरिनरी सर्जरी
			एम.सीएच – गायनेकोलोजिकल ऑन्कोलॉजी
		वल्लभभाई पटेल चेस्ट इंस्टीट्यूट, दिल्ली विश्वविद्यालय, दिल्ली	एमडी – रेस्पिरेटरी चिकित्सा/ पलमोनरी चिकित्सा
			एमडी - माइक्रोबायोलॉजी
			एमडी - बायो-केमिस्ट्री
			एमडी - फिजियोलॉजी
			एमडी - फार्माकोलॉजी
5	जम्मू और कश्मीर	गवर्नमेंट मेडिकल कॉलेज, अनंतनाग	एमडी- जनरल मेडिसिन
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमडी - एनेस्थिसियोलॉजी
			एमएस - जनरल सर्जरी
			एमडी - पीडियाट्रिक्स
		गवर्नमेंट मेडिकल कॉलेज बारामूला	एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमएस - जनरल सर्जरी
			एमडी - पीडियाट्रिक्स
		गवर्नमेंट मेडिकल कॉलेज कठुआ	एमडी - बायो-केमिस्ट्री
			एमडी - एनेस्थिसियोलॉजी
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमडी - पैथोलॉजी
			एमडी- जनरल मेडिसिन
			एमडी - फार्माकोलॉजी

			एमडी - पीडियाट्रिक्स
			एमएस - प्रसूति एवं स्त्री रोग
			एमएस - जनरल सर्जरी
		गवर्नमेंट मेडिकल कॉलेज राजौरी जम्मू और कश्मीर	एमडी - पीडियाट्रिक्स
		गवर्नमेंट मेडिकल कॉलेज, जम्मू	एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी
			एमडी - इम्यूनो हेमेटोलॉजी और ब्लड ट्रान्स्फ्यूजन
			एमडी - एनेस्थिसियोलॉजी
			एमएस - ऑर्थोपेडिक्स
			एमएस - नेत्र विज्ञान
			एमडी - फार्माकोलॉजी
			एमएस - जनरल सर्जरी
			एमडी/एमएस - एनाटॉमी
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी- जनरल मेडिसिन
			एमडी - माइक्रोबायोलॉजी
			एमडी - फिजियोलॉजी
			एमडी - पीडियाट्रिक्स
			एमडी - पैथोलॉजी
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमएस - प्रसूति एवं स्त्री रोग
			एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमडी - रेडियोथेरेपी/रेडिएशन ऑन्कोलॉजी
			एमडी – मनोविकार चिकित्सा
			एमडी - बायो-केमिस्ट्री
			एम.सीएच - यूरोलॉजी/ जेनिटो -यूरिनरी सर्जरी
		गवर्नमेंट मेडिकल कॉलेज, श्रीनगर	एमडी - एनेस्थिसियोलॉजी
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी- जनरल मेडिसिन
			एमडी - माइक्रोबायोलॉजी
			एमडी - पीडियाट्रिक्स
			एमडी - पैथोलॉजी
			एमडी - फार्माकोलॉजी

			एमडी - फिजियोलॉजी
			एमडी – मनोविकार चिकित्सा
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी
			एमडी - रेडियोथेरेपी/रेडिएशन ऑन्कोलॉजी
			एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमडी – रेस्पिरेटरी चिकित्सा/ पलमोनरी चिकित्सा
			एमडी/एमएस - एनाटॉमी
			एमएस - नेत्र विज्ञान
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमएस - जनरल सर्जरी
			एमएस - प्रसूति एवं स्त्री रोग
			एमएस - ऑर्थोपेडिक्स
			एम.सीएच - यूरोलॉजी/ जेनिटो -यूरिनरी सर्जरी
			एम.सीएच – पीडियाट्रिक सर्जरी
			एम. सीएच - न्यूरो सर्जरी
		शेर-ए-कश्मीर इंस्टीट्यूट ऑफ मेडिकल साइंसेज, श्रीनगर	एमएस - ऑर्थोपेडिक्स
			एमएस - प्रसूति एवं स्त्री रोग
			एमएस - नेत्र विज्ञान
			एमडी - पैथोलॉजी
			एमडी - अस्पताल प्रशासन
			एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमडी - रेडियोथेरेपी/रेडिएशन ऑन्कोलॉजी
			एमएस - जनरल सर्जरी
			एमडी - एनेस्थिसियोलॉजी
			एमडी - पीडियाट्रिक्स
			एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी
			एमडी - रेस्पिरेटरी चिकित्सा/ पलमोनरी चिकित्सा
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी- जनरल मेडिसिन
			एमडी – मनोविकार चिकित्सा
			एमडी - माइक्रोबायोलॉजी

			एम.सीएच - एंडोक्राइन सर्जरी
			एम.सीएच - न्यूरो सर्जरी
			एम.सीएच - प्लास्टिक सर्जरी/प्लास्टिक और रिकन्सट्रक्टिव सर्जरी
			एम.सीएच - सर्जिकल गैस्ट्रोएंटरोलॉजी
			एम.सीएच - यूरोलॉजी/ जेनिटो -यूरिनरी सर्जरी
			एम.सीएच- बाल चिकित्सा
			एम.सीएच - थोरेसिक सर्जरी/कार्डियो थोरेसिक सर्जरी/कार्डियो वैस्कुलर और थोरेसिक सर्जरी
6	पुदुचेरी	इंदिरा गांधी मेडिकल कॉलेज और अनुसंधान संस्थान, पुडुचेरी	एमडी - सामाजिक एवं निवारक चिकित्सा / सामुदायिक चिकित्सा
			एमडी - फोरेंसिक मेडिसिन/फोरेंसिक मेडिसिन और टॉक्सिकोलॉजी
			एमडी- जनरल मेडिसिन
			एमडी - माइक्रोबायोलॉजी
			एमडी - पैथोलॉजी
			एमडी - फार्माकोलॉजी
			एमडी/एमएस - एनाटॉमी
			एमएस – ओटोरहिनोलैरिंगोलॉजी (ईएनटी)
			एमएस - जनरल सर्जरी
			एमएस - प्रसूति एवं स्त्री रोग
			एमएस - नेत्र विज्ञान
			एमएस - ऑर्थोपेडिक्स
			एमडी - डर्माटोलोजी, वेनेरोलॉजी और लैप्रोसी
			एमडी - एनेस्थिसियोलॉजी
			एमडी - रेस्पिरेटरी चिकित्सा/ पलमोनरी चिकित्सा
			एमडी - बायो-केमिस्ट्री
			एमडी - फिजियोलॉजी
			एमडी - पीडियाट्रिक्स

FINANCIAL ASSISTANCE TO ODISHA FOR HEALTH AND MEDICAL EDUCATION

***198. SHRI PRADEEP PUROHIT:**

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

(a) the details of the financial assistance released by the Union Government to the State of Odisha during the last two years, indicating the amount sanctioned, released and utilised under the health related centrally sponsored schemes, scheme-wise; and

(b) the details of the Memoranda of Understanding (MoUs) signed between the Union Government and the Government of Odisha during the last two years in the health and medical education sector, along with their objectives, financial outlay and the current status?

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

(a) and (b): Public Health & Hospitals, is State subject, hence, the primary responsibility of providing basic health services to all the citizens lies with the respective State/UT Government. The details of financial assistance provided to the State of Odisha for the F.Y. 2024-25 & F.Y. 2025-26 under various health related centrally sponsored schemes is given in the enclosed **Statement**.

Ministry of Health & Family Welfare, Government of India has entered the following Memorandum of Understanding (MoU)s with Government of Odisha in

the last two years:

1. National Health Authority, Government of India has signed a Memorandum of Understanding (MoU) with the Government of Odisha for implementation of the scheme Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (AB PMJAY) in April 2025.

   Under the scheme, 67.80 lakh eligible families are covered in Odisha. As on 25th July 2026, a total of 3.43 crore Ayushman Cards have been created, and 20.52 lakh hospital admissions have been authorized under AB PM-JAY in the State of Odisha.

2. All India Institute of Medical Sciences (AIIMS), Bhubaneshwar has entered into a MoU with Government of Odisha in April 2026, for Extension of Technical support for construction of 100 bedded hospital building at Rairangpur, Odisha, provision of OPD services in specific specialties on select days, conduct of special camps, Telemedicine services and Emergency services.

3. Under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), as a measure to enhance intersectoral coordination and health emergency preparedness and response capacities, Ministry of Health and Family Welfare has provided requisite support for establishment of a Health Emergency Operation centers (HEOCs) in Bhubaneswar, Odisha. An MoU in

this regard was signed between Ministry of Health and Family Welfare, Government of India and Government of Odisha on 30th December, 2024.

STATEMENT

The details of financial assistance provided to the State of Odisha for the F.Y. 2024-25 & F.Y. 2025-26:

(Rs. in cr.)

S No.	Schemes	F.Y. 2024-25		F.Y. 2025-26	
		Released	Utilized	Released	Utilized
1	National Health Mission (NHM)	1,916.79	3,585.01	1,760.71	4,330.21
2	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	149.05	248.42	137.19	228.65
3	Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (AB PM-JAY)*	-	-	464.92	-

Note:

1. 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 under NHM & PM-ABHIM.

2. *The State was onboarded in April 2025.

INCIDENCE OF SICKLE CELL DISEASE

***199. DR. NAMDEO KIRSAN:**

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

(a) whether the Government is aware that the incidence of sickle cell disease is significantly high among the tribal population of the Gadchiroli, Chandrapur & Gondia district of the Gadchiroli-Chimur Parliamentary Constituency in Maharashtra, if so, the details thereof;

(b) the number of persons screened, identified as carriers and diagnosed with sickle cell disease in Gadchiroli, Chandrapur & Gondia district of

Maharashtra under the National Sickle Cell Anaemia Elimination Mission during the last three years, year-wise;

(c) whether the Government proposes to establish additional sickle cell screening centres, genetic counselling facilities, blood storage units and dedicated treatment centres in the said Parliamentary Constituency to ensure timely diagnosis and treatment for affected tribal populations, if so, the details thereof; and

(d) the details of financial assistance, manpower deployment, awareness programmes and availability of medicines such as Hydroxyurea along with other measures taken/proposed to be taken by the Government to achieve the objective of eliminating sickle cell disease as a public health problem by 2047 in Gadchiroli district of Maharashtra?

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

(a) to (d): ‘Public Health’ & ‘Hospitals’ are State subjects. This Ministry provides technical and financial support to the States/UTs including Maharashtra, for conducting screenings, procurement of drugs for sickle cell anaemia and strengthening existing blood banks/establishing new blood bank, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM).

Under National Sickle Cell Anaemia Elimination Mission (NSCAEM), screenings in the targeted age group of 0-40 years are conducted at all health facilities from District Hospitals (DH) upto Ayushman Arogya Mandir (AAM) level in affected 17 tribal states including Maharashtra for diagnosis of Sickle Cell Disease (SCD).

As reported by the States on SCD portal, as on 26.07.2026, more than 7.25 crore screenings have been conducted in tribal dominated areas of the country including 1.11 crore in the State of Maharashtra. As informed by State, number of persons screened, identified as carriers and diagnosed with SCD in Gadchiroli, Chandrapur and Gondia district, under this Mission is given in the enclosed **Statement**.

Ministry of Health and Family Welfare has devised the cost norms for establishment of Centres of Excellence (CoE) on SCD funded by Ministry of Tribal Affairs (MoTA) in various states. 17 CoEs in 15 states including in AIIMS Nagpur, Maharashtra have been approved by MoTA.

Patients living with SCD are provided with counseling regarding lifestyle management, pre-marriage and pre-natal decisions.

Hydroxyurea has been included in NHM Essential Drugs List at Sub-Health Centres, Primary Health Centres (PHC)/ Urban PHC, Community Health Centres and DHs to address the issue of access to medicine. To monitor the drug procurement and ensure the availability of essential medicines in public health facilities, Drugs and Vaccine Distribution Management System (DVDMS) has

been launched by the Govt. of India.

Through MoTA, awareness and counseling material have been developed and shared with the States for propagation of awareness of disease, screening and management.

Under Department of Health Research, ICMR has established the ICMR-National Institute for Research in Tribal Health (NIRTH), Jabalpur, Madhya Pradesh and a Centre for Research Management and Control of Hemoglobinopathies in Chandrapur, Maharashtra which supports national programs including sickle cell disease.

STATEMENT

Number of persons screened, identified as carriers and diagnosed with SCD in Gadchiroli, Chandrapur and Gondia district, under NSCAEM:

S. No.	Name of District	No. of people screened	No. of people identified as Carriers	No. of people diagnosed with SCD
1.	Gadchiroli	4,92,884	24,056	2,654
2.	Chandrapur	5,45,282	22,559	2,481
3.	Gondia	3,94,540	9,468	1,976

SERVICES AT AAMSs IN KARNATAKA

***200. DR. K. SUDHAKAR:**
SHRI P. C. MOHAN:

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

(a) the range of services including teleconsultation, being provided at operational Ayushman Arogya Mandirs (AAMs) under the Ayushman Bharat Programme in Karnataka, district-wise;

(b) the details of funds allocated, released and utilised for AAMs in the State during the last three years;

(c) whether the Government proposes to strengthen AAMs in the State under the PM-Ayushman Bharat Health Infrastructure Mission, if so, the details thereof, district-wise;

(d) whether the Government has undertaken any review of the operational status of AAMs in the States of Karnataka and Himachal Pradesh, if so, the details and the outcome thereof; and

(e) whether any gaps relating to infrastructure, manpower or service delivery have been identified in the functioning of AAMs in these States, if so, the corrective measures taken thereon?

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

(a) to (e): Public Health & hospitals fall under the State list and therefore, the primary responsibility of strengthening public healthcare system is with the States/Union Territories. However, under the National Health Mission (NHM), the Government of India supports all States/Union Territories. States/Union Territories submit their proposals through the annual Programme Implementation Plan (PIP),

and based on the available resource envelope (RE), the Government of India grants approvals in the Record of Proceedings (RoPs) as per the approved norms and guidelines.

As updated by the States/Union Territories on Ayushman Arogya Mandir (AAM) portal, as on 30.06.2026, a total of 1,86,298 Ayushman Arogya Mandirs (AAMs) have been established and operationalized in the country including 10,137 AAMs in Karnataka. The district-wise details of AAMs in Karnataka is given in the enclosed **Statement-I.**

The Ayushman Arogya Mandirs (AAMs) are required to deliver 12 packages of primary health care services across urban, rural, tribal dominated and aspirational district areas, encompassing Reproductive and Child Care Services, Communicable Diseases, Non Communicable Diseases, Palliative Care and Elderly Care, Care for Common Mental Disorders, Substance Use Disorders Management, Oral Health, ENT Care and Basic Emergency Care and Tele-consultations.

As informed by State of Karnataka, the details of funds released and expenditure under National Health Mission (NHM) for Ayushman Arogya Mandirs (AAMs) during the last three financial years viz. from 2023-24 to 2025-26 are as under:

(Rs. In Crores)

Financial Year	Release*	Expenditure
2023-24	169.34	169.33
2024-25	284.24	284.24

2025-26	278.25	278.25

* The release includes both Central and State Share.

Further, Under CSS component of Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), Administrative approval has been accorded to the State of Karnataka for an amount of Rs. 1928.79 Cr. for construction of 530 Building less Sub-Health Centres- AAMs (SHC-AAMs), establishment and strengthening of 817 Urban-AAMs (U-AAMs), as proposed by the state. As per information provided by the State, the district-wise details of the sanctioned SHC-AAMs and U-AAMs are given in the enclosed **Statement-II**.

Under NHM, the performance of various health programmes implemented in States/ Union Territories including Ayushman Arogya Mandirs is regularly assessed in the country including Karnataka and Himachal Pradesh through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes.

STATEMENT-I

Number of AAMs operational in Karnataka under NHM as on 15th July 2026, as per AAM portal:

Sl. No.	DISTRICT	Ayushman Arogya Mandirs Operational					
		AAM-SHC	AAM-PHC	AAM-UPHC	AAM-USHC	AAM-AYUSH	TOTAL
1	Belagavi	467	140	12	48	16	683
2	Bagalkote	158	48	7	28	7	248

3	Vijayapura	258	61	6	30	5	360
4	Bidar	215	52	6	9	15	297
5	Raichur	175	50	6	17	7	255
6	Koppal	145	45	3	13	6	212
7	Gadag	122	37	3	18	20	200
8	Dharwad	126	32	19	19	9	205
9	Uttara Kannada	290	82	3	9	11	395
10	Haveri	212	67	4	15	12	310
11	Ballari	97	29	9	20	19	174
12	Chitradurga	249	81	5	9	10	354
13	Davangere	149	79	11	8	24	271
14	Shivamogga	211	93	14	12	5	335
15	Udupi	249	62	2	11	5	329
16	Chikkamagaluru	261	89	2	10	31	393
17	Tumakuru	485	144	6	24	7	666
18	Bengaluru Urban	81	36	161	260	5	543
19	Mandya	267	113	3	13	16	412
20	Hassan	0	134	4	11	35	184
21	Dakshina Kannada	350	65	12	18	7	452
22	Kodagu	160	29	1	2	7	199
23	Mysuru	395	127	23	19	20	584
24	Chamarajanagara	221	60	2	4	8	295
25	Kalaburagi	252	88	15	17	8	380
26	Yadgir	150	40	3	8	7	208
27	Kolar	193	61	9	11	4	278
28	Chikkaballapura	177	57	4	6	3	247
29	Bengaluru Rural	141	48	2	13	8	212
30	Ramanagara	123	61	4	8	6	202
31	Vijayanagar	153	48	5	16	32	254
Total		**6532**	**2158**	**366**	**706**	**375**	**10137**

STATEMENT-II

District-wise details of the sanctioned SHC-AAMs and U-AAMs Karnataka under the PM-ABHIM:

Sl. No.	Districts	SHC-AAMs	U-AAMs
1	Bagalkote	8	27
2	Ballari	13	20
3	BBMP	-	246
4	Belagavi	55	62
5	Bengaluru Rural	6	15
6	Bengaluru Urban	-	21
7	Bidar	3	13
8	Chamarajanagara	18	5
9	Chikkaballapura	-	6
10	Chikkamagaluru	8	10
11	Chitradurga	10	11
12	Dakshina Kannada	38	22
13	Davanagere	8	8
14	Dharwad	-	21
15	Gadag	-	20
16	Hassan	130	13
17	Haveri	50	16
18	Kalaburagi	-	20
19	Kodagu	2	2
20	Kolar	4	11
21	Koppal	1	14
22	Mandya	10	12
23	Mysuru	24	21
24	Raichur	4	18
25	Ramanagara	12	9
26	Shivamogga	3	11
27	Tumakuru	60	24
28	Udupi	11	13
29	Uttara Kannada	2	10
30	Vijayapura	41	30
31	Vijaynagar	9	16
32	Yadgiri	-	9
	Total	**530**	**756**

(ii) Unstarred Question Nos. 2071 to 2300

REQUIREMENT OF FERTILIZERS

2071. SHRI JAI PRAKASH:

SHRI GOVIND MAKTHAPPA KARJOL:

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

(a) whether the Government has made any assessment regarding the requirement, availability, allocation and supply of major fertilizers, namely Urea, DAP, MOP and NPK for the current Kharif and Rabi season;

(b) if so, the details of production, imports, fertilizer stocks and distribution of the said fertilizers during the current year, fertilizer-wise;

(c) whether any shortage of fertilizers has been reported from any State during the current financial year and if so, the details thereof and the reasons therefor, State-wise and year-wise, State/district-wise and year-wise particularly in the State of Karnataka; and

(d) the details of corrective measures taken by the Government to ensure timely availability of fertilizers to farmers and to prevent shortage, hoarding black marketing and diversion of fertilizers, State-wise?

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

(a) to (d): 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 available of fertilizers, viz. Urea, DAP, MOP and NPKS has remained adequate during the Rabi 2025-26 and ongoing Kharif 2026 season. The State-wise information regarding the requirement, availability, sales and closing stock of said fertilizers during the said seasons is given in the enclosed **Statement-I**.

Further, the details regarding the production and import of fertilizers during the Rabi 2025-26 and ongoing Kharif 2026 (up to June) are as under:

	Production of Fertilizers (Fig. in LMT)			
YEAR	**Season**	**Urea**	**DAP**	**NPKS**
2025-26	Rabi	148.78	19.00	65.00
2026-27 (Upto June,2026)	Kharif	71.55	9.84	20.76
MOP is not produced domestically and is 100% imported.				

Import of fertilizers (Urea, DAP, MOP and NPK) from Rabi 2025-26 and Kharif 2026 (till Jun-26)					
					Qty. in LMT
Year	**Cropping Season**	**Urea**	**As Reported by the Companies**		
			DAP	**MOP***	**NPK**
2025-26	Rabi	63.71	23.68	17.09	16.89
2026-27(TillJun-26)	Kharif	25.08	7.11	6.09	4.91
MOP includes both Agriculture and Industrial use*					

Further, Fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985.

State Governments are empowered to take action against persons involved in black-marketing and diversion of fertilizers, as per provisions of EC Act.

Besides, 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 and other malpractices on weekly basis.

Accordingly, information received from the DA&FW regarding the action taken by the State Governments to check black marketing and other malpractices during the Kharif 2026 season, for the period from April 2026 to July 2026 (till 24.07.2026), is given in the enclosed **Statement-II**.

STATEMENT-I

The 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**

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

The state-wise requirement, availability, sales & closing stock of fertilizers during the ongoing kharif 2026 (from 01.04.26 to 26.07.26):

fig. in LMT

		UREA				DAP				MOP				NPKS			
S.No	State	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26
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	3.64	6.64	2.80	3.84	0.78	1.73	0.84	0.89	0.39	0.73	0.32	0.42	2.10	6.65	2.70	3.96
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	1.32	2.12	1.71	0.41	0.20	0.41	0.27	0.14	0.14	0.43	0.20	0.22	0.14	0.28	0.11	0.18
5	Bihar	4.62	8.15	3.56	4.60	1.59	2.29	0.92	1.37	0.84	0.83	0.13	0.70	1.88	3.28	0.75	2.53
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	5.88	7.48	5.20	2.28	2.49	1.98	1.45	0.53	0.63	0.82	0.52	0.30	2.00	2.30	1.61	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	0.09	0.08	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	0.01	0.00
12	Gujarat	6.20	8.55	5.93	2.62	2.54	2.28	1.64	0.65	0.31	0.41	0.21	0.20	3.42	4.26	2.35	1.91
13	Haryana	6.38	9.89	7.77	2.13	1.30	1.63	1.20	0.44	0.42	0.38	0.14	0.24	0.33	0.43	0.16	0.27
14	Himachal Pradesh	0.17	0.42	0.28	0.15	0.01	0.03	0.01	0.02	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	Jammu and kashmir	0.60	1.15	0.78	0.36	0.18	0.29	0.19	0.10	0.08	0.15	0.11	0.04	0.01	0.06	0.02	0.04
16	Jharkhand	1.44	2.15	1.09	1.06	0.43	0.41	0.25	0.16	0.04	0.06	0.01	0.05	0.53	0.60	0.28	0.31
17	Karnataka	6.58	8.93	4.85	4.08	2.76	3.27	2.38	0.89	1.33	1.60	0.80	0.81	7.61	12.42	7.13	5.30
18	Kerala	0.32	0.66	0.41	0.25	0.07	0.18	0.10	0.08	0.22	0.44	0.30	0.15	0.52	0.59	0.34	0.26
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	0.00	0.00	0.00	0.00
20	Madhya Pradesh	10.42	14.99	9.65	5.34	3.34	3.37	2.30	1.07	0.78	0.61	0.28	0.33	4.38	6.78	3.67	3.12

21	Maharashtra	10.32	14.56	9.35	5.21	3.47	3.70	2.69	1.01	0.88	1.83	0.89	0.94	11.96	21.74	12.19	9.55
22	Manipur	0.11	0.18	0.12	0.06	0.02	0.02	0.01	0.01	0.00	0.00	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	0.02	0.01	0.00	0.01	0.02	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	0.00	0.00	0.00	0.00
26	Odisha	2.97	4.29	1.93	2.36	1.33	1.60	0.91	0.70	0.59	0.79	0.24	0.55	1.82	2.28	0.94	1.34
27	Puducherry	0.04	0.06	0.04	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	12.10	15.47	12.29	3.18	1.55	2.45	1.37	1.08	0.58	0.64	0.22	0.42	0.49	0.50	0.19	0.31
29	Rajasthan	6.42	10.97	7.65	3.32	3.07	2.66	1.99	0.66	0.05	0.14	0.05	0.09	0.74	1.39	0.67	0.72
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	2.72	4.66	3.01	1.65	0.80	1.10	0.59	0.51	0.61	0.72	0.41	0.31	2.72	3.86	2.04	1.82
32	Telangana	7.26	7.88	4.27	3.61	2.04	1.93	1.62	0.31	0.57	0.54	0.15	0.39	7.18	7.68	4.49	3.18
33	Tripura	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	Uttarakhand	0.71	0.96	0.74	0.22	0.15	0.30	0.15	0.15	0.04	0.05	0.01	0.05	0.12	0.04	0.02	0.02
35	Uttar Pradesh	25.04	35.11	19.97	15.14	5.29	8.80	3.88	4.93	1.51	1.38	0.24	1.13	2.09	6.42	1.41	5.02
36	West Bengal	3.45	7.48	3.48	4.00	0.83	1.38	0.60	0.79	0.81	1.52	0.41	1.11	2.13	5.76	1.91	3.86
	All India	118.81	173.06	107.07	66.01	34.28	41.90	25.40	16.50	10.86	14.14	5.65	8.51	52.34	87.57	43.09	44.48

1. Primary Indicator of comfortable availability: Availability > Requirement

2. Secondary Indicator of comfortable availability: Availability > Sales

STATEMENT-II

Cumulative Statement from April 26 to July 26 (as on 24.07.2026)

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 (24.07.2026):

		Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*	Quantity of material seized (in terms of Bag)	Total		
States	No. of Inspections / raids	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered			Show cause notice issued	No. of licenses cancelled/suspended	FIR registered
Andaman & Nicobar Islands	32	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Andhra Pradesh	5270	4	4	0	94	66	4	37	0	0	0	0	0	NIL	0	135	70	4
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Assam	3204	6	0	0	6	0	0	0	0	0	4	4	0	NIL	0	16	4	0
Bihar	15074	652	627	57	1	149	15	0	0	0	0	0	0	NIL	0	653	776	72
Chhattisgarh	5143	209	48	5	34	9	2	63	0	1	0	0	1	NIL	30029	306	57	9
Dadar & Nagar	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Delhi	150	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Goa	19	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Gujarat	7563	39	0	1	4	3	0	17	0	8	1	0	5	NIL	0	61	3	14
Haryana	494	8	7	0	22	31	6	9	6	0	3	6	2	NIL	0	42	50	8
Himachal Pradesh	56	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Jammu & Kashmir	9147	0	0	0	0	0	0	0	0	0	0	0	1	NIL	1562	0	0	1
Jharkhand	633	10	0	0	25	2	0	0	0	0	0	0	1	NIL	0	35	2	1
Karnataka	15702	2132	2	0	0	0	0	76	0	0	5	0	6	NIL	4208	2213	2	6
Kerala	630	0	0	0	0	0	0	6	0	0	2	0	0	NIL	2202	8	0	0
Madhya Pradesh	1021	0	0	4	0	0	0	0	0	9	23	22	0	NIL	0	23	22	13

Maharashtra	40574	850	575	17	728	222	1	563	426	39	16	20	7	NIL	0	2157	1243	64
Manipur	61	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Meghalaya	330	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Mizoram	97	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Nagaland	92	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Odisha	9716	0	2	0	0	0	1	4	2	0	0	0	0	NIL	120	4	4	1
Puducherry	37	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Punjab	1859	10	0	0	0	0	0	51	7	4	49	0	8	NIL	0	110	7	12
Rajasthan	8280	712	20	1	139	28	3	121	0	1	167	1	6	NIL	4288	1139	49	11
Tamilnadu	5377	0	0	0	138	0	6	221	0	0	118	0	2	NIL	0	477	0	8
Telangana	11658	28	9	6	0	0	0	0	2	0	3	2	1	NIL	0	31	13	7
Tripura	964	0	0	0	165	0	0	0	0	0	0	0	0	NIL	0	165	0	0
Uttar Pradesh	9896	1092	363	25	46	58	2	87	69	5	23	58	6	NIL	3826	1248	548	38
Uttarakhand	351	0	0	1	0	0	0	0	0	0	0	0	0	NIL	0	0	0	1
West Bengal	15601	5	2	0	264	16	0	35	0	0	0	0	0	NIL	0	304	18	0
Total	169031	5757	1659	117	1666	584	40	1290	512	67	414	113	46	0	46235	9127	2868	270
*** - 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																		

‘बेटी बचाओ बेटी पढ़ाओ’ के अंतर्गत लाभार्थी

2072. श्री रामबीर सिंह बिधूड़ी:

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

(क) विगत पांच वर्षों के दौरान ‘बेटी बचाओ बेटी पढ़ाओ’ योजना के अंतर्गत लाभार्थियों की वर्ष-वार संख्या कितनी है; और

(ख) उक्त योजना के अंतर्गत दिल्ली में आज की तिथि तक लाभान्वित व्यक्तियों की संख्या कितनी है?

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

(क) और (ख): बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) बाल लिंग अनुपात (सीएसआर) और बालिका तथा महिला सशक्तीकरण से जुड़े मुद्दों का समाधान करने में सहायता करती है। यह योजना विभिन्न हितधारकों को सूचित, प्रभावित, प्रेरित, शामिल करके और सशक्त बनाकर बालिका के प्रति मानसिकता और व्यवहार में परिवर्तन लाने का प्रयास करती है। 15वें वित्त आयोग की अवधि में, मिशन शक्ति के ‘संबल’ वर्टिकल के एक घटक के रूप में बीबीबीपी का विस्तार किया गया है ताकि बहुक्षेत्रीय कार्यकलापों के माध्यम से देश के सभी जिलों को शामिल किया जा सके जिससे बुनियादी स्तर पर प्रभाव डालने वाली गतिविधियों पर अधिक खर्च को बढ़ावा मिल सके। बीबीबीपी सरकारी एजेंसियों, मीडिया, नागरिक समाज एवं व्यापक पैमाने पर जनता सहित विभिन्न हितधारकों को एकजुट करके एक नीतिगत पहल से एक राष्ट्रीय आंदोलन में परिवर्तित हो गई है।

बेटी बचाओ बेटी पढ़ाओ योजना का मुख्य उद्देश्य देश भर में बालिकाओं के प्रति लोगों की सोच में व्यवहारिक एवं सामाजिक परिवर्तन लाना है। बेटी बचाओ बेटी पढ़ाओ योजना की प्रकृति ऐसी है कि इसमें लाभार्थियों की संख्या का सटीक आकलन संभव नहीं है। स्वास्थ्य एवं परिवार कल्याण मंत्रालय की स्वास्थ्य प्रबंधन सूचना प्रणाली (एचएमआईएस) की नवीनतम रिपोर्ट के अनुसार, राष्ट्रीय स्तर पर जन्म के समय लिंगानुपात (एसआरबी) 2014-15 में 918 से बढ़कर 2025-26 में 929 (अनंतिम) हो गया है। इसके अतिरिक्त, दिल्ली संघ राज्य क्षेत्र में भी जन्म के

समय लिंग अनुपात (एसआरबी) में सुधार दिखाई दे रहा है और यह 2014-15 में 901 से बढ़कर 2025-26 में 915 (अनंतिम) हो गया है। शिक्षा मंत्रालय के यूडीआईएसई आंकड़ों के अनुसार, राष्ट्रीय स्तर पर विद्यालयों में माध्यमिक स्तर पर बालिकाओं का सकल नामांकन अनुपात 2014-15 में 75.51 प्रतिशत से बढ़कर 2025-26 में 83.4 प्रतिशत हो गया है। इसी प्रकार, दिल्ली संघ राज्य क्षेत्र में विद्यालयों में माध्यमिक स्तर पर बालिकाओं का सकल नामांकन अनुपात 2014-15 में 99.13 प्रतिशत से बढ़कर 2025-26 में 108.3 प्रतिशत हो गया है।

STRENGTHENING OF COOPERATIVE FERTILIZER DISTRIBUTION NETWORK

2073. SHRI DUSHYANT SINGH:

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

(a) the progress made in strengthening of the cooperative fertilizer distribution network, particularly through PACS and Pradhan Mantri Kisan Samriddhi Kendras (PMKSKs), to ensure timely availability of Urea to small and marginal farmers;

(b) whether any review has been undertaken by the Government regarding the supply trends of IFFCO and KRIBHCO in Rajasthan to align with seasonal agricultural demand, if so, the details thereof district-wise including Jhalawar-Baran district;

(c) the steps taken to further strengthen the Integrated Fertilizer Monitoring System for real-time tracking, forecasting and last-mile delivery of subsidized fertilizers; and

(d) the measures proposed to improve cooperative outreach, digital advisory services and farmer awareness so as to promote efficient and balanced fertilizer usage?

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 strengthen the cooperative fertilizer distribution network and to ensure the timely availability of fertilizers, including urea, to farmers, as on 28.07.2026, 1,54,562 Pradhan Mantri Kisan Samruddhi Kendras (PMKSKs) have been developed across the nation. Out of these, 33,403 are Primary Agricultural Credit Societies (PACS) which have been upgraded as PMKSKs, strengthening the last-mile distribution network and improving access to fertilizers in rural areas. Additionally, Cash Credit Limits (CCLs) have been facilitated for PACS through District Central Cooperative Banks (DCCBs).

In respect of timely availability of fertilizers, following steps are taken by the Government every season in the country:

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

II. On the basis of requirement projected by DA&FW, Department of Fertilizers (DoF) allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

III. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).

IV. The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.

V. Regular coordination 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.

(b): Yes Sir. The month-wise, season-wise and company-wise allocation of fertilizers, including supplies of IFFCO and KRIBHCO, is allocated by the Government of India based on the assessed seasonal requirement. Based on these allocations, the Department of Agriculture, Rajasthan conducts fortnightly review meetings with IFFCO, KRIBHCO and other fertilizer companies to review the supply position, monitor availability, address any gaps, and ensure timely distribution of fertilizers across the State in accordance with seasonal agricultural demand. District wise and Season wise demand, supply and IFFCO, KRIBHCO supply details are given in the enclosed **Statement.**

(c): The Integrated Fertilizers Management System (iFMS) system captures movement and dispatch details through integration with company SAP/ERP systems and provides continuous monitoring of fertilizer availability and supply position at pan India level. Department of Fertilizers has also developed a

dashboard which can be accessed by authorized users. The dashboard is developed to facilitate easy monitoring by various stakeholders viz. State Agriculture Departments, District Collectors and State Marketing Federations. The State Governments also monitors the availability and supply of fertilizers through iFMS and e-Urvarak Dashboard portals.

(d): In order to improve cooperative outreach, digital advisory services and farmer awareness so as to promote efficient and balanced fertilizer usage, the Government is promoting balanced fertilizer use through PMKSKs by strengthening digital advisory services, capacity building of PACS, awareness campaigns based on Soil Health Cards, convergence with agricultural institutions, and wider adoption of ICT-enabled decision support systems.

Furthermore, Department of Agriculture and Farmers' Welfare promotes Integrated Nutrient Management (INM) to ensure the balanced and efficient use of chemical fertilizers, organic manures, and biological inputs for sustainable nutrient management, improved soil health, and enhanced crop productivity. To support this, several initiatives are being implemented, including the Soil Health & Fertility Scheme, under which 26.07 crore Soil Health Cards have been issued with crop-specific fertilizer recommendations; the Per Drop More Crop (PDMC) scheme, which has brought about 110 lakh hectares under micro-irrigation; Rainfed Area Development (RAD), covering 9.32 lakh hectares under Integrated Farming Systems and benefiting 15.28 lakh farmers; Agroforestry under the Har Medh Par Ped initiative, through which 1,725 nurseries have been established and 1,594.48 lakh saplings raised; the National Mission on

Natural Farming (NMNF), with 20.93 lakh farmers registered and 10.32 lakh hectares covered; Paramparagat Krishi Vikas Yojana (PKVY), which has brought 18.84 lakh hectares under organic farming benefiting 33.94 lakh farmers; and Mission Organic Value Chain Development for North Eastern Region (MOVCDNER), covering 2.36 lakh hectares and benefiting 2.70 lakh farmers. In addition, the Government is also promoting the use of nano fertilizers through large-scale awareness campaigns, demonstrations, drone-based spraying, battery-operated sprayers, and trained village-level entrepreneurs to improve nutrient use efficiency and reduce nutrient losses.

At the State level, the Government of Rajasthan is strengthening the cooperative fertilizer distribution network by ensuring the timely availability of fertilizers through Primary Agricultural Credit Societies (PACS) and Pradhan Mantri Kisan Samruddhi Kendras (PMKSKs).

To promote the efficient management and balanced use of fertilizers, the following campaigns have been undertaken by the Government of Rajasthan:

i. "Dharti Mata Bachao" monitoring committees – 11,677 campaigns conducted and 2,56,894 farmers participated.
ii. "Aapno Khet, Aapno Khaad" campaign to promote green manure, organic manure, bio fertilizers and balance use of fertilizers – 14332 campaigns conducted and 4,67,812 farmers participated.
iii. "Khet Bachoo Abhiyan" campaign to promote green manure, organic manure, bio fertilizers and balance use of fertilizers – 10529 campaigns conducted and 29,931 farmers participated.

iv. "Agriculture Extension field functionary conducting Kishan Gosthi, Famers Training, Seminars to educate farmers for balance use of fertilizers. "Campaign to promote green manure, organic manure, bio fertilizers and balance use of fertilizers.

STATEMENT

District-wise and Season-wise demand, supply and IFFCO, KRIBHCO supply details

Urea (Qty:MT)

S. No.	District	Rajasthan State Demand				Rajasthan State Supply				Kribhco Supply				IFFCO Supply			
		Kharif 2025	Rabi 2025-26	Kharif 26	Total	Kharif 2025	Rabi 2025-26	Kharif 2026	Total	Kharif 2025	Rabi 2025-26	Kharif 26	Total	Kharif 2025	Rabi 2025-26	Kharif 2026	Total
1	Ajmer	16200	25800	10000	**52000**	18437	29993	10156	**58586**	1053	0	2474	**3527**	5834	12123	3294	**21251**
2	Alwar	35500	72000	30300	**137800**	60427	77991	35952	**174370**	5181	1234	1168	**7583**	9287	18301	8399	**35987**
3	Banswara	35300	46700	24100	**106100**	42034	61092	33654	**136779**	0	0	361	**361**	7119	10489	4492	**22100**
4	Baran	64200	77200	38000	**179400**	71439	103235	37962	**212636**	324	342	718	**1384**	10872	18007	5572	**34451**
5	Barmer	20200	28000	13500	**61700**	21878	30295	11068	**63240**	1314	1330	1305	**3949**	5051	8909	2204	**16164**
6	Bharatpur	27100	63000	21500	**111600**	50272	76106	35606	**161984**	89	41	41	**170**	11426	19571	7557	**38554**
7	Bhilwara	42000	41500	29000	**112500**	33143	53043	20604	**106790**	398	1501	3597	**5495**	12526	21585	7449	**41560**
8	Bikaner	61700	67300	41000	**170000**	37701	80530	25554	**143785**	3887	63	7388	**11338**	9274	21474	4933	**35681**
9	Bundi	55000	68400	34500	**157900**	57642	75689	34938	**168270**	1982	954	3924	**6860**	12858	14750	7558	**35166**
10	Chittorgarh	56000	56200	37000	**149200**	52094	76111	36907	**165112**	1717	1166	4001	**6884**	10849	17598	5283	**33730**
11	Churu	15500	22000	10000	**47500**	13671	30875	12569	**57116**	1647	395	2616	**4658**	2678	8979	3216	**14873**
12	Dausa	16700	35400	14500	**66600**	29630	41882	19866	**91378**	663	157	510	**1329**	3673	4671	1013	**9357**
13	Dholpur	15400	28900	10500	**54800**	23847	30487	16603	**70938**	0	0	0	**0**	3944	4713	2028	**10685**
14	Dungarpur	6200	9900	4800	**20900**	3619	12190	4266	**20075**	0	0	114	**114**	680	1708	495	**2883**
15	Ganganagar	82200	125500	51200	**258900**	71453	150425	49432	**271310**	3338	1953	8999	**14289**	7774	28005	8424	**44203**
16	Hanumangarh	77000	96700	48700	**222400**	71703	120047	46666	**238417**	7208	281	2810	**10300**	12188	21804	7315	**41307**
17	Jaipur	34700	51000	24000	**109700**	37589	58483	23665	**119737**	4552	3609	3179	**11340**	10850	17945	6632	**35427**
18	Jaisalmer	12000	24100	8100	**44200**	11443	27000	8272	**46715**	214	108	1463	**1784**	1106	4730	1253	**7089**
19	Jalore	19900	33100	12100	**65100**	25438	33910	15505	**74852**	1336	1248	2420	**5004**	4638	7516	2269	**14423**
20	Jhalawar	54400	69200	29500	**153100**	54189	79410	32860	**166459**	163	180	918	**1261**	7257	13415	3021	**23693**
21	Jhunjhunu	16800	25400	11000	**53200**	14834	27273	11491	**53599**	162	0	213	**375**	2908	6307	1659	**10874**
22	Jodhpur	47400	53000	32000	**132400**	48885	55640	26104	**130629**	4021	1146	3010	**8177**	8286	14190	2570	**25046**
23	Kaurali	18200	37800	13500	**69500**	33497	38538	21494	**93528**	0	0	0	**0**	4739	5894	2517	**13150**
24	Kota	38200	74100	22500	**134800**	46279	82557	25419	**154255**	2810	1167	4232	**8209**	13749	15501	8267	**37517**
25	Nagour	35900	40600	21900	**98400**	33465	42177	16503	**92146**	2874	106	4728	**7708**	13612	16876	7183	**37671**
26	Pali	10200	21800	6900	**38900**	13603	21338	6100	**41041**	723	752	1378	**2853**	4790	7756	1377	**13923**
27	Pratapgargh	30000	33900	19000	**82900**	24965	36023	21372	**82360**	267	148	693	**1108**	3096	5792	1631	**10519**
28	Rajsamand	7400	10100	4900	**22400**	6006	13672	3872	**23550**	155	65	194	**414**	2241	5745	2400	**10386**
29	Sawai Madhopur	19200	48500	11800	**79500**	36667	44999	19216	**100882**	0	0	0	**0**	5246	10346	1691	**17283**

30	**Sikar**	21800	27500	13700	**63000**	23188	35295	14271	**72754**	838	70	711	**1619**	5859	6269	3834	**15962**
31	**Sirohi**	13900	18200	10000	**42100**	12506	18678	5253	**36437**	739	471	1179	**2390**	4708	6994	1494	**13196**
32	**Tonk**	27700	39100	18800	**85600**	34982	53272	18599	**106853**	95	176	1500	**1772**	4531	13068	2722	**20321**
33	**Udaipur**	18100	28100	11700	**57900**	16443	40199	13899	**70541**	107	70	204	**381**	1935	6579	2822	**11336**
Total		**1052000**	**1500000**	**690000**	**3242000**	**1132967**	**1758455**	**715698**	**3607119**	**47855**	**18733**	**66048**	**132636**	**225584**	**397610**	**132574**	**755768**

DAP (Qty:MT)																	
S.No.	District	Rajasthan State Demand				Rajasthan State Supply				Kribhco Supply				IFFCO Supply			
		Kharif 2025	Rabi 2025-26	Kharif 26	Total	Kharif 2025	Rabi 2025-26	Kharif 2026	Total	Kharif 2025	Rabi 2025-26	Kharif 26	Total	Kharif 2025	Rabi 2025-26	Kharif 2026	Total
1	Ajmer	28500	6300	11700	46500	8503	7723	4931	21157	1069	532	891	2491	3073	4468	2809	10350
2	Alwar	25500	9100	16600	51200	28873	13568	13978	56419	3476	4024	1744	9244	6315	0	4423	10738
3	Banswara	9000	7700	2900	19600	8936	6600	2470	18007	40	251	0	291	481	588	283	1352
4	Baran	42500	18500	15700	76700	30530	27865	10231	68626	960	1443	2191	4594	1563	1164	1720	4447
5	Barmer	22800	5700	5200	33700	6694	5492	5105	17290	372	2249	1328	3950	2389	1303	2382	6074
6	Bharatpur	10600	11800	17100	39500	29799	11397	9393	50589	2186	0	2014	4199	4967	164	2405	7536
7	Bhilwara	18700	7200	7500	33400	9458	4705	6424	20586	1223	2286	31	3540	2687	2860	3154	8701
8	Bikaner	46500	19300	16100	81900	16867	24685	10189	51741	1246	3632	5108	9986	2583	4870	3317	10770
9	Bundi	20500	12200	9800	42500	20698	11365	9337	41399	2850	4453	3682	10985	2093	1240	1400	4733
10	Chittorgarh	18800	9900	9800	38500	18040	10289	7378	35707	1166	2024	0	3190	2916	3839	1487	8242
11	Churu	7900	5200	7300	20400	7133	8345	3839	19316	448	688	1411	2546	963	1416	1485	3864
12	Dausa	5200	6250	7300	18750	9516	4966	1784	16266	618	72	634	1324	414	1238	156	1808
13	Dholpur	5800	6100	9700	21600	8638	4053	6039	18730	0	0	25	25	1219	0	300	1519
14	Dungarpur	710	1330	300	2340	404	974	145	1523	40	0	0	40	108	445	27	580
15	Ganganagar	22500	35600	23800	81900	35131	41354	11426	87911	1418	3032	2569	7018	5139	5785	3828	14752
16	Hanumangarh	24000	28000	20600	72600	28732	35113	8812	72657	1109	823	5558	7490	5596	2922	3812	12330
17	Jaipur	22500	10700	14400	47600	14954	16462	7108	38524	2177	1745	4156	8079	4635	4897	3370	12902
18	Jaisalmer	8200	8200	9400	25800	12288	6725	3634	22647	115	1014	1249	2377	1081	392	781	2254
19	Jalore	5200	6000	6600	17800	8630	4211	5240	18080	509	1217	1194	2920	1728	1721	1317	4766
20	Jhalawar	12700	11100	8600	32400	16336	9881	4124	30342	468	700	603	1771	1084	300	80	1464
21	Jhunjhunu	5300	5700	5300	16300	7142	4239	2097	13478	226	0	32	258	1145	1002	687	2834
22	Jodhpur	40000	21000	16900	77900	34920	19047	10128	64095	1257	2211	2134	5602	7342	3789	3948	15079
23	Kaurali	4100	4900	7600	16600	8021	1395	979	10395	0	0	0	0	1700	0	107	1807
24	Kota	13600	18300	15300	47200	26571	18040	12650	57261	4002	5587	5628	15218	2645	1636	2011	6292
25	Nagour	35500	14700	16500	66700	23143	17856	9551	50549	3117	862	3880	7860	11714	6972	6807	25493
26	Pali	9600	5450	6900	21950	7111	4371	3213	14695	386	940	889	2215	2444	2801	1619	6864
27	Pratapgargh	4600	5170	4500	14270	5137	3592	2220	10949	198	687	0	885	946	1357	165	2468

28	Rajsamand	2470	1650	2100	6220	1126	990	688	2804	0	101	0	101	445	364	737	1546
29	Sawai Madhopur	6100	8900	8700	23700	14747	7777	3793	26317	216	0	210	426	3879	1117	182	5178
30	Sikar	11100	7700	6000	24800	11343	6204	2754	20300	402	60	292	753	2132	2138	1365	5635
31	Sirohi	3500	3100	4300	10900	1966	2144	1679	5789	240	658	425	1323	903	1202	648	2753
32	Tonk	9620	6500	11200	27320	17473	7735	6083	31291	1480	920	935	3335	2926	2228	1761	6915
33	Udaipur	6400	3750	4300	14450	5260	7429	1260	13949	25	130	0	155	214	127	293	634
Total		**510000**	**333000**	**330000**	**1173000**	**484119**	**356589**	**188682**	**1029389**	**33037**	**42339**	**48811**	**124187**	**89469**	**64345**	**58866**	**212680**

SALE OF UNSAFE FOOD PRODUCTS THROUGH ONLINE DELIVERY PLATFORMS

2074. SHRI KISHORI LAL:
PROF. SOUGATA RAY:

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

(a) whether the Food Safety and Standards Authority of India (FSSAI) has recently issued notices to any company following consumer complaints regarding the supply of spoiled, expired, rotten and contaminated food products through its platform and if so, the details thereof;

(b) whether FSSAI has sought an action taken report from the company and if so, the corrective measures proposed or undertaken by the Government in this regard;

(c) whether similar complaints have been received against other quick-commerce and e- commerce grocery platforms during the last three years, if so, the details thereof, year and platform-wise along with the action taken by the Government in each case; and

(d) the steps being taken by the Government to strengthen food safety compliance, warehouse inspections, traceability and accountability among online food and grocery delivery platforms so as to protect consumers from unsafe food products?

THE MINISTER 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 vide advisories dated 3rd December 2024 & 23rd July 2026 had directed all e-commerce FBOs for strict compliance with the labelling and display requirements prescribed under the Food Safety and Standards Act, 2006 and the rules and regulations made thereunder. In addition, FSSAI has taken cognizance of multiple consumer complaints regarding the delivery of allegedly spoiled, expired, rotten and contaminated food products through e-commerce platforms. Accordingly, notices have been issued to various e-commerce platforms directing them to take necessary corrective and compliance measures.

To regulate online marketing companies engaged in selling food items, FSSAI has specified procedures for the licensing and registration of e-commerce business operators along with their responsibilities. Accordingly, e-commerce FBOs are required that all listed sellers are licensed/registered, provide mandatory food labelling, minimum shelf life, train delivery personnel, avoid misleading claims and delist non-compliant products. Additionally, they must also maintain hygiene standards, facilitate sampling and promptly address consumer complaints.

FSSAI has also specified General Hygienic and Sanitary Practices to be followed by Licensed/Registered FBOs under Schedule 4 of Food Safety and Standards (Licensing and Registration of Food Businesses) Regulations, 2011 which is applicable to food businesses involved in storage activity. Based on the same, detailed inspection checklist has also been specified and made available on FSSAI website https://fssai.gov.in/cms/inspection-matrices.php which are used by food safety officers for compliance verification.

BILATERAL TIES WITH CANADA

2075. DR. GANAPATHY RAJKUMAR P.:
SHRI TAMILSELVAN THANGA:

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

(a) whether it is true that India and Canada have recently conclude negotiations on a free trade agreement and expressed satisfaction at progress in resetting bilateral ties after a troubled patch over the past few years, if so, the details thereof;

(b) whether it is true that Prime Minister of India and Canada met during the G7 summit and welcomed positive momentum in bilateral relations of both countries, if so, the details thereof;

(c) the time period by which free trade agreement between India and Canada is likely to be implemented; and

(d) the salient features of the free trade agreement between two countries and the details of advantages likely to accrue to India from this agreement?

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): Prime Minister Shri Narendra Modi met Canadian Prime Minister Mark Carney on the margins of the G7 Leaders' Summit in Evian, France, on 16 June 2026. The two Prime Ministers welcomed the positive momentum in India-Canada relations and noted with satisfaction the progress achieved since the commencement of the normalisation process in June 2025, including the return of their High Commissioners to each other's capitals, the gradual restoration of mission personnel, the resumption of bilateral dialogue mechanisms across various sectors, and renewed high-level exchanges.

The proposed India-Canada CEPA aims to establish a free trade area through the elimination or reduction of tariffs and other restrictive regulations, progressively liberalise trade in goods and services, promote a more liberal, transparent, predictable and facilitative trade and investment regime, and strengthen economic cooperation and people-to-people linkages.

Three rounds of CEPA negotiations have been held so far, with the latest round taking place in Ottawa from 6–10 July 2026. Progress has been made across multiple negotiating tracks, with both sides working towards concluding the process by late 2026.

खाद्य वस्तुओं की गुणवत्ता और शुद्धता

2076. श्रीमती संध्या राय:

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

(क) क्या सरकार को इस बात की जानकारी है कि ग्रामीण और अर्ध-शहरी क्षेत्रों में कई उपभोक्ताओं के पास खाद्य वस्तुओं की गुणवत्ता और शुद्धता की जांच हेतु आसानी से सुविधाएं उपलब्ध नहीं हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार का खाद्य वस्तुओं की त्वरित जांच के लिए प्रत्येक जिले में सुलभ परीक्षण केंद्र स्थापित करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या ऐसी किसी योजना के अंतर्गत मध्य प्रदेश के भिंड और दतिया जिलों को शामिल करने का कोई विचार है; और

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

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

(क) से (घ): भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) को खाद्य पदार्थों के लिए विज्ञान-आधारित मानक निर्धारित करने तथा उनके निर्माण, भंडारण, वितरण, बिक्री और आयात को विनियमित करने का अधिकार प्राप्त है, ताकि मानव उपभोग के लिए सुरक्षित और पौष्टिक आहार 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।

परीक्षण के माध्यम से खाद्य एवं खाद्य उत्पादों की सुरक्षा के लिए, एफएसएसएआई ने खाद्य नमूनों के विश्लेषण के लिए 259 राष्ट्रीय परीक्षण और अंशशोधन प्रयोगशाला प्रत्यायन बोर्ड (एनएबीएल) और अपील नमूनों के विश्लेषण के लिए 24 रेफरल खाद्य प्रयोगशालाओं को अधिसूचित किया है।

एसओएफटीईएल योजना, अर्थात् देश में खाद्य परीक्षण प्रणाली के सुदृढ़ीकरण जिसमें मोबाइल खाद्य परीक्षण प्रयोगशाला (एमएफटीएल) की व्यवस्था भी शामिल है, राज्य खाद्य प्रयोगशालाओं को उन्नत करने, माइक्रोबायोलॉजी सुविधाएँ स्थापित करने और मोबाइल खाद्य परीक्षण वैन तैनात करने के लिए एफएसएसएआई द्वारा लागू की गई एक पहल है। इस योजना के

तहत, 47 राज्य खाद्य परीक्षण प्रयोगशालाओं को उन्नत विश्लेषणात्मक उपकरणों के साथ संरचनात्मक रूप से उन्नत किया गया है और रसायन, हैवी मेटल तथा जैविक प्रदूषकों का पता लगाने के लिए 34 विशेष माइक्रोबायोलॉजी प्रयोगशालाएं स्थापित की गई हैं। एमएफटीएल या "व्हील्स फूड सेफ्टी ऑन" (एफएसडब्ल्यू) खाद्य परीक्षण, प्रशिक्षण और जागरूकता कार्यक्रम के लिए विशेष रूप से गांवों, कस्बों और दूरस्थ क्षेत्रों में सबसे व्यापक पहुंच प्रदान करता है। वर्तमान में, 35 राज्यों/संघ राज्य क्षेत्रों में 305 एफएसडब्ल्यू तैनात हैं।

"मैजिक बॉक्स" एक कॉम्पैक्ट और उपयोगकर्ता-अनुकूल किट है, जिसमें सात विभिन्न खाद्य पदार्थों में सामान्य खाद्य मिलावट का पता लगाने के लिए सरल, त्वरित परीक्षण विधियां शामिल हैं। इसका उद्देश्य दूध, मसाले, तेल और अनाज जैसी रोजमर्रा की खाद्य वस्तुओं में मिलावट की पहचान करना है।

डिटैक्ट एडल्टरेशन विद रैपिड टेस्ट (डीएआरटी) पुस्तक में 44 परीक्षण हैं जिन्हें दूध एवं दुग्ध उत्पाद, तेल एवं वसा, चीनी एवं मिठाई, खाद्य अनाज एवं उनके उत्पाद, मसाले एवं चटनियाँ आदि खाद्य पदार्थों के लिए पानी और आयोडीन टिंचर जैसे सरल मिश्रणों की मदद से आसानी से घर पर ही किया जा सकता है। इन परीक्षणों में खाद्य उत्पादों की प्रामाणिकता स्थापित करने के लिए संवेदी मूल्यांकन परीक्षण भी शामिल हैं। डीएआरटी पुस्तक सचित्र प्रस्तुति के माध्यम से शुद्ध और मिलावटी खाद्य उत्पादों के बीच के अंतर को दर्शाती है।

इसके अलावा, रैपिड एनालिटिकल फूड टेस्टिंग किट (आरएपीआईडी) उन्नत, उपयोग में सुगम, सुवाह्य और हस्त उपयोग का उपकरण हैं और परीक्षण करने के लिए किसी भी जटिल उपकरण या पारंपरिक अभिकर की आवश्यकता नहीं होती। अब तक 88 आरएएफटी किटों को अनुमोदित किया जा चुका है। ये किट क्षेत्रीय स्तर पर खाद्य उत्पादों के जांच समय को कम करने में मदद करती हैं और इस प्रकार निगरानी तथा मॉनिटरिंग गतिविधियों को तीव्र करती हैं।

इसके अतिरिक्त, मध्य प्रदेश राज्य में दस (10) एफएसएसएआई द्वारा अधिसूचित खाद्य परीक्षण प्रयोगशालाएँ हैं, जिनमें से एक (01) राज्य खाद्य परीक्षण प्रयोगशाला है और नौ (09) निजी

खाद्य परीक्षण प्रयोगशालाएँ हैं। खाद्य परीक्षण प्रयोगशालाओं की स्थापना और संचालन मुख्यतः संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के दायरे में आता है। एसओएफटीईएल योजना के अतिरिक्त, एफएसएसएआई संबंधित राज्यों/संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों के आधार पर राज्य खाद्य परीक्षण प्रयोगशालाओं को उन्नत करने के लिए वित्तीय और तकनीकी सहायता भी प्रदान करता है। राज्य के पास भी 15 एमएफटीएल हैं।

AVAILABILITY OF FREE LEGAL AID SERVICES

2077. SHRI MALVINDER SINGH KANG:

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

(a) whether the Government has assessed the availability of free legal aid services in the border districts of Punjab;

(b) the number of beneficiaries who have received legal aid during the last three years;

(c) whether additional funds have been allocated to strengthen legal services in these districts; and

(d) if so, the details thereof?

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

(a) to (d): The National Legal Services Authority (NALSA) is a statuary body established under the Legal Services Authorities (LSA) Act, 1987. NALSA regularly conducts review meetings with State Legal Services Authorities (SLSAs) to assess the impact of legal aid services across the Country including

Punjab. Simultaneously, all-India meetings of legal services authorities are held to evaluate the overall functioning of legal services institutions. During these meetings, officials from State and District Legal Services Authorities provide valuable feedback on the effectiveness of legal aid services.

More than 2 lakh beneficiaries have received legal aid and advice in the State of Punjab during the last three financial years. Data of district-wise beneficiaries of legal aid and advice is not maintained by the NALSA.

The allocation of funds by the NALSA to the States/UT Legal Services Authorities is made on a consolidated basis for implementation of various legal aid schemes and programmes framed under the Legal Services Authorities Act, 1987. Data of district -wise allocation of funds is not maintained by NALSA. The details of allocation of funds to Punjab State Legal Services Authority during the last three financial years are as under: -

Financial Years	For Legal Aid Fund (in Rs.)	For LADCS Scheme (in Rs.)	Total (in Rs.)
2023-24	7,50,00,000	10,75,00,000	18,25,00,000
2024-25	7,94,00,000	4,40,00,000	12,34,00,000
2025-26	10,25,00,000	11,04,49,000	21,29,49,000
Total	25,69,00,000	26,19,49,000	51,88,49,000

आयुष गुणवत्ता मार्क का कार्यान्वयन

2078. श्री विनोद लखमशी चावड़ा:
श्री जशुभाई भिलुभाई राठवा:
श्री नवीन जिंदल:
श्री बलभद्र माझी:
कैप्टन बृजेश चौटा:
डॉ. मन्ना लाल रावत:

श्री विश्वेश्वर हेगड़े कागेरी:
श्री राधेश्याम राठिया:
श्री दामोदर अग्रवाल:
श्री अनूप संजय धोत्रे:
श्री रमेश अवस्थी:
श्री सुकान्त कुमार पाणिग्रही:
डॉ. निशिकान्त दुबे:
श्री जुगल किशोर:
श्री त्रिवेन्द्र सिंह रावत:
श्री अभिमन्यु सेठी:
श्री खगेन मुर्मु:
श्री अनिल फिरोजिया:
श्री मुकेश राजपूत:
श्री राजकुमार चाहर:

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

(क) सरकार द्वारा दिसंबर 2025 में शुरू किए गए नए "आयुष गुणवत्ता मार्क" को लागू करने के लिए उठाए गए कदमों का ब्यौरा क्या है तथा इसके कार्यान्वयन से पारंपरिक चिकित्सा की वैश्विक स्वीकृति और गुणवत्ता को किस प्रकार बढ़ावा मिला है;

(ख) वर्ष 2025-26 के दौरान एओजीयूएसवाई के अंतर्गत औषधि परीक्षण प्रयोगशालाओं के उन्नयन के लिए किए गए आवंटन का ब्यौरा क्या है;

(ग) देश में आयुर्वेद, सिद्ध और यूनानी (एएसयू) औषधियों के लिए डब्ल्यूएचओ-फार्मास्युटिकल उत्पाद प्रमाणन (सीओपीपी) दिशानिर्देशों के कार्यान्वयन का ब्यौरा क्या है;

(घ) क्या सरकार ने देश में वैज्ञानिक एकीकरण को बढ़ावा देने के लिए आयुर्वेद जीव विज्ञान एकीकृत स्वास्थ्य अनुसंधान (एबीआईएचआर) घटक को प्रभावी रूप से सुदृढ़ किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ङ) क्या सरकार का स्थानीय जनजातीय समुदायों को लाभ पहुंचाने के लिए ओडिशा के शैक्षणिक संस्थानों तक इन सफल अनुसंधान और विकास (आरएंडडी) पहलों तथा

अनुसंधान अवसंरचना का विस्तार करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(च) क्या सरकार के पास पारंपरिक ज्ञान को संरक्षित करने के साथ-साथ ग्रामीण स्वास्थ्य में सुधार लाने हेतु हाल ही में विकसित सफल अवसंरचना मॉडलों का उपयोग करते हुए कंधमाल में विशेष आयुष अनुसंधान इकाइयां स्थापित करने की कोई कार्ययोजना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(छ) सरकार द्वारा देश में आयुष औषधियों/दवाओं के गुणवत्ता आश्वासन, परीक्षण और वैश्विक स्वीकृति को मजबूत करने के लिए क्या सुधारात्मक कदम उठाए गए हैं?

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

(क): दिनांक 19 दिसंबर, 2025 को द्वितीय विश्व स्वास्थ्य संगठन वैश्विक पारंपरिक चिकित्सा शिखर सम्मेलन के अवसर पर जारी किया गया 'आयुष गुणवत्ता चिह्न' आयुष उत्पादों एवं सेवाओं के लिए वैश्विक स्तर पर स्वीकृत गुणवत्ता मानकों को बढ़ावा देने हेतु एक समेकित गुणवत्ता आश्वासन व्यवस्था के रूप में कार्य करता है। इस पहल के कार्यान्वयन का दायित्व आयुषएक्सिल को सौंपा गया है, जो वाणिज्य मंत्रालय के विदेश व्यापार महानिदेशालय (डीजीएफटी) द्वारा अधिसूचित आयुष निर्यात संवर्धन परिषद् है तथा इसे आयुष मंत्रालय का समर्थन प्राप्त है। आयुष गुणवत्ता चिह्न में आयुष उत्पाद, आयुष अस्पताल, डे-केयर केंद्र, क्लीनिक, आरोग्य केंद्र, चिकित्सा मूल्य यात्रा सुविधा प्रदाता (एमवीटीएफ) तथा आयुष उत्पाद परीक्षण प्रयोगशालाएँ शामिल हैं। यह व्यवस्था गुणवत्ता, सुरक्षा और प्रभावकारिता से संबंधित अंतरराष्ट्रीय स्तर पर स्वीकृत मानकों के अनुरूप है तथा प्रत्यायित प्रमाणन व्यवस्था के माध्यम से समर्थित है। यह पहल आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) के अंतर्गत गुणवत्ता नियंत्रण अवसंरचना, विनियामक क्षमता, औषधि सुरक्षा निगरानी तथा मानकीकरण को सुदृढ़ करने के लिए किए जा रहे सतत उपायों से भी समर्थित है।

(ख): आयुष मंत्रालय द्वारा 'आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना' (एओजीयूएसवाई) नामक केंद्रीय की क्षेत्र योजना का कार्यान्वयन किया गया है, जिसे दिनांक 16.03.2021 को स्थायी वित्त समिति (एसएफसी) द्वारा अनुमोदित किया गया था। इस योजना के लिए कुल बजट आवंटन पाँच वर्षों के लिए 122.00 करोड़ रुपये है।

वित्तीय वर्ष 2025-26 के दौरान, एओजीयूएसवाई योजना के तहत 03 राज्य औषधि परीक्षण प्रयोगशालाओं (डीटीएल) को वित्तीय सहायता प्रदान की गई है। वर्ष 2025-26 के दौरान एओजीयूएसवाई के तहत औषधि परीक्षण प्रयोगशालाओं के उन्नयन हेतु आवंटित एवं जारी की गई कुल धनराशि का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ग): आयुष औषधियों की सुरक्षा एवं गुणवत्ता सुनिश्चित करने के उद्देश्य से विनियामक उपायों को सुदृढ़ करने हेतु विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के दिशानिर्देशों के अनुसार औषधि उत्पाद प्रमाणपत्र (सीओपीपी) की व्यवस्था को आयुर्वेद, सिद्ध एवं यूनानी (एएसयू) औषधियों तक विस्तारित किया गया है। केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) अंतरराष्ट्रीय वाणिज्य में विनिमय होने वाले औषधि उत्पादों की गुणवत्ता से संबंधित विश्व स्वास्थ्य संगठन प्रमाणन योजना के अंतर्गत निर्यात के लिए अभिप्रेत एएसयू औषधियों हेतु सीओपीपी जारी करता है। सीओपीपी आयातक देशों में उत्पाद पंजीकरण के उद्देश्य से जारी किया जाता है तथा यह डब्ल्यूएचओ तकनीकी रिपोर्ट श्रृंखला (टीआरएस) के अनुसार लागू दिशानिर्देशों एवं विनियामक अपेक्षाओं के अनुरूप सीडीएससीओ, आयुष मंत्रालय तथा संबंधित अनुज्ञापन प्राधिकरण के प्रतिनिधियों द्वारा किए गए संयुक्त निरीक्षण पर आधारित होता है।

(घ): आयुष मंत्रालय द्वारा केंद्रीय क्षेत्र की 'आयुर्ज्ञान योजना' का कार्यान्वयन किया जा रहा है। इस योजना में आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान (एबीआईएचआर) को तृतीय घटक के रूप में शामिल किया गया है, जिसका उद्देश्य आयुर्वेद एवं आधुनिक विज्ञान के समन्वय से सहयोगात्मक, साक्ष्य-आधारित अनुसंधान के लिए सहयोग प्रदान करना है। इस घटक का उद्देश्य पूर्व-नैदानिक और नैदानिक अनुसंधान के माध्यम से आयुर्वेदिक सिद्धांतों और उपचार पद्धतियों के

वैज्ञानिक सत्यापन को प्रोत्साहित करना, अनुसंधान क्षमता को सुदृढ़ करना और देशभर में अंतर-संस्थागत सहयोग को बढ़ावा देना है। एबीआईएचआर घटक के तहत आदिनांक 11 अनुसंधान परियोजनाएँ अनुमोदित की गई हैं, जिनका ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ङ) और (च): आयुष मंत्रालय को कंधमाल सहित ओडिशा से शैक्षणिक संस्थानों में इन अनुसंधान एवं विकास (आरएंडडी) पहलों अथवा अनुसंधान अवसंरचना के विस्तार के संबंध में कोई प्रस्ताव प्राप्त नहीं हुआ है। अतः, ओडिशा में विशिष्ट आयुष अनुसंधान इकाइयों की स्थापना के लिए ऐसा कोई प्रस्ताव विचाराधीन नहीं है।

(छ): आयुष मंत्रालय द्वारा देश में आयुष औषधियों/दवाओं की गुणवत्ता आश्वासन व्यवस्था, परीक्षण प्रणाली एवं वैश्विक स्वीकार्यता को सुदृढ़ करने हेतु निम्नलिखित कदम उठाए गए हैं:

1. औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और औषधि नियम, 1945 में आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी एवं होम्योपैथी (एएसएसयू एंड एच) दवाओं के लिए विशेष विनियामक प्रावधान हैं। निर्माताओं के लिए विनिर्माण इकाइयों और औषधियों के लाइसेंस हेतु निर्धारित अपेक्षाओं का पालन करना अनिवार्य है, जिसमें सुरक्षा और प्रभावशीलता का प्रमाण, औषध नियम, 1945 की अनुसूची टी और अनुसूची एम-आई के अनुसार आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी और होम्योपैथी औषधियों के लिए अच्छी विनिर्माण प्रथाओं (जीएमपी) का अनुपालन करना तथा संबंधित भेषजसंहिता में निर्धारित औषधियों के गुणवत्ता मानकों का पालन करना शामिल है।

औषधि निरीक्षक अपने अधिकार क्षेत्र के अंतर्गत विनिर्माण इकाइयों या खुदरा दुकानों से नियमित रूप से औषधियों के नमूने एकत्र करते हैं तथा गुणवत्ता परीक्षण हेतु औषधि नियंत्रण विभाग के अंतर्गत स्थित औषधि परीक्षण प्रयोगशाला में भेजते हैं और यदि कोई नमूना 'मानक गुणवत्ता का नहीं' पाया जाता है, तो औषधियों की बिक्री को बाजार में रोकने तथा औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बनाए गए नियमों के अनुसार उचित कानूनी कार्रवाई करने जैसे आवश्यक कदम उठाए जाते हैं। संबंधित राज्यों/संघ राज्य क्षेत्रों के औषधि निरीक्षकों द्वारा लिए गए वैध नमूनों की जाँच हेतु राज्यों/संघ राज्य क्षेत्रों में 34 औषधि परीक्षण प्रयोगशालाएँ उपलब्ध हैं।

2. आयुष मंत्रालय के अधीनस्थ संगठन, भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच) आयुष औषधियों के लिए भेषजसंहिता संबंधी मानक और सूत्रयोग विनिर्देश तैयार करता है, जिन्हें उनकी पहचान, शुद्धता एवं गुणवत्ता-क्षमता के निर्धारण के लिए आधिकारिक संहिताओं के रूप में उपयोग किया जाता है। इन मानकों का अनुपालन औषधि और प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बनाए गए नियमों के तहत अनिवार्य है। पीसीआईएम एंड एच आयुष दवाओं के लिए अपीलीय औषधि परीक्षण प्रयोगशाला के रूप में भी कार्य करता है तथा आयुष औषधियों की गुणवत्ता आश्वासन प्रणाली को सुदृढ़ करने के लिए मानकीकरण, गुणवत्ता नियंत्रण एवं परीक्षण पद्धतियों के संबंध में औषधि विनियामक प्राधिकरणों, औषधि विश्लेषकों और अन्य हितधारकों हेतु नियमित क्षमता-निर्माण कार्यक्रमों का आयोजन करता है।

3. आयुष मंत्रालय द्वारा औषधि नियम, 1945 के नियम 160क से 160ञ के तहत औषधि परीक्षण प्रयोगशालाओं को आयुष औषधियों की पहचान, शुद्धता, गुणवत्ता एवं शक्ति से संबंधित परीक्षण करने के लिए अनुमोदित किया गया है। वर्तमान में, मंत्रालय द्वारा औषधि नियम, 1945 के प्रावधानों के तहत ऐसे परीक्षणों के संचालन हेतु राज्यों एवं संघ राज्य क्षेत्रों में 118 निजी औषधि परीक्षण प्रयोगशालाओं को अनुमोदित किया गया है।

4. इसके अतिरिक्त, आयुष मंत्रालय द्वारा 'आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना' (एओजीयूएसवाई) नामक केंद्रीय क्षेत्र की योजना कार्यान्वित की जा रही है। इस योजना के माध्यम से आयुष फार्मेसियों एवं औषधि परीक्षण प्रयोगशालाओं को क्रमशः डब्ल्यूएचओ-जीएमपी तथा राष्ट्रीय परीक्षण और अंशांकन प्रयोगशाला प्रत्यायन बोर्ड (एनएबीएल) के उच्च मानकों को प्राप्त करने हेतु सहायता प्रदान की जाती है।

5. साथ ही, आयुष मंत्रालय द्वारा आयुष उत्पादों की गुणवत्ता आश्वासन व्यवस्था और प्रमाणन को बढ़ावा देने हेतु निम्नलिखित पहलें की गई हैं:

- विनियामक निरीक्षण को सुदृढ़ करने के उद्देश्य से, सीडीएससीओ में आयुष वर्टिकल राज्य/संघ राज्य क्षेत्रों के लाइसेंसिंग प्राधिकरणों के साथ संयुक्त निरीक्षण के माध्यम से पात्र आयुष औषधियों के लिए विश्व स्वास्थ्य संगठन औषधि उत्पाद प्रमाणपत्र (डब्ल्यूएचओ-सीओपीपी) जारी करने की सुविधा प्रदान करता है।
- आयुष औषधियों को आयुष मानक चिह्न एवं आयुष प्रीमियम चिह्न भारतीय गुणवत्ता परिषद् (क्यूसीआई) द्वारा निर्धारित राष्ट्रीय तथा अंतरराष्ट्रीय गुणवत्ता मानकों के अनुपालन के तृतीय-पक्ष मूल्यांकन के आधार पर प्रदान किए जाते हैं।
- आयुष मंत्रालय द्वारा आयुष गुणवत्ता चिह्न कार्यक्रम का शुभारंभ गुणवत्ता आश्वासन व्यवस्था को सुदृढ़ करने, उपभोक्ता का विश्वास बढ़ाने तथा आयुष उत्पादों एवं सेवाओं की वैश्विक मान्यता और प्रतिस्पर्धात्मकता में सुधार करने के लिए किया गया है।
- आयुर्वेद और योग को आईएसओ/टीसी249 की अनुभागीय समिति-2 के तहत शामिल किया गया है, ताकि आयुर्वेद और योग से संबंधित अंतरराष्ट्रीय मानकों, पारिभाषिक शब्दावली, सामग्री, अर्कों, तैयार उत्पादों, आयुर्वेद-आधारित आहार अनुपूरकों, योग सहायक सामग्रियों आदि की गुणवत्ता एवं सुरक्षा पर ध्यान केंद्रित किया जा सके।

विवरण-I

वित्तीय वर्ष 2025-26 के दौरान एओजीयूएसवाई के तहत औषधि परीक्षण प्रयोगशालाओं (डीटीएल) के उन्नयन हेतु आवंटित एवं जारी की गई कुल राशि का ब्यौरा निम्नानुसार है:

- वित्तीय वर्ष 2025-26 के दौरान एओजीयूएसवाई (डीटीएल और फार्मेसियों के उन्नयन हेतु) के सहायता अनुदान (जीआईए) मद के अंतर्गत 17.50 करोड़ रुपये की राशि आवंटित की गई है।
- राज्य डीटीएल के उन्नयन हेतु आवंटित और जारी की गई राशि का विवरण निम्नानुसार है-

(राशि रुपये में)

	राज्य	**घटक**	**सरकार/निजी/ पीएसयू**	**विवरण**	**स्वीकृत/आवंटित कुल राशि**	**पिछले वर्षों में जारी की गई राशि**	**वित्तीय वर्ष 2025-26 में जारी की गई राशि**
1.	अरुणाचल प्रदेश	उच्च मानकों की प्राप्ति हेतु आयुष फार्मेसियों एवं औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण एवं उन्नयन।	सरकार	राज्य सरकार डीटीएल	53,24,026	2023-24: 17,99,813 2024-25: 17,24,400	17,99,813
2.	मिज़ोरम		सरकार	राज्य सरकार डीटीएल	1,60,61,384	2021-22: 18,00,000 2023-24: 67,20,884 2024-25: 57,40,500	18,00,000
3.	मध्य प्रदेश		सरकार	राज्य सरकार डीटीएल	75,83,262	-	75,83,262

विवरण-II

आयुष मंत्रालय की आयुर्ज्ञान योजना के एबीआईएचआर घटक के अंतर्गत संचालित अनुसंधान परियोजनाओं का राज्य-वार ब्यौरा:

राज्य	**परियोजना शीर्षक**
आंध्र प्रदेश	आयुर्वेद में प्रयुक्त चयनित एकल वनस्पति पर औषधि मास्टर फाइल एवं तकनीकी डोज़ियर तैयार करना।
	ट्राइगोनेला फोएनम ग्रीकम का तकनीकी डोज़ियर तैयार करना - चरण I (पूर्व-नैदानिक

	अध्ययन, जिसमें मौखिक विषाक्तता, जीन-विषाक्तता, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन तथा कृंतकों में सुरक्षा औषधिविज्ञान संबंधी अध्ययन शामिल हैं)।
गुजरात	जिंजिबर ऑफिसिनेल के तकनीकी डोज़ियर तैयार करना- चरण I (पूर्व-नैदानिक अध्ययन, जिसमें मौखिक विषाक्तता, जीन-विषाक्तता, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन और कृंतकों में सुरक्षा औषधिविज्ञान संबंधी अध्ययन शामिल हैं)।
कर्नाटक	बाकोपा मोन्निएरी के तकनीकी डोज़ियर तैयार करना- चरण I (पूर्व-नैदानिक अध्ययन, जिसमें मौखिक विषाक्तता, जीन-विषाक्तता, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन तथा कृन्तकों में सुरक्षा औषधिविज्ञान संबंधी अध्ययन शामिल हैं)।
कर्नाटक	रोगाणुरोधी प्रतिरोध (एएमआर) के प्रबंधन हेतु आयुर्वेद चिकित्सा से संभावित उपचारात्मक विकल्पों का अन्वेषण।
मध्य प्रदेश	चयनित आयुर्वेदिक फॉर्मूलेशन त्रिफला चूर्ण, लशुनादी वटी और बृहत वात चिंतामणि रस का पूर्व-नैदानिक विषविज्ञान संबंधी मूल्यांकन तथा सुरक्षा औषधिविज्ञान संबंधी अध्ययन।
महाराष्ट्र	बोसवेलिया सेराटा के तकनीकी डोज़ियर तैयार करना- चरण I (पूर्व-नैदानिक अध्ययन, जिसमें मौखिक विषाक्तता, जीन-विषाक्तता, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन तथा कृन्तकों में सुरक्षा औषधिविज्ञान संबंधी अध्ययन शामिल हैं)।
महाराष्ट्र	चयनित आयुर्वेदिक फॉर्मूलेशन - लक्ष गुग्गुलु, दाडिमादि घृत और एकांगवीर रस का पूर्व-नैदानिक विषविज्ञान संबंधी मूल्यांकन तथा सुरक्षा औषधिविज्ञान संबंधी अध्ययन।
उत्तर प्रदेश	विथानिया सोम्निफेरा के तकनीकी डोज़ियर तैयार करना - चरण I (पूर्व-नैदानिक अध्ययन, जिसमें मौखिक विषाक्तता, जीन-विषाक्तता, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन तथा कृंतकों में सुरक्षा औषधिविज्ञान संबंधी अध्ययन शामिल हैं)।
पश्चिम बंगाल	राज: प्रवर्तिनी वटी, फल घृत एवं द्राक्षावलेह का पूर्व-नैदानिक विषविज्ञान संबंधी मूल्यांकन तथा सुरक्षा औषधिविज्ञान संबंधी अध्ययन।
	चयनित आयुर्वेदिक औषधियों एवं फॉर्मूलेशन का विषविज्ञान संबंधी मूल्यांकन, सुरक्षा आकलन और मेटाबोलोमिक प्रोफाइल निर्धारण।

AGREEMENTS BETWEEN INDIA AND JAPAN

2079. SHRI A. RAJA:

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

(a) the details of agreement/contracts signed in the fields of expanding

cooperation in critical emerging technologies during the visit of Prime Minister of Japan to India recently; and

(b) whether agreements including energy security, AI skills and digital infrastructure have been also finalized and if so, the details thereof?

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

(a) and (b): At the invitation of Prime Minister Shri Narendra Modi, Prime Minister Ms. Sanae Takaichi paid an official visit to India from 1-3 July, 2026. During the visit, various Memorandums of Cooperation were signed between the two sides in the areas of critical emerging technologies, energy security, AI skills, and digital infrastructure. In addition, the two sides agreed upon Joint Statements to bolster cooperation in the areas of Economic Security, Energy Resilience, and Artificial Intelligence. The details of the Memorandums of Cooperation and Joint Statements are given in the enclosed **Statement.**

STATEMENT

The details of the Memorandums of Cooperation and Joint Statements

Title	Sector	Description
Joint Declaration on Economic Security	Economic Security	Promotes project-based collaboration for enhancing joint resilience in key sectors including semiconductors, critical minerals, information and communication technology including AI, clean energy and pharmaceuticals. India-Japan Fact Sheet 2.0 captures growing India-Japan G2G and B2B

		engagement in this crucial area.
Joint Statement on Cooperation in the Field of Artificial Intelligence	Artificial Intelligence	Elevates the India-Japan relationship to a strategic research and development partnership in the AI domain. Building on the India-Japan AI Initiative, the Joint Statement provides a roadmap for greater cooperation across the entire AI technology stack in pursuit of the shared vision of safe, secure, trusted, inclusive and human-centric AI.
Joint Statement on Energy Resilience	Energy	Strengthens cooperation in strategic stockpiling and reserve mechanisms for crude oil and petroleum products. Promotes collaboration in joint investments across the maritime energy transport value chain.
Memorandum of Cooperation for India-Japan Cooperative Biogas for Growth (CBG) Initiative	Energy	Promotes cooperation towards the goal of establishing 1,000 biogas and organic fertilizer plants all across India, leveraging the extensive network of dairy cooperatives.
Memorandum of Cooperation in the Field of Batteries	Energy	Promotes cooperation in battery-related projects and expands business opportunities with an aim of building a trusted, resilient and sustainable battery supply chain.
Memorandum of Cooperation in the Field of Pharmaceuticals and Medical Devices Sector	Pharmaceuticals	Strengthens pharma supply chains, including in Active Pharmaceutical Ingredients (APIs) and Key Starting Materials (KSMs), through promotion of bilateral investment and business linkages, technical collaboration and industry-academia collaboration.
Memorandum of Cooperation on	Artificial Intelligence	Promotes institutional cooperation between IndiaAI Mission and Japan’s GENIAC

Generative AI Accelerator Challenge (GENIAC)		initiative – through B2B matchmaking, webinars on AI policies and challenges and support for joint projects through access to computing resources.
Memorandum of Cooperation in the Field of Geology and Mineral Exploration	Mineral Resources	Strengthens cooperation in upstream critical minerals exploration through exchange of technical expertise.

DEVELOPMENT OF CHABAHAR PORT

2080. ADV. DEAN KURIAKOSE:
SHRIMATI JYOTSNA CHARANDAS MAHANT:
SHRI CHARANJIT SINGH CHANNI:

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

(a) the current status of India's involvement in the development and operation of Shahid Beheshti Terminal at Chabahar Port in Iran;

(b) the details of the total investments made by India for the development of the Port since May 2015 till March 2026, year-wise;

(c) whether India's involvement in the development of the strategic Port will continue, if so, the details thereof, if not, the reasons therefor;

(d) the current status of the 10-year agreement signed with Iran in 2024 to operate the Shahid Beheshti Terminal; and

(e) whether the Ministry has assessed the potential of this trade corridor to cut logistics costs and open new global export markets for commercial steel, aluminium, and mineral products originating from landlocked status like Chhattisgarh?

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

(a) to (e): The Chabahar Port project was conceptualized to provide much-needed connectivity to Afghanistan for its reconstruction and economic development, as well as to boost trade and economic linkages of India with Central Asia. An Indian government-owned company, India Ports Global Limited (IPGL), through its wholly owned subsidiary, India Ports Global Chabahar Free Zone (IPGCFZ), has been operating the port since 2018.

As per the provisions of the main contract signed between IPGL and the Ports and Maritime Organisation (PMO) of Iran on 13 May 2024, India has fulfilled its financial commitment of USD 120 million towards the project. The final tranche of this amount was transferred to PMO in August 2025.

As the conditional sanctions waiver granted by the US for the Chabahar Port project ended on 26 April 2026, the Government remains engaged with all concerned stakeholders to address the implications of this development.

EXPENDITURE ON EVACUATION OPERATIONS

2081. SHRI ARVIND DHARMAPURI:
SHRI BALABHADRA MAJHI:
SHRI SHANKAR LALWANI:
SHRI JUGAL KISHORE:
SHRI VISHWESHWAR HEGDE KAGERI:
SHRI NALIN SOREN:
SHRI VISHNU DAYAL RAM:

SHRI TEJASVI SURYA:
SHRI DULU MAHATO:
DR. SANJAY JAISWAL:
SHRI CHANDRA PRAKASH CHOUDHARY:
SHRI KHAGEN MURMU:

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

(a) the mission-wise expenditure incurred by the Government on evacuation of Indian nationals from foreign countries during the last five years;

(b) the number of Indian nationals evacuated, State/UT-wise, including Telangana;

(c) the number of Indian nationals who could not be evacuated or remained stranded, along with reasons therefor;

(d) whether any private or chartered arrangements were used for the evacuation, if so, the details of the expenditure shared by evacuees and the Government separately;

(e) the steps taken to strengthen real-time registration, mission coordination and communication with families during evacuation operations; and

(f) the specific difficulties faced by Indian Missions in coordinating evacuation operations, including any diplomatic bottlenecks with host Government?

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

(a) to (f): Government of India evacuated over 32 thousand stranded Indian nationals from several foreign countries under various special evacuation operations in last five years. List of India's evacuation operations during last five years along with expenditure details are given in the enclosed **Statement-I**. State-wise list of evacuated Indian nationals under these operations is given in the enclosed **Statement-II**.

After the onset of the West Asia crisis in 2026, Indian Embassies/Consulates facilitated the return to India of Indian nationals by arranging transit visas, local accommodation and transportation, cross-border movements, etc. Country-wise list these facilitated returns is given in the enclosed **Statement-III**.

To ensure safety, security and well-being of Indian nationals abroad, Government follow a structured, multi-layered mechanism to closely monitor the emergent situations. Based on prevailing circumstances, Government issues advisories to caution Indian nationals and remain in contact with Indian Missions. Various communication mechanisms are put in place for Indian nationals to reach Indian Missions/Posts, including email, multilingual 24x7 emergency numbers, social media, toll-free helplines & WhatsApp numbers. Indian Missions remain in connect with Indian community groups to swiftly share the crucial updates. During evacuation operations, 24x7 Control Rooms are operated at headquarters and abroad to provide information and assistance to the stranded Indian nationals and their families and facilitate the evacuation. Government is also undertaking final trials of a digital emergency response

solution for use during evacuation operations. The solution provides a platform for stranded Indian nationals to register with basic and real-time information, along with geo-tagging locations and seek assistance during crisis situations.

During evacuation operations, Government provides logistical support, including safe shelter, meals, local and cross-border movement and transportation and special evacuation flights as needed. Government also engages with various domestic and international airlines, shipping companies and transport logistics agencies in coordination with Indian missions to facilitate safe evacuation of Indian nationals.

Evacuation operations in conflict zones involves challenges related to security, airspace restriction, loss of connectivity, restricted land movements, etc., which are addressed in coordination with other Indian government agencies, Indian Missions and foreign governments. Throughout any crisis, Government remains in continuous contact with concerned foreign governments through diplomatic channels to ensure the safety and well-being of Indian nationals abroad, as also to coordinate evacuation operations.

STATEMENT-I

The details of Government's evacuations/operations during last five years

Year	Country & Name of the Operation	Total number of Indian nationals evacuated	Expenditure incurred
2021	**Afghanistan** Operation Devi Shakti	669 (*including 15 other foreign nationals and 206 Afghans, which includes members of the Afghan Hindu/Sikh*	1.90 crore

		minority)	
2022	**Ukraine** Operation Ganga	18,282	116.58 crore
2023	**Sudan** Operation Kaveri	4,097 (*including 136 foreign nationals)*	45.63 crore
2023	**Israel** Operation Ajay	1,343 *(including 14 OCI card holders and 20 foreign nationals)*	16.87 crore
2024	**Haiti** Operation Indravati	17	48.34 lakh
2024	**Kuwait** *(Special Humanitarian Airlift of deceased Indian nationals)*	45 (*mortal remains)*	12.84 lakh
2025	**Iran** Operation Sindhu	3,597	27.68 crore
2025	**Israel** Operation Sindhu	818	
2024-25	**Syria**	86	39.95 lakh
2022-2025	**Iraq**	135	16.96 lakh
2025-2026	**Myanmar-Thailand Border** *(Repatriation of Indian nationals from Myawaddy-Thailand Border)*	1,741	76 lakh
2025	**Sri Lanka** HADR Operation Sagar Bandhu	424 *(evacuated by special IAF flights on gratis basis) and* 2,076 *(facilitated by commercial flights)*	5.80 lakh
2026	**Iran via Armenia**	2,557	6.05 Crore

	(*Cross-border movement of Indian nationals from Iran via Armenia to return by available flights during recent West Asia crisis)*		

STATEMENT-II

The state-wise details of Indian nationals evacuated under various operations:

State-wise list of Indians evacuated under Operation Ganga

Sl. No.	State / Union Territory	Number of Citizens
1	Andaman & Nicobar	4
2	Andhra Pradesh	682
3	Arunachal Pradesh	1
4	Assam	53
5	Bihar	1003
6	Chandigarh	52
7	Chhattisgarh	210
8	Dadar & Nagar Haveli	5
9	Daman & Diu	5
10	Delhi	681
11	Goa	18
12	Gujarat	1020
13	Haryana	1436
14	Himachal Pradesh	289
15	Jammu & Kashmir	128
16	Jharkhand	158
17	Karnataka	615
18	Kerala	3343
19	Lakshadweep	4
20	Madhya Pradesh	412

21	Maharashtra	1025
22	Manipur	23
23	Meghalaya	40
24	Mizoram	1
25	Nagaland	4
26	Odisha	397
27	Pondicherry	28
28	Punjab	609
29	Rajasthan	934
30	Sikkim	26
31	Tamil Nadu	1479
32	Telangana	667
33	Tripura	32
34	Uttar Pradesh	1917
35	Uttarakhand	257
36	West Bengal	343
37	State name not available	272
	Total	**18282**

State-wise list of Indians evacuated under Operation Kaveri

Sl. No.	States	Number of Citizens
1	Andhra Pradesh	106
2	Assam	13
3	Bihar	370
4	Chandigarh	1
5	Chhattisgarh	3
6	Delhi	27
7	Gujarat	492
8	Haryana	39
9	Himachal Pradesh	25
10	Jammu and Kashmir	1
11	Jharkhand	62

12	Karnataka	418
13	Kerala	172
14	Madhya Pradesh	20
15	Maharashtra	337
16	Manipur	1
17	Nagaland	3
18	Odisha	86
19	Punjab	62
20	Pondicherry	7
21	Rajasthan	87
22	Tamil Nadu	244
23	Telangana	129
24	Uttar Pradesh	800
25	Uttarakhand	24
26	West Bengal	52
27	State name not available	380
	Total Indian Citizens	**3961**
	Foreign Nationals (British- 3 + Sudanese-124 + Nepalese – 9)	136
	Grand Total (3961 + 136)	**4097**

State-wise list of Indians evacuated under Operation Ajay

Sl. No.	State	Number of Citizens
1.	Andhra Pradesh	45
2.	Assam	20
3.	Bihar	29
4.	Chattisgarh	6
5.	Delhi	36
6.	Goa	3
7.	Gujarat	34
8.	Haryana	28
9.	Himachal Pradesh	18

10.	Jammu & Kashmir	9
11.	Jharkhand	13
12.	Karnataka	39
13.	Kerala	121
14.	Madhya Pradesh	14
15.	Maharashtra	108
16.	Manipur	23
17.	Meghalaya	2
18.	Mizoram	1
19.	Nagaland	2
20.	Odisha	20
21.	Punjab	9
22.	Rajasthan	33
23.	Sikkim	11
24.	Tamil Nadu	131
25.	Telangana	70
26.	Uttar Pradesh	145
27.	Uttarakhand	14
28.	West Bengal	248
29.	State Name not available	77
30.	**Total Indian Citizens**	***1309***
	OCI Card holders (14) & Nepalese (20)	34
	Grand Total (1309 + 34)	**1343**

State-wise list of Indians evacuated from Haiti to Dominican Republic under Operation Indravati:

Sl. No.	State	Number of Citizens
1.	Gujarat	1
2.	Karnataka	1
3.	Kerala	1
4.	Madhya Pradesh	1

5.	Maharashtra	1
6.	New Delhi	1
7.	Odisha	1
8.	Tamil Nadu	3
9.	Telangana	1
10.	UP	2
11.	State name not available	4
	Total	**17**

State-wise list of mortal remains brought back to India from Kuwait

Sl. No	State/UT	Number of Citizens
1.	Uttar Pradesh	3
2.	Karnataka	1
3.	Maharashtra	1
4.	Tamil Nadu	7
5.	Bihar	2
6.	Kerala	23
7.	Andhra Pradesh	3
8.	West Bengal	1
9.	Jharkhand	1
10.	Punjab	1
11.	Odisha	2
	TOTAL	**45**

State-wise list of Indians evacuated from Iran under Operation Sindhu

Sl. No.	State/UT	Number of Citizens
1.	Uttar Pradesh	1198
2.	J&K	1521

3.	Laddakh	223
4.	Karnataka	135
5.	Delhi	114
6.	Maharashtra	89
7.	Tamil Nadu	71
8.	Gujarat	56
9.	Bihar	50
10.	Telangana	31
11.	Kerala	21
12.	Andhra Pradesh	26
13.	Madhya Pradesh	15
14.	West Bengal	13
15.	Haryana	8
16.	Rajasthan	6
17.	Uttrakhand	4
18.	Jharkhand	3
19.	Punjab	10
20.	Chattisgarh	2
21.	Odisha	1
	Total	**3597**

State-wise list of Indians evacuated from Israel under Operation Sindhu

Sl. No	State / UT	Number of Citizens
1.	Andhra Pradesh	50
2.	Arunachal Pradesh	1
3.	Assam	3
4.	Bihar	30
5.	Chandigarh	1

6.	Chhattisgarh	2
7.	Delhi	39
8.	Goa	2
9.	Gujarat	32
10.	Haryana	21
11.	Himachal Pradesh	7
12.	Jammu & Kashmir	6
13.	Jharkhand	7
14.	Karnataka	32
15.	Kerala	62
16.	Madhya Pradesh	4
17.	Maharashtra	93
18.	Manipur	2
19.	Odisha	16
20.	Puducherry	5
21.	Punjab	8
22.	Rajasthan	25
23.	Ranchi	2
24.	Sikkim	2
25.	Tamil Nadu	74
26.	Telangana	37
27.	Uttar Pradesh	92
28.	Uttarakhand	12
29.	West Bengal	151
	TOTAL	**818**

State-wise list of Indians evacuated from Syria in 2024-25

Sl. No.	State/ UT	Number of Citizens
1.	J & K	45
2.	Bihar	14
3.	Uttar Pradesh	07
4.	Andhra Pradesh	05
5.	Tamil Nadu	05
6.	Odisha	01
7.	Rajasthan	01
8.	Assam	01
9.	Haryana	01
10.	Punjab	01
11.	West Begal	02
12.	Kerala	01
13.	Puducherry (UT)	01
14.	Telangana	01
	TOTAL	**86**

State-wise list of Indians evacuated from Iraq in 2022-2025

Sl. No.	State / UT	No. of Citizens
1.	Uttar Pradesh	32
2.	West Bengal	26
3.	Bihar	18
4.	Tamil Nadu	10
5.	Andhra Pradesh	13
6.	Telangana	2
7.	Gujarat	3

8.	Rajasthan	8
9.	Kerala	3
10.	Uttarakhand	2
11.	Haryana	2
12.	Chhattisgarh	1
13.	Jammu & Kashmir	1
14.	Madhya Pradesh	1
15.	Delhi	2
16.	Punjab	7
17.	Jharkhand	1
18.	Himachal Pradesh	1
19.	Hyderabad	2
	Total	**135**

State-wise list of Indians repatriated from Thailand-Myanmar Border in in 2025-2026:

Sl. No.	State / UT	Number of Citizens
1.	Andaman and Nicobar Islands	02
2.	Andhra Pradesh	137
3.	Assam	11
4.	Bihar	54
5.	Chandigarh	07
6.	Chhattisgarh	02
7.	Dadra and Nagar Haveli and Daman and Diu	06
8.	Delhi	37
9.	Goa	04
10.	Gujarat	129
11.	Haryana	110

12.	Himachal Pradesh	45
13.	Jammu & Kashmir	42
14.	Jharkhand	24
15.	Karnataka	95
16.	Kerala	37
17.	Madhya Pradesh	14
18.	Maharashtra	209
19.	Manipur	01
20.	Mizoram	01
21.	Odisha	11
22.	Puducherry	02
23.	Punjab	125
24.	Rajasthan	76
25.	Tamil Nadu	123
26.	Telangana	105
27.	Uttar Pradesh	206
28.	Uttarakhand	53
29.	West Bengal	73
	TOTAL	**1741**

State-wise list of Indians facilitated from Iran to cross over Armenia through land-borders:

Sl. No.	State / UT	Number of Citizens
1.	Andhra Pradesh	14
2.	Bihar	112
3.	Delhi	40
4.	Gujarat	91
5.	Haryana	25

6.	Jammu & Kashmir	980
7.	Jharkhand	04
8.	Karnataka	32
9.	Kerala	43
10.	Ladakh	293
11.	Madhya Pradesh	03
12.	Maharashtra	51
13.	Odisha	08
14.	Puducherry	14
15.	Punjab	19
16.	Rajasthan	22
17.	Tamil Nadu	585
18.	Telangana	03
19.	Uttar Pradesh	192
20.	Uttarakhand	08
21.	West Bengal	18
22.	Foreign National (Bangladesh)	01
23.	Foreign National (Guyana)	01
24.	Foreign National (Sri Lanka)	01
	Total	**2560**

STATEMENT-III

Indian nationals facilitated to return to India by the Indian Embassies / Consulates in the wake of West Asia Crisis 2026:

Sl. No.	Details of assistance	No. of Indian nationals assisted
1	Bahrain (Assistance to obtain Saudi-transit visas)	2500

2	Lebanon (Assistance to obtain flight clearances for repatriation from Lebanon)	354
3	Israel (facilitated exit via Jordan)	248
4	Jordan (Assistance to Indian nationals within Jordan and cross-border movements from Iraq and Israel)	1165
5	Qatar (facilitated travel upon partial opening of airspace)	1,00,000
6	Kuwait (facilitated Saudi transit visas and non-scheduled flight operations)	30,000
7	Iraq (assisted in cross-border movements)	3225
8	Armenia (assisted in cross-border movements)	3008
9	Oman	105
Total		**1,40,605**

NUTRITIONAL DIET FOR CHILDREN

2082. SHRI T.M. SELVAGANAPATHI:

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

(a) whether a substantial proportion of children between aged 6 to 23 months are still not getting an adequately nutritional diet, if so, the details thereof;

(b) whether Indian toddlers are still missing out on the diverse/frequent meals required for healthy growth and brain development, if so, the details thereof; and

(c) whether children may be receiving enough calories but are not getting enough proteins, micronutrients and nutrient rich foods essential for development, if so, the details thereof and the corrective measures proposed in this regard?

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

(a) to (c)**:** In order to bridge the gap between the Recommended Dietary Allowances (RDA) and Average Daily Intake (ADI), Mission Saksham Anganwadi and 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 Meals. To ensure nutrition of children between aged 6 to 23 months, THR is distributed to the mother/parents of the children at Anganwadi Centers using Facial Recogntion System (FRS). A normal child is provided 200 Kcal and 08–10 gram protein for 6-12 months; 400 Kcal and 15–20 gram protein for 1-3 years; and 400 Kcal and 15–20 gram protein for 3-6 years, along with recommended 7 essential micronutrients.

The THR is provided to the beneficiaries in accordance with the nutrition norms contained in revised Schedule-II of the National Food Security Act, 2013 in January 2023. Additional Nutrition is also provided to Severely Acute Malnourished (SAM) children (6 months to 5 years) in form of Take-Home Ration (THR). 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).

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.

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.

विदेश में संकट में फंसे भारतीय नागरिकों को सहायता

2083. श्री तारिक अनवर:

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

(क) वर्ष 2023-24 से अब तक विदेश में रह रहे भारतीय नागरिकों को भारतीय मिशनों के माध्यम से प्रदान की गई कांसुलर सेवाओं, उपलब्ध कराई गई आपातकालीन सहायता, स्वदेश वापसी संबंधी निपटाए गए मामलों तथा निवारित शिकायतों का देश-वार ब्यौरा क्या है;

(ख) क्या सरकार द्वारा हाल ही में युद्ध, आंतरिक अशांति, प्राकृतिक आपदाओं अथवा अन्य आपातकालीन परिस्थितियों के दौरान विदेश में निवासरत भारतीय नागरिकों की सुरक्षा तथा उनकी शीघ्र सुरक्षित वापसी के लिए विद्यमान मानक संचालन प्रक्रियाओं (एसओपी) की समीक्षा की गई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ग) क्या सरकार भारतीय मिशनों के माध्यम से कांसुलर सेवाओं की दक्षता बढ़ाने, शिकायत निवारण में तेजी लाने तथा विदेशों में रह रहे भारतीय नागरिकों की सुरक्षा सुनिश्चित करने के लिए कोई नई डिजिटल व्यवस्था अथवा अन्य पहल शुरू करने पर विचार कर रही है और यदि हाँ, 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): इस मंत्रालय के पास उपलब्ध जानकारी के अनुसार, वर्ष 2023-24 से अब तक विदेशों में रहने वाले भारतीय नागरिकों की ओर से भारतीय मिशनों के माध्यम से प्राप्त और समाधान की गई शिकायतों की देश-वार संख्या का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ख): विदेशों में भारतीय नागरिकों की सुरक्षा, संरक्षा और कल्याण भारत सरकार की सर्वोच्च प्राथमिकता है। इस प्रतिबद्धता को बनाए रखने के लिए, सरकार भारतीय नागरिकों, विशेष रूप से संघर्ष प्रभावित क्षेत्रों में रहने वाले लोगों के लिए सुरक्षा और निकासी की तैयारियों की सक्रियता से और लगातार समीक्षा करती है। वर्तमान परिस्थितियों को देखते हुए, सरकार भारतीय नागरिकों को अनावश्यक यात्रा से बचने के लिए सावधान करने स्थानीय प्राधिकारियों द्वारा जारी सुरक्षा दिशा-निर्देशों का पालन करने और भारतीय मिशनों के साथ संपर्क में रहने के लिए परामर्शी जारी करती है। भारतीय नागरिकों के लिए भारतीय मिशनों/केंद्रों तक पहुंचने के लिए विभिन्न संचार तंत्र मौजूद हैं, जिनमें ईमेल, बहुभाषी 24x7 आपातकालीन नंबर, सोशल मीडिया, टोल-फ्री हेल्पलाइन और व्हाट्सएप नंबर शामिल हैं। किसी भी आपातकालीन स्थिति में, जहाँ आवश्यकता हो, सरकार फंसे हुए भारतीय नागरिकों को सुरक्षित निकालने के लिए कई हितधारकों को शामिल करते हुए

अभियान शुरू कर सकती है। ऐसे निकासी प्रक्रिया के दौरान, फंसे हुए भारतीय नागरिकों को जानकारी और सहायता प्रदान करने के लिए मुख्यालय और विदेशों में 24x7 नियंत्रण कक्ष संचालित किए जाते हैं। विदेश में भारतीय नागरिकों की सुरक्षा और कल्याण सुनिश्चित करने के साथ-साथ निकासी कार्यों के समन्वय के लिए सरकार राजनयिक माध्यमों से संबंधित विदेशी सरकारों के साथ निरंतर संपर्क में रहती है।

(ग): "सुशासन" की पहल के तहत, विदेश में रहने वाले भारतीयों को कोंसली मदद देने के लिए मंत्रालय ने 21 फरवरी, 2015 को 'मदद' नाम का एक ऑनलाइन कोंसली शिकायत प्रबंधन सिस्टम शुरू किया। कोंसली शिकायतों को ट्रैक करने और उन पर अनुवर्ती कार्रवाई करने के लिए सभी हित-धारक मदद पोर्टल से जुड़े हुए हैं। मदद में कई तरह की शिकायतों के निवारण के लिए लचीला सिस्टम है; इसमें ऑनलाइन शिकायत दर्ज करने और आसानी से जानकारी पाने व संदर्भ के लिए मिलती-जुलती शिकायतों को जोड़ने की सुविधा है; साथ ही, इसमें शिकायतों को स्वतः आगे बढ़ाने और प्राथमिकता तय करने, आसानी से आकलन और निगरानी के लिए रंग-कोड वाले डैशबोर्ड की व्यवस्था है, और निरक्षर शिकायतकर्ताओं की मदद के लिए एक कॉल सेंटर भी है। मदद के लिए एक मोबाइल ऐप भी लॉन्च किया गया है। मदद पोर्टल पर दर्ज शिकायतों की बारीकी से निगरानी की जाती है और उनका शीघ्रता से निपटारा किया जाता है।

इसके अलावा, मंत्रालय ने 'सेवा- भारतीय कोंसली सेवा प्रणाली' शुरू की है, जिसने भारतीय नागरिकों को विदेशों में स्थित भारतीय मिशनों/केंद्रों में विभिन्न कोंसली सेवाओं के लिए ऑनलाइन आवेदन करने में सक्षम बनाया है।

<u>विवरण</u>

वर्ष 2023-24 से अब तक विदेशों में रहने वाले भारतीय नागरिकों की ओर से भारतीय मिशनों के माध्यम से प्राप्त और समाधान की गई शिकायतों की देश-वार संख्या का ब्यौरा:

देश	वर्ष 2023-24 से अब तक	
	प्राप्त शिकायतें	निस्तारित शिकायतें

अफ़ग़ानिस्तान	54	38
अल्बानिया	3	0
अल्जीरिया	16	12
अंगोला	44	39
अर्जेंटीना	9	8
आर्मीनिया	104	99
ऑस्ट्रेलिया	604	457
ऑस्ट्रिया	38	25
अजरबैजान	25	20
बहरीन	337	313
बांग्लादेश	65	56
बेलारूस	21	20
बेल्जियम	27	19
भूटान	7	6
बोत्सवाना	3	3
ब्राजील	12	11
ब्रूनेइ दारएस्सलाम	23	15
बुल्गारिया	10	7
बुर्किना फासो	3	3
काबो वर्डे	2	2
कंबोडिया	186	108
कैमरून	14	7
कनाडा	858	763
चिली	1	0
चीन	147	129
कोलंबिया	7	6
कोटे डी आइवर	21	18
क्रोएशिया	25	19
क्यूबा	1	0
साइप्रस	13	9
चेक गणराज्य	15	14
कांगो लोकतांत्रिक गणराज्य	80	59
डेनमार्क	19	6

ज़िबूती	5	4
डोमिनिकन गणराज्य	3	1
मिस्र	23	19
इक्वेटोरियल गिनी	5	4
इरिट्रिया	0	0
एस्तोनिया	2	2
इथियोपिया	44	36
फिजी	6	6
फिनलैंड	26	20
फ्रांस	91	75
गैबॉन	4	1
जॉर्जिया	23	11
जर्मनी	357	316
घाना	29	23
ग्रीस	26	21
ग्वाटेमाला	6	6
गिनी	14	9
गुयाना	19	9
हंगरी	25	25
आइसलैंड	2	2
इंडोनेशिया	56	49
ईरान	127	113
इराक	128	121
आयरलैंड	81	55
इज़राइल	60	54
इटली	97	75
जमैका	25	18
जापान	43	34
जॉर्डन	44	42
कजाखस्तान	31	17
केन्या	52	43
एस्वातिनी अधिराज्य	4	4
कुवैत	1141	703

किर्गिज़स्तान	54	48
लाओस	29	26
लातविया	8	2
लेबनान	8	7
लाइबेरिया	6	0
लीबिया	50	37
लिथुआनिया	7	7
मेडागास्कर	4	1
मलावी	6	5
मलेशिया	1386	1225
मालदीव	167	161
माली	13	11
माल्टा	28	23
मॉरिटानिया	2	1
मॉरीशस	36	28
मेक्सिको	15	14
मंगोलिया	0	0
मोरक्को	6	6
मोज़ाम्बिक	14	14
म्यांमार	127	103
नामिबिया	2	2
नेपाल	87	65
नीदरलैंड	113	106
न्यूज़ीलैंड	153	124
नाइजर	3	2
नाइजीरिया	101	85
नॉर्वे	15	12
ओमान	1226	1031
पाकिस्तान	29	27
पनामा	10	8
पापुआ न्यू गिनी	1	1
पेरू	6	5
फिलिपींस	89	74

पोलैंड	85	81
पुर्तगाल	136	119
कतर	596	545
कांगो गणराज्य	2	2
कोरियाई गणराज्य	33	28
रोमानिया	22	17
रूस	251	223
रवांडा	2	2
साओ टोम और प्रिंसिपे	2	2
सऊदी अरब	5972	4809
सेनेगल	16	13
सर्बिया	22	22
सेशल्स	12	9
सिएरा लिओन	13	12
सिंगापुर	390	374
स्लोवाक गणराज्य	14	7
स्लोवेनिया	4	3
दक्षिण अफ्रीका	48	28
दक्षिण सूडान	1	1
स्पेन	28	19
श्रीलंका	63	46
सूडान	28	24
सूरीनाम	10	8
स्वीडन	62	56
स्विट्ज़रलैंड	19	14
सीरिया	2	2
ताजिकिस्तान	6	3
तंजानिया	43	21
थाईलैंड	191	172
तिमोर लेस्ते	0	0
टोगो	7	5
त्रिनिदाद और टोबैगो	11	10
ट्यूनीशिया	4	4

तुर्किए	52	50
तुर्कमेनिस्तान	1	1
यूएसए	1479	1284
युगांडा	36	25
यूक्रेन	43	41
संयुक्त अरब अमीरात	3506	3171
यूनाइटेड किंगडम	627	565
उज़्बेकिस्तान	66	50
वेनेज़ुएला	0	0
वियतनाम	47	43
यमन	19	14
जाम्बिया	25	18
ज़िम्बाब्वे	7	7
कुल	**23197**	**19420**

SHIPBUILDING AND REPAIR CENTRE IN ANDHRA PRADES

2084. SHRI PRABHAKAR REDDY VEMIREDDY:

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

(a) whether it is true that the Government has identified land for establishing mega shipbuilding and repair centre in Andhra Pradesh;

(b) if so, details thereof; and

(c) the anticipated investment that is likely to be received and the timeline by which the centre is likely to become operational?

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

(a) and (b): The Government of Andhra Pradesh proposes to establish greenfield shipbuilding cluster at Dugarajapatnam in Tirupati District. To establish this cluster, Vishakhapatnam Port (VPA) and Andhra Pradesh Maritime Board (APMB) have formed a Special Purpose Vehicle (SPV) named National Shipbuilding & Heavy Industries Park Andhra Pradesh Limited (NSHIPAP). Based on the application of NSHIPAP, the Ministry of Ports, Shipping and Waterways has given in-principle approval for development of greenfield shipbuilding cluster in May 2026.

(c): As per the preliminary Techno-Economic Feasibility Report (TEFR) submitted by NSHIPAP, the total indicative project cost for development of the integrated Port-cum Shipbuilding-cum-Ship Repair Cluster is estimated at approximately ₹29,254 crore, comprising investment in shipyard and port facilities, marine infrastructure, common infrastructure, land development, utilities and associated facilities. The final approval of the greenfield cluster and commencement of the cluster development is contingent upon NSHIPAP securing a firm commitment from an anchor shipyard and the finalization of Detailed project report (DPR) including the likely investment in the cluster.

BREACH OF DECORUM IN COURTROOMS

2085. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

(a) whether the Government is aware of increasing incidents of breach of decorum in courtrooms, if so, the details thereof and the steps taken to uphold the dignity of judicial proceedings across all courts;

(b) whether guidelines exist for maintaining discipline and decorum in court premises, if so, the details thereof and the measures taken to ensure strict enforcement;

(c) whether instances of misconduct by advocates or litigants have risen in recent years, if so, the details thereof and the disciplinary actions initiated against violators;

(d) whether co-ordination between with the Supreme Court of India with High Courts to strengthen courtroom discipline, if so, the details thereof including the outcomes achieved; and

(e) whether the Government proposes to amend the existing laws to address contempt and misconduct within courtrooms, if so, the details thereof and the timeline for their implementation?

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

(a) to (d): As per Article 227 of the Constitution of India, High Courts exercise administrative superintendence over all courts under their jurisdiction. The Central Government does not maintain a centralized database for tracking incidents of breach of decorum in courtrooms.

The Bar Council of India (BCI) is mandated to lay down the rules pertaining to standards of conduct and professional etiquette to be maintained by advocates in court, with clients and towards fellow advocates. The Bar Council of India and the State Bar Councils can take action against the erring Advocate(s) under Section 35 of the Advocates Act, 1961. An advocate can be prosecuted under Section 35 of the Advocates Act, 1961, and can also be awarded punishments of (i) Reprimand, (ii) Suspension of license and (iii) Removal of name from roll of the State Bar Council, if it is found that he has committed professional misconduct or other misconduct under the provisions of the Advocates Act, 1961.

The Hon'ble Supreme Court of India and High Courts are Constitutional courts working independently. They maintain discipline and decorum in courtrooms as per their own rules, regulations and guidelines.

As per circular dated 21.07.2026, the Hon'ble Supreme Court notified a resolution as per which, in undesirable incidents resulting from disruptive conduct of Parties-in-Person, a party-in-person shall be given the option to appear through virtual mode. However, if the party-in-person insists on physical appearance only, such appearance shall be subject to the condition that no live streaming shall be done and no video recording of the proceedings shall be permitted.

The incidences involving breach of decorum in courtroom can also be dealt under the Contempt of Courts Act, 1971, which defines and limits the powers of certain courts in punishing contempt of courts and regulates their

procedure in relation thereto. The Act inter alia addresses the acts of publication (whether by words, spoken or written, or by signs, or by visible representations, or otherwise) of any matter or the doing of any other act whatsoever which--- (i) scandalises or tends to scandalise, or lowers or tends to lower the authority of, any court; or (ii) prejudices, or interferes or tends to interfere with, the due course of any judicial proceeding; or (iii) interferes or tends to interfere with, or obstructs or tends to obstruct, the administration of justice in any manner.

(e): There is no legislative proposal currently pending to amend the existing laws to address contempt and misconduct within courtrooms.

BETI BACHAO BETI PADHAO SCHEME

2086. SHRI JASHUBHAI BHILUBHAI RATHVA:
SHRI SATISH KUMAR GAUTAM:
SHRI ANANTA NAYAK:
SHRI ALOK SHARMA:
DR. NISHIKANT DUBEY:
SHRIMATI HIMADRI SINGH:
SHRI PRADEEP KUMAR SINGH:
SHRI BALABHADRA MAJHI:
SHRI SHANKAR LALWANI:
SHRI AMAR SHARADRAO KALE:
SHRI MAHENDRA SINGH SOLANKY:
SHRI MAHESH KASHYAP:
SHRI VISHWESHWAR HEGDE KAGERI:
SHRI NALIN SOREN:
SHRIMATI KAMLESH JANGDE:
SHRIMATI SMITA UDAY WAGH:
SHRI VIJAY BAGHEL:

SHRIMATI ANITA NAGARSINGH CHOUHAN:
SHRI HARIBHAI PATEL:
SHRI DILIP SAIKIA:
SHRI SUKHJINDER SINGH RANDHAWA:
DR. BHOLA SINGH:
SHRI ANUP SANJAY DHOTRE:
SHRI KOTA SRINIVASA POOJARY:
SHRI DULU MAHATO:
SHRIMATI SHOBHANABEN MAHENDRASINH BARAIYA:
SHRI RAMESH AWASTHI:
SHRI SHIVMANGAL SINGH TOMAR:
SHRI ARUN GOVIL:
SHRI MANOJ TIWARI:
SHRI BIDYUT BARAN MAHATO:
SHRI LUMBARAM CHOUDHARY:
SHRIMATI KAMALJEET SEHRAWAT:
SHRI MUKESHKUMAR CHANDRAKAANT DALAL:
SHRI DINESHBHAI MAKWANA:
DR. HEMANT VISHNU SAVARA:
SHRI VIJAY KUMAR DUBEY:
SHRI AVIMANYU SETHI:
DR. HEMANG JOSHI:
SHRI DAMODAR AGRAWAL:
SHRI VINOD LAKHAMSHI CHAVDA:
SHRI BIBHU PRASAD TARAI:
SHRI P. P. CHAUDHARY:
SHRI ANIL FIROJIYA:
SHRI MUKESH RAJPUT:
SHRI RAJKUMAR CHAHAR:

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

(a) whether the Government has undertaken a comprehensive review of the Beti Bachao Beti Padhao (BBBP) Scheme on completion of eleven years, if so, the details thereof, State/UT-wise/ district-wise;

(b) the details of the improvements recorded in key indicators including, the Sex Ratio at Birth (SRB), enrolment, retention and educational outcomes of girl children, since its inception in the country, State/UT-wise and district-wise;

(c) whether the Government has strengthened the lifecycle approach under the said Scheme by integrating health, nutrition, education, birth, early childhood care, skill development and empowerment initiatives for girls, if so, the details thereof, State/UT-wise and district-wise;

(d) whether any districts have been identified for focused interventions under the said Scheme, if so, the details thereof, State/UT-wise and district-wise; and

(e) whether the Government proposes to enhance financial support, awareness campaigns and institutional convergence to further improve the status of the girl child, if so, the details of the funds allocated, awareness programmes conducted/outcomes achieved thereof?

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

(a) to (e): Beti Bachao Beti Padhao helps to address Child Sex Ratio (CSR) and related issues of empowerment of girls and women. The scheme, launched on 22nd January 2015, as a collaborative effort between the M/o Women &

Child Development, M/o Education, and M/o Health and Family Welfare, aims to prevent gender-biased sex selection, ensure the survival and protection of girl children, and promote their education. The implementation of the scheme lies with the State Government and UT Administration.

The scheme tries to create mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering various stakeholders. In the 15th Finance Commission Period, BBBP as a component under the SAMBAL vertical of Mission Shakti, has been expanded to cover all the districts of the country through multi-sectoral interventions encouraging greater spend on activities that have on ground impact. 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. BBBP primarily focuses on creating behavioural and social change in the way the girl child is perceived across the country.

Beti Bachao Beti Padhao is Centrally Sponsored Scheme and the Central Government provides 100% financial assistance to States and UTs. The overall implementation of scheme lies with the State Governments and UT Administrations.

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). 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. The interventions of M/o Health and Family Welfare (PCPNDT Act) and Department of School Education and Literacy (Samagra Shiksha Abhiyan) also helps in the overall improvement in the SRB and GER data respectively.

Two third-party evaluations of the schemes of the Ministry, including Mission Shakti Umbrella scheme and its components relating to Beti Bachao Beti Padhao 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.

To sharpen implementation of the scheme, States/UTs can utilize a part of the total allocation for advertisements and media advocacy under BBBP scheme using a whole-of-government/convergent approach. Further, for effective implementation, funds for BBBP are allocated as per the Mission Shakti guidelines and State/UT have been authorized to use the fund for implementation of the scheme activities in the following flexible manner:

i. directly through the districts, or

ii. partially through the districts with the rest being managed by the State/UT, or iii. directly through the State/UT on behalf of the districts, depending on the specific needs of the State/UT.

Under the BBBP scheme for effective implementation at ground level, a standardized operational manual was released on 11th October 2022. The Operational manual serves as a guide for those involved in planning, implementation, reporting, and monitoring from the national to the grassroots

level. The manual details the activities and processes for all concerned stakeholders to ensure a cohesive convergent effort for the protection and empowerment of the girl child. The operational manual includes a thematic calendar for suggested convergence activities at district level with month wise specific themes for holistic development of the Girl Child and to ensure year-round engagement of girls, their families and communities.

A total expenditure of ₹ 1075.37 crore has been incurred under the scheme since inception upto June, 2026. During the period 78,305 activities have been organised which included more than 3.37 crore participants.

SHORTAGE OF FERTILIZERS

2087. SHRI RAHUL GANDHI:

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

(a) whether the 2026 Strait of Hormuz blockade has affected supplies of fertilizers, pesticides, and related inputs to the country, if so, details thereof;

(b) the details of fertilizers, pesticides, and raw materials imported since January 2026, country-wise, item-wise and year-wise;

(c) whether the Government is aware that farmers are paying up to fifteen thousands per acre due to fertilizer shortages, if so, the details along with the measures taken thereon indicating the domestic production capacity and its utilisation for fertilizers and pesticides during the last twelve months, month-wise;

(d) whether any fertilizer factories were operating under-capacity/shut down since March 2026, if so, the details thereof and import dependence of the country; and

(e) whether the Government acknowledges that continued import dependence of key inputs makes domestic production of fertilizers vulnerable, if so, the details thereof indicating country's dependence on imports for key inputs, by quantity and percentage, namely DAP, MOP, ammonia, phosphoric acid, sulphur, rock phosphate and LNG during the last three years?

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

(a) and (b): Following the blockade of the Strait of Hormuz due to the West Asia conflict, global supply chains have been disrupted, affecting the smooth availability of fertilizers, pesticides, and related inputs/raw materials in the country. The disruptions have manifested in the form of increased freight and insurance costs, shipment delays, and heightened price volatility. India’s imports of key inputs such as ammonia, phosphoric acid, and sulphur have been particularly impacted, while potash imports have faced elevated landed costs due to broader global logistics disruptions.

The Government has undertaken several measures to ensure adequate availability of fertilisers in the country, including diversification of import sources and targeted policy interventions. Department of Fertilizers has actively

pursued sourcing diversification by exploring procurement opportunities across multiple countries, in coordination with Indian Missions abroad.

The country-wise details regarding imports of Urea, DAP, MOP, NPK for the current calendar year till June are given in the enclosed **Statement-I**.

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/their raw materials as per their business dynamics.

(c) and (d): To ensure timely and adequate supply of fertilizers in the country, 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, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Monitoring System (iFMS). 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. The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents. Regularly coordinate with the Ministry of

Railways for giving sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States. The distribution of fertilizers within the State at district level is done by the concerned State government.

The reported expenditure of ₹15,000 per acre due to fertilizer shortages is not substantiated, as the availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate across States during the period. The information regarding the requirement, availability, sales and closing stock of said fertilizers during the Rabi 2025-26 and ongoing Kharif 2026 season is given in the enclosed **Statement-II**.

The information regarding month wise production of fertilizers for last 12 months is given in the enclosed **Statement-III**.

The details of shutdown of fertilizer plants during March 2026 to June 2026 is given in the enclosed **Statement-IV.**

(e): Yes, the Government is aware that dependence on imports for key inputs exposes the fertilizer sector to global supply and price risks. India depends significantly on imports for key raw materials used in the production of fertilizers due to limited domestic reserves. This includes intermediates such as phosphoric acid, rock phosphate, sulphur, ammonia and muriate of potash for phosphatic and potassic (P&K) fertilizers, as well as natural gas for urea production.

Due to disruption of Liquefied Natural Gas (LNG) shipments through the Strait of Hormuz, the Government notified the Natural Gas (Supply Regulation) Order, 2026 on 09.03.2026 under the Essential Commodities Act, 1955 to

regulate the production, allocation and distribution of natural gas and to ensure its equitable availability. The Order accorded priority in the allocation of natural gas to critical sectors, including PNG (Domestic) (100% of the average consumption during the preceding six months), CNG (Transport), LPG production and fertilizer, thereby ensuring continuity of essential services, energy security and public welfare. The said measures were temporary in nature and, in view of the improvement in the supply situation, were withdrawn vide notification dated 04.07.2026. The details of natural gas consumption in fertilizer sector from Jan-2026 to May-2026 is as follows: -

Consumption of natural Gas in fertilizer Sector (in MMSCM)			
Month/Year	**Domestic**	**RLNG**	**Total**
January, 2026	234	1532	1766
February, 2026	217	1380	1598
March, 2026	211	1028	1239
April, 2026	205	1195	1400
May, 2026	223	1367	1590

Further, as per information received from the Fertilizer Association of India (FAI), the estimated share of imported raw materials and intermediates for production of fertilizers in the country during the last three years is as under:

S. No	**Fertilisers/ Feedstock/ Raw Materials/ Intermediates**	**India' import dependence (%)**		
		2023-24	**2024-25**	**2025-26**
1.	DAP	51	49	66
2.	Natural Gas (for urea)	80	78	76
3.	Ammonia (for DAP/NP/NPKs)	72	77	72
4.	Phosphoric acid	54	50	50
5.	Rock Phosphate	88	90	89

6.	Sulphur	46	52	51
7.	Potash	100	100	100

STATEMENT-I

The country-wise details regarding imports of Urea, DAP, MOP, NPK for the current calendar year till June:

Import of fertilizers (Urea, DAP, MOP and NPK) present Calendar year (till June-26)				
				Qty in LMT
Month	**Urea**	**As Reported by the Companies**		
		DAP	**MOP ***	**NPK**
Jan-26	9.33	0.70	3.39	1.95
Feb-26	8.69	1.51	2.91	0.58
Mar-26	5.51	0.27	1.28	1.62
Apr-26	5.83	0.49	2.20	2.22
May-26	4.10	1.32	3.04	1.40
Jun-26	15.15	5.30	0.85	1.29
Grand Total	48.61	9.59	13.67	9.06
MOP includes both Agriculture and Industrial use*				

Country wise details:

Country wise Import of Fertilizers (Jan-26 to Jun-26)				
				Qty in LMT
Name of Country	**Urea**	**As Reported by the Companies**		
		DAP	**MOP**	**NPK**
Algeria	2.93	0.45	-	-
Bahrain	1.20	-	-	-
Brunei	0.61	-	-	-
Canada	-	-	1.92	-
China	5.53	0.55	-	-
Egypt	6.09	0.61	-	-
Finland	2.22	-	-	-
Georgia	2.11	-	-	-
Israel	-	-	2.17	-
Jordan	-	0.67	1.14	-
Malaysia	1.02	-	-	-
Morocco	-	2.73	-	-

Nigeria	4.24	-	-	-
Oman	6.11	-	-	-
Qatar	2.90	-	-	-
Russia	8.54	-	4.79	8.34
S. Arabia	1.84	3.40	-	0.28
Senegal	-	0.03	-	-
South Korea	-	0.15	-	0.44
Turkey	0.36	-	-	-
Turkmenistan	-	-	3.65	-
UAE	0.46	-	-	-
USA	-	1.00	-	-
Vietnam	2.45	-	-	-
Grand Total	48.61	9.59	13.67	9.06
MOP includes both Agriculture and Industrial use*				

STATEMENT-II

The information regarding the requirement, availability, sales and closing stock of said fertilizers during the Rabi 2025-26 and ongoing Kharif 2026 season:

ALL INDIA					
AVAILABILITY OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 26.07.26)					
					fig. in LMT
S. No	**PRODUCT**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 26.07.26**
1	**UREA**	118.81	173.06	107.07	66.01
2	**DAP**	34.28	41.90	25.40	16.50
3	**MOP**	10.86	14.14	5.65	8.51
4	**NPKS**	52.34	87.57	43.09	44.48
AVAILABILITY OF FERTILIZERS DURING THE RABI 2025-26					
fig. in LMT					
S. No	**PRODUCT**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 31.03.26**
1	**UREA**	196.06	257.59	203.39	54.22
2	**DAP**	53.43	75.41	54.47	20.93
3	**MOP**	15.69	19.63	11.62	8.01
4	**NPKS**	82.38	117.43	68.88	48.59

1. Primary Indicator of comfortable availability: Availability > Requirement

2. Secondary Indicator of comfortable availability: Availability > Sales

STATEMENT-III

The information regarding month wise production of fertilizers for last 12 months:

Month	Production in '000' MT			
	Urea	**DAP**	**NPKs**	**SSP**
Jul-25	2572.4	333.3	1147.7	521.1
Aug-25	2655.8	316.0	1204.0	472.5
Sep-25	2431.2	317.1	1139.9	540.3
Oct-25	2688.0	316.3	1190.9	555.9
Nov-25	2625.2	361.5	1170.8	489.1
Dec-25	2691.3	349.5	1196.6	464.2
Jan-26	2673.4	342.0	1226.6	416.6
Feb-26	2448.4	333.2	985.1	409.5
Mar-26	1751.6	197.1	730.0	414.1
Apr-26	2097.7	303.2	577.7	357.8
May-26	2519.5	392.7	744.1	437.3
Jun-26	2537.5	288.3	755.1	554.8

STATEMENT-IV

Details of Shutdown Plants During March 2026 to June 2026

PLANT	**Shutdown Date from**	**Shutdown Date to**	**Reasons**
NFL, NANGAL	06.03.2026	22.03.2026	Since Nangal unit is under shutdown, the allocated gas is being diverted to other NFL units for better energy efficiency and production of more urea from same gas.
RCF, TROMBAY	20.03.2026	31.03.2026	Due to plant shutdown.
HURL, GORAKHPUR	06.03.2026	31.03.2026	Due to gas diverted to Barauni & Sindri.
IFFCO, KALOL	06.03.2026	17.04.2026	Kalol Plant can't operate safely after gas supply cut. Ammonia and Urea plant shutdown taken at 16:30 hrs on 06.03.2026 because of curtailment in gas supply. So, around 0.73 MMSCMD allocated to Kalol Unit is being diverted to IFFCO Phulpur-I&II Units and Aonla-I Unit to operate these plants at an optimum level.
SFC,	07.03.2026	19.03.2026	Due to plant shutdown.

KOTA			
PPL, GOA	15.02.2026	17.04.2026	Annual Turnaround. Received notice from GAIL on Restriction of DCQ supplies to 0.66 MMSCMD. However, GAIL has accepted PPL's request to support by diversion of Gas from PPL- Goa unit (under revamp shutdown at present) to PPL-Mangalore unit to sustain Production.
SPIC, TUTICORIN	03.03.2026	18.03.2026	Stopped production for maintenance activities.
INDORAMA, JAGDISHPUR	26.02.2026	27.03.2026	Annual Turn around.
CFCL, GADEPAN - II	01.03.2026	11.04.2026	Gas diverted to Gadepan - I & III.
KFL, SHAHJAHANPUR	21.03.2026	26.04.2026	Due to TR is under progress.
MATIX, PANAGARH	09.03.2026	15.03.2026	Due to lower Gas supply.
NFL, NANGAL	03.04.2026	15.04.2026	Due to sudden leakage in HE-2A (Partial Condenser) in urea plant due to a sudden tube leakage in the Anti-surge Cooler (E-1705)
IFFCO, PHULPUR - II	14.05.2026	16.05.2026	Plant shutdown has been taken to carry out mandatory IBR Inspection of HRU Boiler (B-3461) on 14.05.2026 at 9.30 hrs IBR Inspection completed on 15.05.2026 and currently plant start-up activities are under progress.
CFCL, GADEPAN - I	01.06.2026	03.06.2026	Shutdown for annual turnaround.
	08.06.2026	24.06.2026	Shutdown for annual turnaround.
MFL	15.06.2026	26.06.2026	Due to equipment breakdown

REDUCTION IN DEPENDENCE ON IMPORTS OF FERTILIZERS

2088. SHRI MUKESHKUMAR CHANDRAKAANT DALAL:
SHRI ANANTA NAYAK:
SHRI PRADEEP PUROHIT:
SHRIMATI SANJNA JATAV:
SHRIMATI MALVIKA DEVI:
SHRIMATI KAMALJEET SEHRAWAT:
SHRI AMAR SHARADRAO KALE:
SHRI MAHENDRA SINGH SOLANKY:

SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:
SHRI RAVINDRA VASANTRAO CHAVAN:
SHRI VISHWESHWAR HEGDE KAGERI:
SHRIMATI KAMLESH JANGDE:
SHRI VISHNU DAYAL RAM:
DR. HEMANT VISHNU SAVARA:
SHRI ANIL FIROJIYA:
SHRI SUDHEER GUPTA:
SHRI DILIP SAIKIA:
SHRI RADHESHYAM RATHIYA:
SHRI LUMBARAM CHOUDHARY:
SHRI KRISHNA PRASAD TENNETI:
SHRI NALIN SOREN:
SHRI SHIVMANGAL SINGH TOMAR:
SHRI BHARTRUHARI MAHTAB:
SHRI ANUP SANJAY DHOTRE:
SHRI DEVUSINH CHAUHAN:
DR. NISHIKANT DUBEY:
SHRI JUGAL KISHORE:
SHRI ASHISH DUBEY:
SHRI YOGENDER CHANDOLIA:
SHRIMATI SHOBHANABEN MAHENDRASINH BARAIYA:
SHRI TAPIR GAO:

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

(a) the steps taken by the Government to reduce dependence of the country on imports of fertilizers and fertilizer raw materials through enhanced domestic production including revival, expansion and modernisation of manufacturing units, since 2014 State/district-wise and year- wise, particularly Keonjhar Lok Sabha Constituency of Odisha;

(b) whether the Government has entered into long-term agreements with resource-rich countries for the supply of fertilizers and their raw materials, if so, the details thereof including such agreements and their contribution towards ensuring uninterrupted fertilizer availability in the country, country-wise;

(c) the measures taken to diversify the sources of fertilizer imports to ensure supply security against global disruption and price volatility; and

(d) the impact of the said initiatives on reducing fertilizer import dependence of the country during the last five years including their effect on fertilizer availability and distribution in agriculturally important and aspirational districts, 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 (d): With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan

Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. 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.

In view of recent global disruptions, Department has undertaken measures to diversify import sources by exploring procurement opportunities from various countries through engagement with Indian Missions abroad. These measures are aimed at strengthening the fertilizer supply chain, reducing vulnerabilities arising from global market disruptions and ensuring the uninterrupted availability of fertilizers in the country.

Due to disruption of liquefied natural gas (LNG) shipments through the Strait of Hormuz because of conflict in the Middle east, the Government notified the Natural Gas (Supply Regulation) Order, 2026 on 09.03.2026 under the Essential Commodities Act, 1955 to regulate the production, allocation and distribution of natural gas and to ensure its equitable availability. The Order accorded priority in the allocation of natural gas to critical sectors, including PNG (Domestic) (100% of the average consumption during the preceding six months), CNG (Transport), LPG production and fertilizer, thereby ensuring continuity of essential services, energy security and public welfare. The said

measures were temporary in nature and, in view of the improvement in the supply situation, were withdrawn vide notification dated 04.07.2026.

The details of net production, import, total consumption and import dependency of Natural gas during last five years are as under:

Natural Gas Consumption (including internal consumption) in MMSCM					
Parameter / Financial Year	2021-22	2022- 23	2023-24	2024-25	2025-26 (P)
Net domestic Production (A)	33,131	33,664	35,717	35,594	34,326
LNG import (B)	31,028	26,304	31,795	35,720	34,427
Total Consumption (C = A+B)	64,159	59,969	67,512	71,314	68,753
Import dependency % (D=C/B)	48.4%	43.9%	47.1%	50.1%	50.1%

[Source for Production data: ONGC, OIL, DGH. Net production for consumption is derived by deducting gas flared and loss from gross production by producing companies.
Source for Import data: DGCIS. Conversion factor: 1 MMT = 1325 MMSCM
P: Provisional. Totals may not tally due to rounding off.]

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.

The NBS scheme is implemented uniformly on pan-India basis including Keonjhar Lok Sabha Constituency of Odisha and no regional differentiation is made.

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.

The Government of India facilitates Indian fertilizer companies in entering into long term arrangements with overseas suppliers.

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 Di-Ammonium Phosphate (DAP) 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.

In respect of Rock Phosphate, agreements have been finalized with companies from Jordan, Morocco and Togo for supply of 31.40 LMT in this year. For Phosphoric Acid agreements have been finalized for supply of 9.10 LMT of Phosphoric acid from Tunisia and Senegal, during the current year. For Ammonia, another critical raw material, Indian companies have entered into agreements with Saudi Arabian and Omani suppliers for the supply of 8.50 LMT this year.

Collectively, these agreements have contributed significantly towards ensuring sufficient and stable availability of fertilizers and raw materials in the country.

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 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 information regarding requirement, availability, sales and closing stocks of fertilizers across the States/UTs in FYs 2021-22 to 2025-26 is given in the enclosed **Statement**.

STATEMENT

The information regarding requirement, availability, sales and closing stocks of fertilizers across the States/UTs in FYs 2021-22 to 2025-26:

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2021-22													
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	0.02	0.00	0.00	0.01	0.00	0.00	0.00	0.00
2	Andhra Pradesh	17.00	17.08	14.83	4.45	3.79	3.60	3.00	1.97	1.78	17.00	15.93	13.99
3	Arunachal Pradesh	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	3.85	4.00	3.60	0.89	0.68	0.52	0.85	0.62	0.55	0.17	0.25	0.19
5	Bihar	22.00	22.79	21.53	7.50	5.82	5.52	2.50	1.52	1.38	4.00	4.44	3.96
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	7.00	9.66	8.00	3.80	3.69	3.53	1.01	1.09	0.83	1.30	1.46	1.31
8	Dadra and Nagar Haveli	0.02	0.01	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	0.20	0.30	0.26	0.04	0.05	0.03	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	0.01	0.01	0.00	0.02	0.03	0.03
12	Gujarat	24.00	24.93	21.90	5.00	5.43	5.00	1.20	1.22	1.09	5.95	7.35	6.69
13	Haryana	20.50	23.26	20.75	6.00	5.33	4.96	0.56	0.67	0.57	0.70	0.63	0.54
14	Himachal Pradesh	0.79	0.90	0.74	0.02	0.01	0.00	0.08	0.10	0.04	0.38	0.34	0.19
15	Jammu and kashmir	1.43	2.11	1.67	0.80	0.57	0.44	0.40	0.25	0.19	0.03	0.02	0.00
16	Jharkhand	2.60	3.01	2.57	1.00	0.97	0.91	0.20	0.05	0.01	0.46	0.49	0.45
17	Karnataka	16.50	21.04	17.84	6.54	6.37	5.73	3.17	2.74	2.54	17.20	20.82	18.72
18	Kerala	1.22	1.29	1.15	0.20	0.14	0.14	1.10	0.86	0.77	1.45	1.43	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	35.00	33.01	29.18	19.50	12.54	12.03	1.80	1.31	1.18	4.35	5.31	4.96

21	Maharashtra	25.50	28.29	23.68	8.50	6.42	5.87	4.50	3.63	3.26	21.50	28.97	25.75
22	Manipur	0.27	0.24	0.14	0.14	0.03	0.01	0.14	0.00	0.00	0.00	0.02	0.01
23	Meghalaya	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	0.09	0.03	0.01	0.06	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.02	0.01	0.01	0.02	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
26	Odisha	5.64	6.36	5.53	2.68	2.51	2.37	1.43	1.17	1.07	2.80	2.77	2.49
27	Puducherry	0.12	0.15	0.15	0.02	0.01	0.01	0.02	0.02	0.02	0.07	0.08	0.07
28	Punjab	28.00	34.95	31.34	8.00	6.58	6.27	1.00	0.87	0.64	0.76	1.47	1.21
29	Rajasthan	21.00	25.43	22.59	7.70	6.59	6.10	0.30	0.31	0.24	0.63	1.23	1.20
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	10.10	10.85	10.40	2.90	2.56	2.39	3.00	2.80	2.53	6.92	9.25	8.17
32	Telangana	19.00	19.19	17.12	4.20	3.14	2.98	3.10	1.50	1.39	18.60	15.07	13.24
33	Tripura	0.27	0.32	0.18	0.05	0.04	0.01	0.09	0.05	0.01	0.02	0.03	0.01
34	Uttarakhand	2.16	2.30	2.09	0.32	0.43	0.31	0.09	0.09	0.04	0.30	0.24	0.22
35	Uttar Pradesh	78.00	82.30	71.12	29.50	23.75	21.20	3.80	2.12	1.91	8.00	6.78	6.36
36	West Bengal	14.23	15.84	13.30	4.05	3.03	2.70	3.70	2.09	1.89	10.12	11.30	10.34
	All India	**356.53**	**389.68**	**341.73**	**123.90**	**100.49**	**92.64**	**37.10**	**27.06**	**23.93**	**122.74**	**135.74**	**121.37**

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2022-23													
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	0.01	0.00	0.00	0.01	0.00	0.01	0.00	0.00
2	Andhra Pradesh	16.65	18.39	15.87	4.20	5.43	4.64	3.09	1.42	1.18	15.97	16.27	13.73
3	Arunachal Pradesh	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	Assam	3.85	4.07	3.56	0.85	0.83	0.63	0.75	0.58	0.47	0.26	0.22	0.19
5	Bihar	22.80	24.68	21.96	6.82	7.15	5.66	2.16	1.55	1.26	3.72	5.35	4.25
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	8.74	10.57	8.38	3.70	4.68	3.14	1.01	0.77	0.56	1.45	1.63	1.06
8	Dadra and Nagar Haveli	0.01	0.01	0.01	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	0.20	0.32	0.28	0.04	0.06	0.05	0.01	0.00	0.00	0.01	0.00	0.00
11	Goa	0.03	0.02	0.02	0.01	0.00	0.00	0.01	0.00	0.00	0.04	0.03	0.03
12	Gujarat	24.00	27.30	24.73	5.50	7.48	6.10	1.15	0.91	0.81	5.85	7.08	5.23
13	Haryana	21.50	23.68	20.46	5.70	6.48	5.59	0.60	0.43	0.35	0.70	0.30	0.26
14	Himachal Pradesh	0.76	0.85	0.74	0.02	0.02	0.02	0.07	0.07	0.04	0.39	0.41	0.35
15	Jammu and kashmir	1.68	1.93	1.60	0.59	0.60	0.48	0.40	0.23	0.17	0.04	0.00	0.00
16	Jharkhand	2.60	3.04	2.56	1.00	0.89	0.77	0.20	0.05	0.04	0.46	0.52	0.45
17	Karnataka	17.20	22.22	18.21	5.90	8.44	6.21	3.00	1.68	1.41	17.16	21.53	16.67
18	Kerala	1.23	1.32	1.12	0.20	0.22	0.19	1.07	0.86	0.78	1.42	1.32	1.02
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	33.00	36.94	32.39	18.50	17.61	13.85	1.57	0.76	0.62	4.85	6.25	4.79
21	Maharashtra	25.29	30.39	24.66	8.20	9.34	7.18	4.30	1.68	1.38	23.50	28.89	20.46
22	Manipur	0.22	0.35	0.31	0.12	0.04	0.04	0.12	0.05	0.04	0.00	0.03	0.03

23	Meghalaya	0.02	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.09	0.11	0.10	0.06	0.01	0.01	0.04	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	5.84	7.08	5.60	2.69	2.55	1.94	1.35	0.84	0.61	3.05	3.26	2.63
27	Puducherry	0.15	0.18	0.17	0.01	0.02	0.02	0.02	0.01	0.01	0.07	0.09	0.06
28	Punjab	29.25	34.90	29.45	7.25	8.46	7.17	0.90	0.49	0.41	1.70	0.71	0.58
29	Rajasthan	21.50	27.91	25.17	7.40	9.70	8.47	0.30	0.18	0.14	0.95	0.85	0.72
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	9.96	11.38	10.05	2.73	3.49	2.76	2.53	1.85	1.65	6.45	9.19	7.38
32	Telangana	18.39	21.63	18.83	3.55	4.70	3.71	2.27	0.86	0.74	15.16	16.24	12.90
33	Tripura	0.27	0.28	0.19	0.05	0.02	0.02	0.09	0.06	0.02	0.02	0.03	0.02
34	Uttarakhand	2.20	2.38	2.05	0.35	0.64	0.52	0.09	0.07	0.03	0.35	0.15	0.11
35	Uttar Pradesh	77.50	87.39	74.72	24.70	27.69	22.38	3.36	1.42	1.22	7.00	6.64	4.79
36	West Bengal	14.25	16.49	14.05	4.05	4.36	3.77	3.70	2.70	2.36	10.12	11.16	9.61
	All India	**359.19**	**415.82**	**357.26**	**114.20**	**130.93**	**105.31**	**34.17**	**19.55**	**16.32**	**120.69**	**138.15**	**107.31**

REQUIREMENT, AVAILABILITY & 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**

REQUIREMENT, AVAILABILITY & 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 > Sales

REQUIREMENT, AVAILABILITY & 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**

PM-ABHIM INFRASTRUCTURE PROJECTS IN PERAMBALUR

2089. SHRI ARUN NEHRU:

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

(a) the status of the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PMABHIM) infrastructure projects sanctioned in Perambalur Parliamentary Constituency of Tamil Nadu;

(b) the details of funds released and utilised under the scheme in the said constituency;

(c) the number of facilities upgraded under the scheme;

(d) the steps taken by the Government to complete pending projects; and

(e) the expected impact on healthcare services in the said constituency?

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

(a) to (e): 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.

Under CSS component of the scheme, administrative approvals have been accorded to the State of Tamil Nadu, for an amount of Rs. 1656.32 Cr. for

construction/ strengthening of 708 Urban Ayushman Arogya Mandirs (Urban-AAMs), 38 Integrated Public Health Labs (IPHLs) at District level and 39 Critical Care Blocks (CCBs) at District Hospitals and Medical college level.

As per the information provided by the State, with respect to Perambalur Parliamentary Constituency, under CSS component of the scheme, a 50-bedded Critical Care Block (CCB) and one Integrated Public Health Laboratory (IPHL) have been approved for Perambalur district at capital costs of Rs. 23.75 crore and Rs. 1.25 crore, respectively. In addition, an Integrated Public Health Laboratory (IPHL) at District Hospital, Kulithalai, falling under the Perambalur Parliamentary Constituency, has also been approved under PM-ABHIM, the construction of which has been completed and the facility has been made functional.

Under PM-ABHIM, funds are released to States/UTs 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 since inception to FY 2026-27 (upto 13.07.2026) for the State of Tamil Nadu is as under:

Year	**Central Release (Rs. in Cr.)**	**Expenditure (Rs. in Cr.)**
2021-22	17.45	29.08
2022-23	150.42	183.35
2023-24	279.36	389.37
2024-25	224.99	512.33
2025-26	172.51	283.44
2026-27	23.45	0.00

Note:

1. The above releases relate to Central Govt. Grants & do not include State share contribution. Central Release for the F.Y. 2026-27 is updated upto 13.07.2026 and is provisional.
2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.
3. Expenditure is as per FMRs submitted by State and is provisional. Expenditure for FY 2026-27 is updated upto 31.05.2026.

The State has further informed that to ensure timely completion of the approved projects, a Programme Management Consultancy (PMC) has been engaged for regular monitoring of civil works, ensuring compliance with quality standards and facilitating timely implementation. Further, bi-weekly review meetings are conducted by the State Programme Manager (National Urban Health Mission), who is also the Nodal Officer for Civil Works, to monitor project progress and resolve implementation bottlenecks. In addition, monthly review meetings, chaired by the Mission Director, National Health Mission, Tamil Nadu, are held to review progress, address critical issues and ensure timely completion and operationalisation of the approved infrastructure.

TELECONSULTATION SERVICES

2090. SHRIMATI SUPRIYA SULE:
SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:
SHRI BHASKAR MURLIDHAR BHAGARE:
PROF. VARSHA EKNATH GAIKWAD:
DR. AMOL RAMSING KOLHE:

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

(a) whether the Government has assessed the effectiveness of teleconsultation services provided through Ayushman Arogya Mandirs

(AAMs) in Maharashtra in improving access to specialist healthcare and reducing out-of-pocket expenditure, particularly in tribal, rural and remote areas, if so, the details thereof;

(b) the number of teleconsultations conducted through AAMs in Maharashtra during the last three years, district-wise;

(c) whether the Government has received complaints regarding poor internet connectivity, shortage of specialist doctors, technical glitches, inadequate digital infrastructure, delayed followup or low utilization of teleconsultation services in the State and if so, the details thereof along with the corrective measures taken by the Government in this regard; and

(d) whether the Government proposes to strengthen telemedicine infrastructure by integrating AAMs with Government medical colleges and district hospitals and increasing the availability of specialist consultations in Maharashtra, 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): Ministry of Health and Family Welfare (MoHFW) has implemented a telemedicine service known as national telemedicine service (eSanjeevani) in all States/UTs in the country including Maharashtra.

As on 26th July 2026, eSanjeevani has served over 48 crore patients across the nation, of which over 57% beneficiaries are women and around 14%

beneficiaries are senior citizens. The service is operational through a vast network of 1,41,171 health facilities (spokes), supported by 19,173 hubs and 890 online OPDs, ensuring seamless access to quality healthcare even in the most remote regions. Over 2.39 lakh healthcare providers, including doctors, specialists, super-specialists and frontline health workers are actively using the platform to deliver consultations.

Financial assistance are provided to States/UTs for enhancement of teleconsultation services in the country, including in tribal, rural, urban and remote areas, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM). Approval is provided on the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Total teleconsultations conducted at Ayushman Arogya Mandirs (AAMs) in Maharashtra are 1.30 crore, as on 30.06.2026.

The evaluation of the AAMs programme done by NITI Aayog highlights several encouraging outcomes, including significant improvements in physical & digital infrastructure and increased community footfall. The digital tools such as teleconsultation through e-Sanjeevani has improved equitable access to specialist healthcare services at AAMs, particularly in rural, tribal and remote areas where specialist availability is limited and has strengthened the continuum of care.

The Government has taken the following steps to improve connectivity and equipment availability in tribal, rural and remote areas:

i. Establishment of regional hubs at Medical colleges and Community Health Centres (CHCs)/District Hospitals (DHs), staffed with teams of doctors to support the underlying spokes.

ii. Allowing doctors to conduct teleconsultations in shifts, enabling them to participate alongside their regular duties. Including AYUSH practitioners for specific types of consultations, thereby expanding the pool of available healthcare providers.

iii. Enabling spokes to call hubs within States and UTs based on the availability of doctors, thereby addressing challenges in providing teleconsultation services due to shortage of medical professionals in facilities.

iv. Strengthening eSanjeevani's technology infrastructure with user friendly interfaces and AI driven tools to enhance doctors' efficiency and reduce their workload. Additionally, eSanjeevani is compliant with the Ayushman Bharat Digital Mission (ABDM) which enables the secure exchange of health records and ensures that teleconsultations are supported by comprehensive, patient-centric data.

v. To address network connectivity issues, under the Digital India Programme, the Government has taken steps to improve internet connectivity and digital infrastructure across rural areas. Initiatives like BharatNet are providing high-speed internet to rural India and supporting telemedicine services in some states. State Governments collaborate

with telecom providers to extend broadband coverage upto AAM-SHC level.

vi. The Government conducts training and capacity building of healthcare professionals for the effective use of telemedicine technology through the eSanjeevani platform. eSanjeevani team at CDAC Mohali conducts virtual training sessions for doctors and healthcare workers to build their capacities.

AYUSHMAN BHARAT DIGITAL MISSION

2091. SHRI VARUN CHAUDHRY:

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

(a) the expenditure incurred on implementing the Ayushman Bharat Digital Mission since its inception to date;

(b) the number of active ABHA IDs created at present in the country, State-wise;

(c) the number of patients with ABHA IDs who are able to upload their health records and who have access to their health records digitally in the country, State-wise; and

(d) the steps taken by the Government to safeguard the data under the Ayushman Bharat Digital Mission from misuse?

THE MINISTER 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 Ayushman Bharat Digital Mission (ABDM) was launched at a national level by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. The expenditure incurred on implementing the ABDM since its inception to FY 2025-26 is Rs. 860.31 crore.

As on 27th July 2026, 95.73 crore Ayushman Bharat Health Accounts (ABHAs) have been created. The State/UT-wise number of ABHAs created is maintained on a real-time dashboard, available at dashboard.abdm.gov.in

Any citizen who has an ABHA can upload their health records and can securely access and manage their health records digitally with an ABDM-enabled Personal Health Record (PHR) application.

'Privacy by Design' is one of the key guiding principles of ABDM and is implemented following the principles of federated digital architecture. There is no centralised repository of data. ABDM facilitates secure data exchange between the intended stakeholders on the ABDM network with the patient's consent. Several guidelines have been issued under ABDM, which set out the minimum standards for data privacy and protection. These include Health Data Management Policy, Data Privacy Policy and ABDM Health Records (PHR) Mobile App Privacy Policy. For Integration with ABDM, the digital health application are required to undergo security audits.

जन औषधि केंद्रों की स्थापना

2092. श्रीमती मंजू शर्माः

क्या **रसायन और उर्वरक** मंत्री यह बताने की कृपा करेंगे किः

(क) क्या सरकार को जन औषधि केंद्र स्थापित करने में भागीदारी चाहने वाली निजी कंपनियों से कोई अनुरोध प्राप्त हुए हैं; और

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में सरकार द्वारा क्या कार्रवाई की गई है?

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

(क) और (ख): प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) के तहत, सरकार ने जन औषधि केंद्र (जेएके) खोलने के लिए फ्रेंचाइजी मॉडल अपनाया है। कोई भी व्यक्तिगत उद्यमी, गैर-सरकारी संगठन, समितियां, ट्रस्ट, फर्म, निजी कंपनियां आदि देश भर में योजना की वेबसाइट (www.janaushadhi.gov.in) के माध्यम से जन औषधि केंद्र खोलने के लिए आवेदन कर सकते हैं।

जन औषधि केंद्र (जेएके) खोलने के लिए आवेदन प्राप्त होते ही, इस योजना की कार्यान्वयन एजेंसी, भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) द्वारा शीघ्रता से उन पर कार्रवाई की जाती है। समुचित जांच किए जाने के बाद, पीएमबीआई पात्र आवेदकों को प्रारंभिक स्वीकृति प्रदान करता है। हालांकि, स्टोर कोड जारी करना और जेएके का संचालन शुरू करना अनिवार्य वैधानिक और प्रक्रियात्मक आवश्यकताओं की पूर्ति पर निर्भर करता है, जिसमें वैध औषधि लाइसेंस प्राप्त करना और जमा करना, निर्धारित समझौतों और अन्य आवश्यक दस्तावेजों का निष्पादन और योजना के तहत निर्धारित सभी शर्तों का अनुपालन करना शामिल है।

TELEMEDICINE SERVICES

2093. SHRI BAIJAYANT PANDA:

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

(a) the total number of telemedicine consultations conducted through Government-supported platforms during financial year 2024–25, including consultations delivered through public health facilities;

(b) the extent of coverage of telemedicine services among rural, remote and underserved populations, including aspirational districts; and

(c) the steps taken or proposed to be taken by the Government to expand telemedicine infrastructure, digital connectivity and health literacy, including capacity-building of healthcare professionals and frontline workers?

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

(a) to (c): Under the eSanjeevani platform, over 11 Cr consultations have been conducted during financial year 2024–25, including consultations delivered through public health facilities.

The service is operational in all 36 States/UTs covering rural, remote and underserved populations, including aspirational districts, through a network of 141,171 Ayushman Arogya Mandirs (spokes), supported by 19,173 hubs and 2,39,281 onboarded healthcare providers, including doctors and specialists.

The platform has been designed to be inclusive and accessible across India’s diverse population. eSanjeevani web application supports 15 languages: English, Hindi, Kannada, Tamil, Malayalam, Telugu, Marathi, Gujarati, Assamese, Odia, Bengali, Punjabi, Urdu, Manipuri, and Konkani, while the

mobile application supports 14 languages: English, Hindi, Kannada, Tamil, Malayalam, Telugu, Marathi, Gujarati, Assamese, Odia, Bengali, Punjabi, Manipuri, and Konkani. This multilingual support helps ensure wider adoption, particularly in remote and rural areas where local-language interfaces significantly improve usability and patient comfort.

The Ministry of Health & Family Welfare (MoHFW) has implemented various measures to expand telemedicine infrastructure, digital connectivity, and health literacy, including capacity-building for healthcare professionals and frontline workers. These measures include regular training and capacity-building programmes for doctors, healthcare workers, and other stakeholders to ensure effective utilization of the platform.

COMPONENTS OF SWASTH NARI SASHAKT PARIVAR ABHIYAN

2094. SHRI AJAY KUMAR MANDAL:

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

(a) whether any specific components of the Swasth Nari, Sashakt Parivar Abhiyan have been integrated with the existing Integrated Child Development Services (ICDS) platform in the Bhagalpur Parliamentary constituency, if so, the details thereof;

(b) the details of the criteria adopted for identifying ICDS beneficiaries in Bhagalpur and the manner in which they were covered under the initiatives announced during the 8th Rashtriya Poshan Maah;

(c) whether any new monitoring indicators or reporting mechanisms have been proposed for Anganwadi Services in Bhagalpur in light of the new Abhiyan and if so, the details thereof; and

(d) the details of the timeline proposed for rollout of the ICDS-related components under the Abhiyan in Bhagalpur along with the proposed schedule for State-wide and national-level 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): The “Swasth Nari, Sashakt Parivar Abhiyaan (SNSPA)” campaign was conducted between the period of 17th September 2025 to 2nd October 2025 by the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Women and Child Development (MoWCD).

The Swasth Nari, Sashakt Parivar Abhiyaan was implemented throughout the country including Bhagalpur Parliamentary constituency, with close convergence of various Ministries as stakeholders to enable comprehensive service delivery for women, adolescents, and children at the grassroots level. The following activities have been conducted during the campaign:

- Promoting healthy lifestyles such as reducing obesity, local and regional food, distribution of Take-Home Ration (THR).
- Providing maternal and child health services, such as antenatal care

(ANC) checkups, anemia screening, immunization, Early Childhood Care and Infant and Young Child Feeding (IYCF) practices, Nutrition and Health Education.

- Distribution of digital cards and special registration, including Mother and Child Protection (MCP) Card, Pradhan Mantri Matru Vandana Yojana (PMMVY) enrolment and registration of beneficiaries on POSHAN Tracker.
- Counselling activities on Health and Nutrition.

(b) to (d): The criteria for identification of beneficiaries remained unchanged and followed standard eligibility norms uniformly all over the country. As per the information provided by the Ministry of Women and Child Development (MoWCD), under PMMVY, maternity benefits were paid to more than 15 lakh beneficiaries amounting to more than Rs. 450 crores, in one go during the launch of Swasth Nari Sashakt Parivar Campaign on 17th September 2025. Alongside the Swasth Nari, Sashakt Parivar Abhiyaan, 8th Rashtriya Poshan Maah was also launched on 17th September, 2025 and celebrated till 16th October 2025, at all Anganwadi Centres across the country, including Bhagalpur. Themes taken up during the Poshan Maah included - Addressing Obesity, Early Childhood Care and Education (ECCE), Reinforcing Infant and Young Child Feeding (IYCF) Practices, Men-streaming, Vocal for Local, and Convergent Actions and Digitization. Overall, 14.33 crore activities were reported in convergence with the 18 partner ministries during the 8th Rashtriya

Poshan Maah all over the country. The Poshan Tracker facilitates monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, underweight prevalence among children. It has facilitated near real time data collection for Anganwadi services such as, opening of AWCs, daily attendance of children, ECCE activities, growth monitoring of children, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth measurement etc.

DRUGS AND MAGIC REMEDIES ACT 1954

2095. THIRU DR. S. JAGATHRAKSHAKAN:

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

(a) the action taken by the Government regarding compliance of Big Tech platforms and digital intermediaries with the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954;

(b) the initiatives undertaken by the Government to prevent circulation of misleading advertisements relating to therapeutic, medical and health-related claims across online platforms;

(c) the arrangements put in place by the Government for monitoring, investigation and enforcement of provisions of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 in the digital ecosystem;

(d) the measures implemented by the Government to strengthen accountability, transparency and responsible advertising practices among online service providers and advertisers in the country; and

(e) the progress achieved by the Government and further initiatives proposed for protecting citizens from harmful, deceptive and unsubstantiated claims relating to health and medical treatments in the country?

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

(a) to (e): Advertisements concerning drugs are regulated under the provision of Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, which is administered by the State Governments. The Drugs & Cosmetics Rules, 1945 were amended in 2015 and a provision was made to the effect that no advertisement of drugs specified in Schedule H, Schedule H1 and Schedule X (i.e. Prescription drugs) shall be made except with the previous sanction of the Central Government.

State Licensing Authorities are empowered to take action in case of non-compliance. As and when matter regarding misleading advertisement is received by CDSCO, the same is forwarded to the concerned State Licensing Authorities, for taking appropriate action in the matter.

As per existing regulatory framework, all advertisements telecast on private satellite TV channels are required to adhere to the Advertising Code

prescribed under the Cable Television Networks (Regulation) Act, 1995 and rules framed thereunder. Rule 7(5) of the Advertising Code inter alia provides that 'No advertisement shall contain references which are likely to lead the public to infer that the product advertised or any of its ingredients has some special or miraculous or super-natural property or quality, which is difficult of being proved.' Appropriate action is taken against the private TV channels when violation of any provision of the Advertising Code is found. Ministry of Information & Broadcasting also issues advisories from time to time to broadcasters for ensuring compliance to the Advertising Code.

The Central Consumer Protection Authority (Central Authority/CCPA) has been established under Section 10 of the Consumer Protection Act, 2019 to regulate the matters related to violation of rights of consumers, unfair trade practices and false or misleading advertisements and protect and enforce the rights of the consumers as a class.

Central Consumer Protection Authority (CCPA), in exercise of the powers conferred by Section 18 of the Consumer Protection Act, 2019, issued "Guidelines for Prevention of Misleading Advertisements and Endorsements for Misleading Advertisements, 2022". These guidelines provide for conditions for non-misleading and valid advertisement, bait advertisement, prohibition of surrogate advertisement, children targeted advertisement, disclaimer in advertisement and duties of manufacturer, service provider, advertiser and advertising agency.

ऑपरेशन अमिस्ताद

2096. **श्री दिनेशभाई मकवाणा:**
श्रीमती महिमा कुमारी मेवाड़:
डॉ. मन्ना लाल रावत:
श्री अनुराग सिंह ठाकुर:
डॉ. हेमंत विष्णु सवरा:
श्री योगेन्द्र चांदोलिया:
श्री दामोदर अग्रवाल:
श्री कोटा श्रीनिवास पूजारी:
श्री बिद्युत बरन महतो:
श्री कृष्ण प्रसाद टेन्नेटी:
श्री विजय बघेल:

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

(क) वेनेजुएला में जून, 2026 में आए भूकंप के पश्चात् आरंभ किए गए भारत के मानवीय सहायता और आपदा राहत मिशन 'ऑपरेशन अमिस्ताद' का ब्यौरा क्या है और इसके अंतर्गत कितने कर्मी और उपकरण तैनात किए गए हैं और कितनी राहत सामग्री की आपूर्ति की गई है;

(ख) भारत द्वारा कराकास में स्थापित किए गए फील्ड अस्पताल में अब तक कितने लोगों का इलाज किया गया है तथा उसमें प्रदान की गई चिकित्सा सेवाओं का ब्यौरा क्या है; और

(ग) क्या सरकार ने विशेषकर इस क्षेत्र में सक्रिय प्रतिस्पर्धी शक्तियों के संदर्भ में 'ऑपरेशन अमिस्ताद' से भारत को होने वाले रणनीतिक और कूटनीतिक फायदों का कोई आंतरिक मूल्यांकन किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): 24 जून 2026 को वेनेजुएला में आए दो भीषण भूकंपों से हुई व्यापक तबाही से प्रभावित वेनेजुएला के लोगों को तत्काल राहत और सहायता प्रदान करने के लिए भारत का

मानवीय सहायता और आपदा राहत (एच.ए.डी.आर.) मिशन, 'ऑपरेशन अमिस्ताद', 26 जून 2026 को शुरू किया गया था। ऑपरेशन अमिस्ताद के तहत, भारत ने 30 टन आपदा राहत सामग्री, 6 टन चिकित्सा सहायता, 02 भीष्म क्यूब्स वितरित किए और एक भारतीय सेना फील्ड अस्पताल की स्थापना की। कराकास, वेनेजुएला में स्थापित भारतीय सेना के फील्ड अस्पताल ने 20 से अधिक प्रमुख शल्यचिकित्साओं सहित 8000 से अधिक चिकित्सा प्रक्रियाओं और प्रयोगशाला जांचों को अंजाम दिया। 'ऑपरेशन अमिस्ताद' के तहत वेनेजुएला को प्रदान की गई मानवीय सहायता और आपदा राहत (एच.ए.डी.आर.) तथा चिकित्सा सेवाओं का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग): राहत सामग्री और चिकित्सा सहायता दोनों ही संदर्भों में भारत के 'ऑपरेशन अमिस्ताद' को वेनेजुएला की जनता और सरकार द्वारा व्यापक रूप से सराहा गया और उसकी प्रशंसा की गई। भारत भूकंप पीड़ितों के इलाज के लिए समस्त आधुनिक सुविधाओं से युक्त एक फील्ड अस्पताल स्थापित करने वाले शुरुआती कुछ देशों में शामिल था। बोलीवेरियन रिपब्लिक ऑफ वेनेजुएला की कार्यवाहक राष्ट्रपति, महामहिम सुश्री डेल्सी एलोइना रोड्रिगेज गोमेज़ ने भारत द्वारा समय पर दी गई मदद, सहायता और एकजुटता के लिए प्रधानमंत्री श्री नरेंद्र मोदी को धन्यवाद दिया। वेनेजुएला के स्वास्थ्य मंत्री और विदेश मंत्री ने व्यक्तिगत रूप से फील्ड अस्पताल का दौरा किया और भारत के प्रयासों की सराहना की। भारतीय सेना की मेडिकल टीम को उनकी अनुकरणीय सेवाओं के लिए वेनेजुएला सरकार द्वारा **'ऑर्डर ऑफ द हीरो'** पुरस्कार से सम्मानित किया गया। कुल मिलाकर, 'ऑपरेशन अमिस्ताद' ने भारत के लिए अपार सद्भावना का निर्माण किया है और दोनों देशों के द्विपक्षीय संबंधों को मजबूत किया है।

<u>विवरण</u>

ऑपरेशन अमिस्ताद के तहत वेनेजुएला को दी गई एच.ए.डी.आर. सहायता का ब्यौरा

क्र. सं.	सहायता / तैनाती की प्रकृति	सहायता का ब्यौरा

1	आपदा राहत सामग्री	भारत ने वेनेजुएला को 30 टन आपदा राहत सामग्री भेजी, जिसमें परिवार के रहने योग्य तंबू, तिरपाल, स्लीपिंग बैग, रसोई के बर्तन, स्वच्छता किट, गरिमा किट, जनरेटर, पोर्टेबल जल शोधक, पोर्टेबल शौचालय, आपातकालीन प्रकाश व्यवस्था आदि शामिल थे।
2	चिकित्सा सहायता	भारत ने 02 आरोग्य मैत्री भीष्म क्यूब्स के साथ 06 टन दवाएं और चिकित्सा उपकरण भेजे, जिनमें आवश्यक और जीवन रक्षक दवाएं शामिल हैं; जैसे—एंटीबायोटिक्स, दर्द निवारक (एनाल्जेसिक्स), आई.वी. फ्लुइड्स, ओ.आर.एस., जल शोधन गोलियां, आपातकालीन चिकित्सा उपकरण, ट्रॉमा-केयर ड्रेसिंग सामग्री, सर्जिकल उपभोग्य वस्तुएं और अन्य महत्वपूर्ण फार्मास्युटिकल आपूर्तियां।
3	भारतीय सेना का 41-सदस्यीय60 पैरा अस्पताल	भारत ने गंभीर स्वास्थ्य सेवाएं प्रदान करने के लिए एम्बुलेंस, आपातकालीन चिकित्सा देखभाल, ट्रॉमा केयर इकाइयों तथा ऑपरेशन थिएटर जैसी चिकित्सा सुविधाओं से युक्त भारतीय सेना के 60 पैरा फील्ड अस्पताल के 41 सदस्यीय दल को तैनात किया, जिसमें शल्य चिकित्सक (सर्जन), एनेस्थेटिस्ट, अस्थि रोग विशेषज्ञ, दंत चिकित्सक और अन्य चिकित्सक तथा पराचिकित्सा कर्मी शामिल थे। करकास, वेनेजुएला में तैनात इस फील्ड अस्पताल ने 20 से अधिक प्रमुख शल्यचिकित्साओं सहित 8000 से अधिक चिकित्सा प्रक्रियाओं और प्रयोगशाला जांचों को सफलतापूर्वक अंजाम दिया।
4	आई ए एफ़ द्वारा विमानों की तैनाती	भारत ने मानवीय सहायता, राहत सामग्री और पैरा-फील्ड अस्पताल दल को पहुँचाने के लिए भारतीय वायु सेना के 02 सी-17 ग्लोबमास्टर विमानों को तैनात किया।
5	ऑपरेशन अमिस्ताद पर विदेश मंत्रालय द्वारा जारी विज्ञप्तियों के लिंक	https://www.mea.gov.in/press-releases?dtl/41362/Operation_Amistad_India_dispatches_Humanitarian_Assistance_to_Venezuela_following_the_devastating_earthquake (ऑपरेशन अमिस्ताद: विनाशकारी भूकंप के बाद भारत द्वारा वेनेजुएला को मानवीय सहायता भेजी गई) https://www.mea.gov.in/press-releases?dtl/41443/Operation_Amistad_Indias_HADR_Mission_to_Venezuela_concludes_successfully (ऑपरेशन अमिस्ताद: वेनेजुएला के लिए भारत का एच.ए.डी.आर. मिशन सफलतापूर्वक संपन्न हुआ)

CORRUPTION IN JUDICIARY

2097. SHRI SHYAMKUMAR DAULAT BARVE:

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

(a) whether the Government is aware of or has conducted any institutional assessments regarding the scale of structural corruption within the subordinate and higher judiciary;

(b) if so, the data on corruption complaints filed, under investigation and disposed of alongside the total number of judicial officers suspended or terminated during the last ten years, year-wise;

(c) whether any regulatory mechanisms are proposed to screen allegations of institutional graft or bribery without compromising judicial independence; and

(d) the details of funds allocated and systemic reforms initiated to implement mandatory audio-visual recording of court proceedings and automated, algorithmic case-listing to eliminate human discretion and corrupt practices in registry management?

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): Independence of Judiciary is enshrined in the Constitution of India. Any institutional assessments regarding the scale of structural corruption within the subordinate and higher judiciary is to be addressed by the judiciary itself, as it is an independent organ under the Constitution.

The complaints received against Judges and Chief Justices of the High Courts are handled by the judiciary through an “in-house procedure”. As per the “in-house procedure,” Chief Justice of India is competent to receive complaints against the conduct of the Judges of the Supreme Court and the Chief Justices of the High Courts. Similarly, the Chief Justices of the High Courts are competent to receive complaints against the conduct of High Court Judges.

Under Article 235 of the Constitution of India, the administrative control over the members of district and subordinate judiciary in the States vests with the concerned High Court. In exercise of powers conferred under proviso to Article 309 read with Articles 233 and 234 of the Constitution, the respective State Governments, in consultation with the High Court, frame the Rules and Regulations regarding the issue of appointment, promotion, reservation and retirement of Judicial Officers in the State Judicial Service.

(d): The Government of India, in consultation with the eCommittee, Supreme Court of India, launched the eCourts Mission Mode Project for Information and Communication Technology (ICT) enablement of the judiciary. Under the Phase-III of eCourts project, Rs. 112.26 crore have been allotted for live streaming of court proceedings in 300 courts. The JustIS App (22,534 downloads) developed under the eCourts project helps the judges to effectively organize and monitor judicial work. Under the project, Case Information System (CIS) Software, based on customized Free and Open-Source Software (FOSS), was developed and serves as a comprehensive software platform that enables courts to manage case records electronically, replacing traditional

paper-based systems. Currently, CIS 4.0 has been implemented in all courts, with enhanced usability, privacy safeguards and integration with national platforms such as NJDG, e-filing, virtual courts and Interoperable Criminal Justice System (ICJS).

EXCLUSION OF CERTAIN INDICATORS IN NFHS - 6

2098. SHRIMATI KANIMOZHI KARUNANIDHI:

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

(a) whether the Government is aware that certain indicators, including anaemia prevalence, infant mortality rate and sex ratio at birth are not included in the NFHS-6 factsheets released in May 2026;

(b) if so, the details thereof and the reasons for non-inclusion therefor;

(c) whether the Government has assessed the impact of the non-inclusion of such indicators on the planning, monitoring and implementation of maternal and child health and nutrition programmes; and

(d) if so, the details thereof?

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

(a) to (d): The Ministry of Health and Family Welfare (MoH&FW) conducts an integrated survey namely National Family Health Survey (NFHS). The survey provides data on health and family welfare and associated domains like characteristics of the population; fertility and fertility preferences; family

planning; maternal and child health; nutrition; morbidity and healthcare; women's empowerment, etc. The National and State/UT Fact Sheets of sixth round of NFHS (2023-24) were released on 29.05.2026.

The indicators to be included in the NFHS-6 National and State/UT Fact Sheets were finalized on the recommendations of the Technical Advisory Committee (TAC) constituted for NFHS-6, comprising representatives from concerned Ministries/Departments including Department of Drinking Water and Sanitation (DDWS), Ministry of Women & Child Development (MoWCD), Ministry of Statistics and Programme Implementation (MoSPI), Office of the Registrar General & Census Commissioner of India, NITI Aayog, Department of Empowerment of Persons with Disabilities (DEPwD) etc.

The TAC recommended finalizing the list of indicators for the Fact Sheets in line with the Data Harmonization initiatives of the Government of India, so as to avoid inconsistencies arising from fragmented and unharmonized data available across different official data sources. The TAC further recommended that the Fact Sheets are intended to present only key indicators, particularly those related to health and family welfare, so as to better highlight the key takeaways of the survey.

Additionally, the Ministry of Health & Family Welfare, after due deliberations, decided to adopt the prevalence figures of anaemia to be arrived from an independent survey conducted by Indian Council of Medical Research utilizing the gold standard intravenous method for haemoglobin testing.

The Sample Registration System (SRS), conducted by the Office of the Registrar General & Census Commissioner of India, provides annual estimates of the Infant Mortality Rate (IMR) and Sex Ratio at Birth (SRB). SRS data are used for annual monitoring of mortality/vital indicators such as IMR and SRB.

Under National Health Mission, the Government of India assesses the planning monitoring and implementation of various maternal, child and nutrition health schemes by undertaking periodic Regional/State level review meetings, field visits in various States/Union Territories (UTs) and through various digital platforms.

नए आयुष मेडिकल कॉलेजों और अस्पतालों की स्थापना

2099. श्री जसवंतसिंह सुमनभाई भाभोर:

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

(क) क्या सरकार के पास देश के जनजाति बहुल संसदीय निर्वाचन क्षेत्रों में राज्य/संघ राज्यक्षेत्र-वार, विशेषकर गुजरात के दाहोद जिले में, नए आयुष मेडिकल कॉलेजों और आयुष अस्पतालों की स्थापना करने और मौजूदा स्वास्थ्य अवसंरचना के उन्नयन का कोई प्रस्ताव है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और विगत तीन वर्षों के दौरान इस उद्देश्य के लिए आवंटित और उपयोग की गई निधि का ब्यौरा क्या है; और

(ग) सरकार द्वारा दाहोद संसदीय निर्वाचन क्षेत्र में विशेषज्ञ डॉक्टरों और चिकित्सा कर्मचारियों की अत्यधिक कमी को दूर करने के लिए क्या विशिष्ट कदम उठाए गए हैं?

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

(क) और (ख): जन स्वास्थ्य राज्य का विषय होने के कारण, गुजरात के दाहोद जिले सहित देश के आदिवासी बहुल संसदीय निर्वाचन क्षेत्रों में नए आयुष मेडिकल कॉलेजों, आयुष अस्पतालों की स्थापना और मौजूदा स्वास्थ्य देखभाल अवसंरचना का उन्नयन संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आता है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्र प्रायोजित योजना के अंतर्गत, उन राज्यों में नए आयुष कॉलेजों की स्थापना, जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है, 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना, मौजूदा स्वतंत्र सरकारी आयुष अस्पतालों की अवसंरचना का उन्नयन, मौजूदा सरकारी/पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों की अवसंरचना का उन्नयन और मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों का उन्नयन करके आयुष्मान आरोग्य मंदिर (आयुष) [एएएम(आयुष)] का संचालन करने का प्रावधान है। एनएएम के अंतर्गत, पिछले तीन वर्षों के दौरान राज्य/संघ राज्य क्षेत्र सरकारों द्वारा नए आयुष कॉलेजों, एकीकृत आयुष अस्पतालों की स्थापना, मौजूदा सरकारी आयुष अस्पतालों के उन्नयन, मौजूदा सरकारी/ पंचायत/सरकार द्वारा सहायता प्राप्त आयुष औषधालयों और राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से राज्य/संघ राज्य क्षेत्र सरकारों से प्राप्त प्रस्तावों के अनुसार एएएम (आयुष) के संचालन के लिए आवंटित/जारी की गई निधियां और उपयोग की स्थिति की जानकारी संलग्न **विवरण** में दी गई है।

(ग): जन स्वास्थ्य राज्य का विषय है, इसलिए दाहोद संसदीय क्षेत्र में विशेषज्ञ चिकित्सकों और मेडिकल स्टाफ के पदों को भरने की मुख्य ज़िम्मेदारी संबंधित राज्य सरकार के अधिकार क्षेत्र में आती है। हालांकि, एनएएम के तहत, 50/30/10 बिस्तर वाले एकीकृत आयुष अस्पताल बनाने और अतिविशिष्ट एकल आयुष अस्पताल को उन्नत करने के कार्यों में आयुष डॉक्टरों को संविदा पर रखने का प्रावधान है। गुजरात समेत राज्य/संघ राज्य क्षेत्र सरकारें योजना के दिशानिर्देशों के अनुसार एसएपी के माध्यम से उचित प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती हैं।

विवरण

पिछले तीन वर्षों के दौरान राज्य/संघ राज्य क्षेत्र सरकारों द्वारा दी गई सूचना के अनुसार आवंटित/जारी तथा उपयोग की गई निधियों की स्थिति:

(i) नये आयुष शिक्षण संस्थानों की स्थिति

(लाख रुपये में)

क्र.सं.	राज्यों/संघ राज्य क्षेत्रों के नाम	संस्थानों का नाम	आवंटित/जारी	उपयोग की गई
1	चंडीगढ़	राजकीय आयुर्वेद कॉलेज, पॉकेट नंबर 8, मणि माजरा	0.90	0.35
2	जम्मू और कश्मीर	राजकीय होम्योपैथिक मेडिकल कॉलेज और अस्पताल, राख होशियारी, कठुआ,	180.27	115.24
3	मध्य प्रदेश	राजकीय आयुर्वेद महाविद्यालय, शहडोल	840.00	840.00
		राजकीय आयुर्वेद कॉलेज, नर्मदापुरम	845.26	845.26
		राजकीय आयुर्वेद महाविद्यालय, बालाघाट	720.00	720.00
		राजकीय आयुर्वेद महाविद्यालय, मुरैना	780.00	780.00
		राजकीय आयुर्वेद महाविद्यालय, सागर	720.00	720.00
		राजकीय आयुर्वेद कॉलेज, झाबुआ	150.00	150.00
4	राजस्थान	राजकीय आयुर्वेद, योग और प्राकृतिक चिकित्सा यूजी कॉलेज, चाकसू, जयपुर	298.70	298.70
5	उत्तर प्रदेश	राजकीय होम्योपैथिक चिकित्सा कॉलेज एवं अस्पताल, वाराणसी	1080.00	1080.00
6	तमिलनाडु	राजकीय सिद्ध कॉलेज और अस्पताल, पलानी, डिंडीगुल	240.00	240.00
7	त्रिपुरा	होम्योपैथिक मेडिकल कॉलेज, पश्चिम त्रिपुरा	9.13	9.13
8	उत्तराखंड	राजकीय होम्योपैथिक मेडिकल कॉलेज, अस्पताल और अनुसंधान केंद्र, देहरादून	2654.54	2654.54
कुल			**8518.8**	**8453.22**

(ii) एकीकृत आयुष अस्पतालों की स्थिति

(लाख रुपये में)

क्र.सं.	राज्यों/संघ राज्य क्षेत्रों के नाम	स्थान (जिला)	बिस्तरों की संख्या	आवंटित/जारी	उपयोग की गई
1	अरुणाचल प्रदेश	यिंगकिओंग (ऊपरी सियांग)	10	527.55	527.55
		सेप्पा (पूर्वी कामेंग)	10	477.00	477.00
		ज़ीरो (निचली सुबनसिरी)	10	207.00	207.00
2	छत्तीसगढ़	सूरजपुर	10	60.00	0.00
3	दादरा एवं नगर हवेली और दमन व दीव	सिल्वासा	50	1500.00	1500.00

4	गुजरात	अटकोट	30	360.00	180.00
5	हिमाचल प्रदेश	धर्मशाला (कांगड़ा)	50	450.00	450.00
6	जम्मू और कश्मीर	गाड़ीगढ़	10	90.00	90.00
		बंदी पाईन	10	112.50	112.50
7	केरल	वायनाड	30	75.00	69.00
		इडुक्की	30	75.00	69.00
		अरनमुला, रन्नी, पथानामथिट्टा	30	21.00	15.00
		वर्कला	50	135.00	129.00
		कप्पुकाडु, तिरुवनंतपुरम	50	22.50	16.50
8	महाराष्ट्र	धाराशिव, (उस्मानाबाद)	50	249.92	156.25
		जलगांव	30	248.52	114.09
		जालना	50	393.36	271.64
		थाइन	50	271.72	5.98
		नागपुर	50	216.82	175.20
		गोंदिया	50	112.50	0.00
		छत्रपति संभाजी नगर	50	112.50	0.00
		बुलढ़ाना	50	112.50	0.00
		गडचिरोली	30	78.75	0.00
		वर्धा	30	78.75	0.00
9	मध्य प्रदेश	बड़वानी	30	195.00	120.00
		सुजलपुर	50	240.00	240.00
		श्योपुर	50	240.00	240.00
		उज्जैन	50	120.00	120.00
		खजुराहो (छतरपुर)	50	120.00	120.00
		ओरछा (निवाड़ी)	10	15.00	15.00
		चंदेरी (अशोक नगर)	10	15.00	15.00
		दतिया	10	15.00	15.00
10	मेघालय	मूकिन्दुर जोवाई, (पश्चिम जैंतिया हिल्स जिला)	30	315.00	236.25
		अम्पाती, (दक्षिण पश्चिम गारो हिल्स जिला)	10	135.00	135.00
11	नागालैंड	किफायर	30	33.75	27.67
		तिज़ित	30	13.50	11.00
		अकुहैतो, ज़ुन्हेबोटो	30	13.50	11.33
12	पुदुचेरी	कराईकल	30	180.00	60.00
13	राजस्थान	दूदू जयपुर	30	179.22	179.22
		बूंदी	30	85.54	85.54
		सवाईमाधोपुर	50	383.54	83.54
		भरतपुर	50	341.40	41.40
		किठाना	30	150.00	0.00
		भीलवाड़ा (आसींद)	10	27.00	5.91

		भीलवाड़ा (बिजोलिया)	10	27.00	10.18
		करौली (मंडरायल)	10	27.00	6.14
		अलवर (बहरोड़)	10	64.36	56.56
		अलवर (नीमराना)	10	55.47	28.47
		जोधपुर (शेखला)	10	45.69	28.98
		दौसा (नांगल राजा वतन)	10	36.66	20.86
		जयपुर – क (पावटा)	10	52.20	45.60
		सीकर (धोद)	10	59.26	53.42
		सीकर (श्रीमाधोपुर)	10	41.58	40.36
		बाड़मेर (गिदा)	10	27.00	18.60
		जालोर (बगोड़ा)	10	39.96	27.96
		बारां (किशनगंज)	10	37.66	25.54
		झालावाड़ (बकानी)	10	37.69	25.96
		कोटा (सुल्तानपुर)	10	43.68	30.18
		पाली (रोहट)	10	36.87	9.87
		अजमेर (मसूदा)	10	27.00	15.13
		अजमेर (पीसांगन)	10	27.00	24.27
		धौलपुर (सैपऊ)	10	27.00	10.19
		भरतपुर (सीवर)	10	27.00	7.42
		नागौर (खींवसर)	10	27.00	11.68
		श्री गंगानगर (राय सिंह नगर)	10	27.00	10.90
		डूंगरपुर (दोवड़ा)	10	34.83	22.83
		प्रतापगढ़ (अरनोद)	10	34.53	22.53
		अजमेर (सरवाड़)	10	23.28	23.28
		अलवर (रामगढ़)	10	7.37	7.37
		बाड़मेर (कल्याणपुर)	10	17.95	17.95
		बाड़मेर(बाड़मेर ग्रामीण)	10	7.79	7.79
		बाड़मेर (पनयला कलां)	10	16.17	16.17
		भीलवाड़ा (करेड़ा)	10	1.69	1.69
		डूंगरपुर (गलियाकोट)	10	10.92	10.92
		झुंझुनू (अलसीसर)	10	8.19	8.19
		झुंझुनू (बुहाना)	10	9.57	9.57
		जोधपुर (पीपड़ शहर)	10	21.95	21.95
		जोधपुर (चामू)	10	8.74	8.74
		करौली (मासलपुर)	10	17.65	17.65
		सीकर (अजीतगढ़)	10	20.22	20.22
		टोंक(पिपलू)	10	19.31	19.31
		उदयपुर (जयसमंद)	10	31.68	31.68
14	सिक्किम	गंगटोक	30	81.80	81.80
15	तमिलनाडु	नमक्कल	50	150.00	150.00
		एएजीएचआईएम परिसर, चेन्नई	50	660.00	660.00
		कोट्टार, नागरकोइल	30	315.00	315.00

16	तेलंगाना	सिद्दीपेट	50	606.99	606.99
		विकाराबाद	50	606.99	606.99
		जयशंकर, भूपालपल्ली	50	606.99	606.99
		करीमनगर	50	450.00	450.00
कुल				**13369.03**	**10581.45**

(iii) आयुष अस्पतालों और आयुष औषधालयों के उन्नयन की स्थिति

(लाख रुपये में)

क्र.सं.	**राज्यों/संघ राज्य क्षेत्रों के नाम**	**आयुष अस्पतालों का उन्नयन**			**आयुष औषधालयों का उन्नयन**		
		इकाई	**आवंटित/जारी**	**उपयोग की गई**	**इकाइयां**	**आवंटित/जारी**	**उपयोग की गई**
1.	आंध्र प्रदेश	4	213.60	0.00	90	589.63	589.63
2.	असम	2	33.75	0.00	0	0.00	0.00
3.	चंडीगढ़	0	0.00	0.00	3	15.00	0.00
4.	छत्तीसगढ	20	367.50	259.50	553	1021.11	598.34
5.	दादरा एवं नगर हवेली और दमन व दीव	1	25.00	0.00	0	0.00	0.00
6.	गुजरात	11	152.31	86.91	102	973.13	234.00
7.	हिमाचल प्रदेश	34	515.95	201.83	469	587.68	457.72
8.	जम्मू और कश्मीर	0	0.00	0.00	22	374.19	351.20
9.	झारखंड	10	46.33	46.33	0	0.00	0.00
10.	कर्नाटक	28	208.91	124.48	98	590.43	276.00
11.	केरल	250	1593.09	521.20	373	608.09	237.71
12.	मध्य प्रदेश	0	0.00	0.00	30	450.00	450.00
13.	महाराष्ट्र	0	0.00	0.00	6	23.10	5.10
14.	नागालैंड	0	0.00	0.00	1	20.25	13.50
15.	पंजाब	0	0.00	0.00	240	6.00	0.00
16.	राजस्थान	165	334.52	263.24	2594	1250.27	834.25
17.	सिक्किम	1	10.53	10.53	0	0.00	0.00
18.	तेलंगाना	7	104.65	104.65	0	0.00	0.00
19.	त्रिपुरा	3	97.20	36.00	0	0.00	0.00
20.	उत्तर प्रदेश	0	0.00	0.00	1021	3072.27	2941.77
21.	उत्तराखंड	13	49.39	49.39	314	406.51	398.20
22.	पश्चिम बंगाल	0	0.00	0.00	188	1069.65	772.71
कुल		**549**	**3752.74**	**1704.06**	**6104**	**11057.29**	**8160.11**

(iv) आयुष्मान आरोग्य मंदिर (आयुष) की स्थिति

(लाख रुपये में)

क्र.सं.	राज्यों/संघ राज्य क्षेत्रों के नाम	एएएम (आयुष) की संख्या	आवंटित/जारी	उपयोग की गई
1.	अंडमान और निकोबार द्वीप समूह	6	126.18	126.18
2.	आंध्र प्रदेश	126	438.01	438.01
3.	अरुणाचल प्रदेश	89	6058.96	6058.96
4.	असम	500	5927.38	4929.46
5.	बिहार	294	451.80	327.66
6.	चंडीगढ़	12	2.60	0.14
7.	छत्तीसगढ़	400	2336.26	1709.61
8.	दादरा नगर हवेली और दमन व दीव	1	12.48	8.05
9.	गोवा	100	565.97	565.97
10.	गुजरात	365	744.72	744.72
11.	हरियाणा	538	2449.42	1316.92
12.	हिमाचल प्रदेश	761	4995.08	4644.82
13.	जम्मू और कश्मीर	523	3240.33	1708.34
14.	झारखंड	745	5185.04	4708.65
15.	कर्नाटक	376	1640.60	1475.30
16.	केरल	700	3579.66	2962.15
17.	लक्षद्वीप	7	50.97	50.97
18.	मध्य प्रदेश	800	5750.38	5618.49
19.	महाराष्ट्र	390	2902.96	1851.83
20.	मणिपुर	15	28.86	18.33
21.	मेघालय	24	328.14	307.56
22.	मिजोरम	41	1003.30	997.51
23.	नगालैंड	49	710.66	710.66
24.	**ओडिशा**	422	**3231.51**	**1657.37**
25.	पुदुचेरी	4	20.88	7.83
26.	पंजाब	158	608.17	333.72
27.	राजस्थान	2019	12192.43	11075.05
28.	सिक्किम	18	45.36	45.36
29.	तमिलनाडु	650	3620.64	3219.39
30.	तेलंगाना	421	1068.42	771.25
31.	त्रिपुरा	72	630.62	484.10
32.	उत्तर प्रदेश	1034	992.84	992.84
33.	उत्तराखंड	300	2184.48	2177.49
34.	पश्चिम बंगाल	540	2996.77	1945.23
	कुल	**12500**	**76121.90**	**63989.93**

POSHAN ABHIYAAN IN GUJARAT

2100. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

(a) the number of Anganwadi Centres (AWCs) functioning under POSHAN Abhiyaan in Gujarat and the number of beneficiary children/mothers associated with this scheme;

(b) whether special priority has been given to districts with high malnutrition rates in Gujarat, if so, the districts where special measures have been taken; and

(c) whether digital nutrition trackers/mobile apps are being used in Gujarat, if so, the details thereof?

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

(a) to (c): Under Mission Saksham Anganwadi and Poshan 2.0, the 'Poshan Tracker' digital application has been rolled out as an ICT based governance tool for monitoring and tracking of all services being provided to the beneficiaries registered at Anganwadi Centres (AWCs). Poshan Tracker has been onboarded by all the states and UTs of the country including Gujarat. States have login credentials for monitoring of the programme digitally. The number of functional AWCs, the number of children and mothers of all the States and UTs including Gujarat is available at Poshan Tracker dashboard: https://www.poshantracker.in/statistics .

The Mission is being implemented in all the States and Union Territories of the country. Various measures have been taken by the Ministry of Women and Child Development (MoWCD) to improve nutritional outcomes:

- Supplementary Nutrition in 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).
- 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.
- Technology under Poshan Tracker is also leveraged for dynamic identification of stunting, wasting and under-weight prevalence among children.
- 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.
- Ministry of Women & Child Development 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.
- To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at Anganwadi Centres (AWCs). Poshan Vatikas or Nutri-gardens are being 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.
- To review the progress of the Mission every month, District Nutrition Committees have been constituted under the chairpersonship of District Magistrate/Collector with certified nutrition experts as Members.
- The State Level Steering Committee have also been formed to review the progress of the scheme. This Committee chaired by the Chief Secretary, serves as a key convergence platform for inter-departmental coordination, strategic oversight and periodic review of key indicators.

The Committee is envisaged to strengthen governance, monitor implementation, quality, and facilitate timely action for improving nutritional outcomes in the State.

ESTABLISHMENT OF AIIMS-LEVEL INSTITUTION IN AMRITSAR

2101. SHRI GURJEET SINGH AUJLA:

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

(a) whether the Government has considered establishing an AIIMS-level institution in Amritsar, Punjab considering its strategic location as a major border district adjoining Pakistan if so, the details thereof;

(b) whether the Government acknowledges that Amritsar caters to a large population from the border belt of Punjab and neighboring regions, while the nearest tertiary healthcare institutions such as AIIMS Bathinda, AIIMS Jammu and PGIMER Chandigarh are situated at considerable distances, often causing hardship to critically ill and emergency patients, if so, the details thereof; and

(c) whether the Government proposes to sanction an AIIMS at Amritsar equipped with advanced trauma care, super-specialty services, disaster response facilities, research, medical education and modern healthcare infrastructure to strengthen national preparedness, border healthcare security, if so, the details thereof?

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

(a) to (c) Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), setting up of 22 All India Institutes of Medical Sciences (AIIMS) has been approved including AIIMS at Bathinda in Punjab, which is functional. Further, for strengthening and upgrading tertiary healthcare facilities in Punjab, under another component of PMSSY, upgradation of two Government Medical Colleges has been completed by way of construction of Super Specialty Blocks (SSBs) on Centre-State cost sharing basis i.e. (i) Government Medical College, Amritsar and (ii) Government Medical College, Patiala. With the objective of strengthening tertiary healthcare services in the border region of Punjab, the Government of India has approved the establishment of a 100-bedded Satellite Centre of Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh at Ferozepur. In the current phase of PMSSY there is no proposal to establish a new AIIMS in Amritsar, Punjab.

FUNDS FOR INDIAN NATIONAL DEFENCE UNIVERSITY

2102. SHRI DEEPENDER SINGH HOODA:

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

(a) whether the Government has allocated funds for the establishment of the Indian National Defence University (INDU), Gurugram and if so, the

details of the funds allocated, utilised and remaining unutilised since the inception of the project, year-wise;

(b) whether the Government has approved the Detailed Project Report (DPR) for the project and, if so, the details thereof, including the present status of the project and the original and revised timelines for its completion;

(c) whether there has been a delay in the completion of the project and if so, the reasons therefor;

(d) whether the Government has assessed the impact of the delay on defence education, strategic research and training and if so, the details thereof; and

(e) whether the Government has taken steps to expedite the implementation of the project and if so, the details thereof, including the revised timeline for its completion?

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

(a) to (e): The concept of Indian Defence University is to have an Institution of Excellence to study modern warfare, our neighbourhood environment, Space, Seas, Cyber and other areas of emerging challenges. In this regard, a two member Committee have been constituted to evolve the proposal in consultation with stakeholders. The preliminary work relating to acquisition of land, construction of boundary wall, perimeter road, guard rooms and watch towers has been completed at a cost of Rs. 176 crore. The needs of

Professional Military Education, Strategic Research and Capacity Building continue to be met through the existing network of Services Training Establishments and Tri-Service institutions.

SHAKTI SADAN SCHEME

2103. SUSHRI S. JOTHIMANI:

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

(a) the details of the Shakti Sadan scheme including the number of beneficiaries and fund allocation for the years 2024-25 and 2025-26;

(b) the number of said Sadan centers established in the country, State-wise and district-wise in Tamil Nadu, especially in the Karur district;

(c) whether the Government has any data on the number of women who have been provided vocational and skill training under the said scheme till date, if so, the details thereof; and

(d) the details of the measures being taken by the Ministry to improve the functioning/outreach of the Shakti Sadan scheme, particularly in rural areas?

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

(a) to (d): 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.

Shakti Sadan Scheme 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 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.

The Ministry continuously monitors the progress of the implementation of scheme through physical and virtual meetings with States/UTs, field visit by the officials of the Ministry and through digital mode from time to time. Further, for the purpose of monitoring of Shakti Sadans, this Ministry has developed a dedicated Mission shakti Dashboard for capturing details like staff deployed, beneficiaries, location details (Latitude and Longitude), Physical infrastructure, Vocational Training, ICT infrastructure, activities conducted, facilities provided to beneficiaries, etc.

The Ministry engages with the States/UTs regularly and through its various Schemes i.e. Beti Bachao Beti Padao (BBBP), One Stop Centre (OSC) and Women Help Line (WHL) which envisages to provide 24 hours emergency and non-emergency response to women, both in public and private spaces by linking them with appropriate authority such as Police, OSC, Hospital, Legal Services etc. Through these measures work towards generating awareness among women and children.

Presently, 433 Shakti Sadans are functional across the country and about 35,300 women provided vocational training and skill training under the Scheme from FY 2023-24 to FY 2025-26. The funds released and number of beneficiaries for the financial years 2024-25 and 2025-26 under Shakti Sadan Scheme is as follows:

Financial Year	**2024-25**		**2025-26**	
	Funds released (in Rs. Cr)	**Number of Beneficiaries**	**Funds released (in Rs. Cr)**	**Number of Beneficiaries**
Total	84.98	28,263	87.39	42,822

The State/UT-wise list of functional Shakti Sadans is given in the enclosed **Statement-I**. The district-wise details of functional Shakti Sadans in the State of Tamil Nadu are given in the enclosed **Statement-II.**

STATEMENT-I

State/UT-wise list of functional Shakti Sadans

Sl.no	**State/UTs**	**No. of**
1.	Andaman &	0
2.	Andhra Pradesh	26
3.	Arunachal	1

4.	Assam	27
5.	Bihar	16
6.	Chandigarh	1
7.	Chhattisgarh	4
8.	Dadra & Nagar	0
9.	Delhi	2
10.	Goa	1
11.	Gujarat	0
12.	Haryana	0
13.	Himachal	1
14.	Jammu &	2
15.	Jharkhand	1
16.	Karnataka	40
17.	Kerala	8
18.	Ladakh	0
19.	Lakshadweep	0
20.	Madhya Pradesh	14
21.	Maharashtra	21
22.	Manipur	47
23.	Meghalaya	3
24.	Mizoram	12
25.	Nagaland	6
26.	Odisha	68
27.	Puducherry	1
28.	Punjab	2
29.	Rajasthan	6
30.	Sikkim	1
31.	Tamil Nadu	46
32.	Telangana	21
33.	Tripura	5
34.	Uttarakhand	3
35.	Uttar Pradesh	11
36.	West Bengal	36
	Total	**433**

STATEMENT-II

District wise list of functional Shakti Sadans in State of Tamil Nadu

State	District	Functional Shakti Sadan
Tamil Nadu	Chennai	3
	Coimbatore	1
	Cuddalore	2
	Dindigul	2
	Kanyakumari	1
	Karur	1
	Kallakurichi	2
	Krishnagiri	1
	Madurai	1
	Nagapattinam	1
	Namakkal	1
	Perambalur	1
	Pudukottai	1
	Salem	2
	Sivagangai	1
	Thanjavur	2
	The Nilgiris	2
	Theni	1
	Tirunelveli	2
	Thiruvallur	1
	Thiruvannamalai	2
	Thiruvarur	3
	Tiruchirapalli	1
	Tirupattur	2
	Tiruppur	1
	Vellore	1
	Villupuram	2
	Virudhunagar	2
	Kanchipuram	1
	Ramanathapuram	1
	Tenkasi	1
Total		**46**

USE OF AI IN INDIAN JUDICIARY

2104. SHRI ANTO ANTONY:

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

(a) the details of AI tools approved or proposed for use under Phase III of the e-Courts Project, including their names, developers or vendor organisations and intended purposes;

(b) whether any mechanism exists for formal evaluation, approval and audit of AI tools before their use in judicial work;

(c) whether the Government is considering framing a national policy to distinguish between approved and unapproved AI tools and prohibit the use of AI for judicial findings, orders and judgments, if so, the details thereof; and

(d) whether AI tools proposed or currently used in courts are limited to administrative tasks or are also being used for legal research, the identification of citations, drafting or other judicial functions?

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

(a) to (d): The eCourts Mission Mode Project, under the National e-Governance Plan, is being implemented by Department of Justice in coordination with eCommittee, Supreme Court of India. Under the Phase-III of the Project, there is a provision for adoption of emerging technologies, including Artificial Intelligence (AI) to enhance judicial efficiency, for which an amount of ₹53.57

crore has been earmarked under the Future Technological Advancements component.

As per the information provided by eCommittee, Supreme Court of India, an AI-based tool Legal Research Analysis Assistant (LegRAA) has been developed by the Artificial Intelligence Division of NIC and the Centre of Excellence for eCourts (CoEE), NIC to assist Hon'ble Judges in legal research and document analysis. Another AI-based tool, Digital Courts 2.1 has been developed by the Centre of Excellence for eCourts (CoEE), NIC, Pune, as an integrated digital case management platform. It provides a single-window interface for case-related information and incorporates AI-enabled features such as voice-to-text transcription and translation to assist Hon'ble Judges and Judicial Officers in dictation of orders and judgments. Both the tools are in pilot testing phase.

The operational framework 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.

STRENGTHENING OF REGIONAL COOPERATION WITH NEIGHBOURING COUNTRIES

2105. SHRI YUSUF PATHAN:

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

(a) whether India has held bilateral and multilateral discussions with neighbouring countries to strengthen regional cooperation in trade, connectivity and security, if so, the details thereof;

(b) the details of major agreements signed with neighbouring countries during the last two years; and

(c) whether any new initiatives have been launched under India's "Neighbourhood First" policy if so, the details thereof and the expected benefits arising therefrom?

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): Yes, the Government regularly engages with countries in the neighbourhood on the full gamut of issues of mutual interest, including in trade, connectivity and security. Country-wise details are given in the enclosed **Statement-I**.

(b): Details of major agreements signed with neighbouring countries during the last two years are given in the enclosed **Statement-II**.

(c): Yes, several new initiatives have been launched under India's "Neighbourhood First" policy focused on strengthening security (both traditional and non-traditional including maritime and cyber security, climate security, disaster preparedness, food security and human security) and increasing connectivity (trade, energy, transport, digital and people-to-people connectivity); country-wise details are given in the enclosed **Statement-III**.

STATEMENT-I

LIST OF RECENT BILATERAL AND MULTILATERAL DISCUSSIONS WITH NEIGHBOURING COUNTRIES TO STRENGTHEN REGIONAL COOPERATION IN TRADE, CONNECTIVITY AND SECURITY:

(A) Bangladesh

(i) Foreign Office Consultations on 09 December 2024.

(ii) EAM visited Dhaka on 30 December 2025 to attend the funeral of Begum Khaleda Zia, when a meeting was held with then BNP Chairperson Tarique Rahman.

(iii) Hon'ble Lok Sabha Speaker Om Birla visited Bangladesh on 17 February 2026 for the oath taking ceremony of Prime Minister Tarique Rahman.

(iv) Bangladesh Foreign Minister Khalilur Rahman visited India between 7-9 April 2026 and held meetings with EAM, NSA and Minister of Petroleum & Natural Gas.

(v) Technical meetings of institutional bilateral mechanisms pertaining to security and border management, water, trade, connectivity and development co-operation were held to discuss issues of mutual importance.

(vi) Prime Minister Narendra Modi attended the sixth BIMSTEC Summit held in Bangkok on 4 April 2025. On the sidelines of the Summit, a bilateral meeting was held with Professor Muhammad Yunus, Chief Adviser of Bangladesh.

(vii) A mid-term review of the BIMSTEC Master Plan for Transport Connectivity was held on 6 March 2025 to assess progress and strategise future steps for improving regional transport networks. During the Second BIMSTEC Ports Conclave held in Visakhapatnam in July 2025, the Government of India announced the establishment of a BIMSTEC Centre of Excellence in Sustainable Maritime Transport (BSMarTC) in Mumbai to support implementation and build technical capacity in Bangladesh and other member States.

(viii) The Fifth Meeting of BIMSTEC National Security Chiefs was held on 16 July 2026, including the participation of Prime Minister's Defence Adviser from Bangladesh. The meeting reviewed cooperation among member States in areas including regional security, disaster management, transport and trade connectivity, technology and people-to-people linkages.

(ix) Bangladesh's National Security Adviser attended the 7th Meeting of the National Security Advisers of the Colombo Security Conclave in November 2025, where member countries discussed regional security concerns.

(x) EAM held a meeting with Foreign Advisor Touhid Hossain on the sidelines of the 8th Indian Ocean Conference in Oman on 17 February 2025.

(B) Myanmar

(i) Visit of the President of Myanmar, Min Aung Hlaing to India from 30 May to 03 June 2026;

(ii) Visit of the Minister of State for External Affairs, Shri Kirti Vardhan Singh to Myanmar from 08-11 April 2026 to attend the inauguration ceremony of the President of Myanmar;

(iii) The 23rd National Level Meeting chaired by Home Secretary was held in New Delhi on 07-08 July 2026;

(iv) Visits by senior military officials - including Defence Secretary Shri Rajesh Kumar Singh (25-26 September 2025), CNS Admiral Dinesh K. Tripathi (02-05 May 2026);

(v) Working level bilateral meetings have also been held periodically in the sectors of security and border management, trade, power, shipping, traditional medicines, India pharmacopoeia, etc.

(vi) Prime Minister Narendra Modi attended the sixth BIMSTEC Summit held in Bangkok on 4 April 2025. On the sidelines of the Summit, a bilateral meeting was held with the then Senior General Min Aung Hlaing;

(vii) Prime Minister Narendra Modi attended the 25th Shanghai Cooperation Organization (SCO) Summit held in Tianjin, China, from 31 August to 01 September 2025. A bilateral meeting with the then Senior General Min Aung Hlaing on the sidelines of the Summit;

(viii) Minister of President’s Office, Tin Aung San participated in the Fifth Meeting of BIMSTEC National Security Chiefs held on 16 July 2026;

(ix) The Permanent Secretary of Department of Science and Technology, GoM participated in the AI Impact Summit which was hosted by India and was held in February 2026;

(x) Myanmar has also joined International Big Cat Alliance (IBCA) in January 2026.

(c) Bhutan

(i) Official level talks for renewal/revision on the 2016 India-Bhutan Agreement on Trade, Commerce and Transit started with 1st technical level meeting on 18 March 2026.

(ii) Commerce Secretary Level Talks in September 2024 to discuss streamlining trade and related matters.

(iii) Joint Working Group Meeting on custom matters in April 2026.

(iv) Project Steering Committee Meeting for establishment of rail-links in November 2025.

(v) The India-Bhutan Secretary level meeting on Border Management and security on 16- 17 October 2025 in Thimphu.

(vi) Border Districts Coordination Meeting between Royal Govt. of Bhutan and State Govt of Assam took place on 24 September 2024.

(vii) Border Districts Coordination Meeting between Royal Govt. of Bhutan and State Govt of West Bengal took place on 30-31 January 2025.

(viii) On India-Bhutan Boundary Tasks, Government Level Meeting (GLM) took place on 6-7 March 2025; and Joint Technical Level Meeting (JTLM) took place on 19-20 May 2025.

(ix) Bhutan's Home Secretary participated in 5th Meeting of the BIMSTEC National Security Chiefs on July 16, 2026 in New Delhi.

(D) Nepal

(i) Home Secretary Level Talks (HSLT) held on 22 July 2025, New Delhi.

(ii) Boundary Working Group (BWG) meeting on 28-29 July 2025,New Delhi.

(iii) 17th meeting of the Joint Technical Team (JTT) on Nepal - India Cooperation in Power Sector held on 3- 4 November 2025, Pokhara, Nepal.

(iv) 11th Lines of Credit (LOC) Review meeting held on 4 December 2025, New Delhi.

(v) 5th Joint Project Monitoring Committee (JPMC) on National Police Academy (NPA) project, held on 1 December 2025, VC mode.

(vi) 5th Meeting of India-Nepal Joint Working Group (JWG) on Petroleum and Gas sector held on 8 December 2025, New Delhi.

(vii) 9th Joint Agriculture Working Group (JAWG) meeting held on 28-29 December 2025, Kathmandu.

(viii) Survey Officials Committee (SOC) meeting held on 2-4 February 2026, Kathmandu.

(ix) 17th Indo-Nepal Power Exchange Committee (PEC) meeting held on 12-13 March 2026 Pokhara, Nepal.

(x) 6th Joint Project Monitoring Committee (JPMC) on National Police Academy (NPA) project held on 27 April 2026, VC mode.

(xi) 11th Meeting of India-Nepal Joint Committee on Kosi and Gandak Projects (JCKGP) held on 30 April – 1 May 2026, Kathmandu.

(xii) 2nd Bilateral meeting of India-Nepal Joint Team on Flood Forecasting Activities on Rivers common to India and Nepal held on 2 May 2026, Kathmandu.

(xiii) 18th meeting of the Joint Technical Team (JTT) on Nepal - India Cooperation in Power Sector held on 7-8 May 2026, New Delhi.

(xiv) 10th Project Steering Committee (PSC) Meeting on Rail Linksheld on 11 June 2026, Kathmandu.

(xv) 8th Joint Working Group (JWG) meeting on Rail Links held on 12 June 2026, Kathmandu.

(xvi) 13th meeting of Joint Working Group (JWG) on Nepal-India cooperation in Power Sector held on 14 July 2026 Pokhara, Nepal.

(xvii) 13th Meeting of Joint Steering Committee (JSC) on Nepal-India Cooperation in Power Sector held on 15 July 2026 Pokhara, Nepal.

(E) Sri Lanka

(i) Sri Lankan President Anura Kumar Dissanayake visited India in December 2024 during which Joint Statement titled 'Fostering Partnerships for a Shared Future' was adopted;

(ii) Prime Minister paid a visit to Sri Lanka on 5 – 6 April 2025. Among other agreements, MoU on Defence Cooperation was also signed between the two sides;

(iii) Prime Minister's meeting with Sri Lanakn President H.E. Anura Kumara Disanayaka during latter's visit to India in February 2026 for the AI Impact Summit during which deepening connectivity, expanding trade and economic ties were also discussed;

(iv) Hon'ble Vice President of India visited Sri Lanka from 19-20 April 2026;

(v) External Affairs Minister visited Sri Lanka 23 December 2025 as PM's Special Envoy in the wake of Cyclone Ditwah and announced US$ 450 million Special Economic Package for rehabilitation / reconstruction;

(vi) Sri Lankan Prime Minister Dr. Harini Amarasuriya visited India from 16-18 October 2025;

(vii) Chief of the Air Staff of the Indian Air Force, Air Chief Marshal Amar Preet Singh visited Sri Lanka from 19-21 May 2026;

(viii) Indian Chief of the Army Staff, General Upendra Dwivedi visited Sri Lanka from 7-8 January 2026;

(ix) India's Chief of Naval Staff, Admiral Dinesh K Tripathi visited Sri Lanka from 22 - 25 September 2025;

(x) Negotiations for finalization of the Economic & Technology Cooperation Agreement (ETCA) covering both goods and services. The last (14th) round of talks held on 24-26 July 2024. The two sides are working for early resumption of negotations;

(xi) The Second Meeting of the India-Sri Lanka Joint Working Group (JWG) was held on Renewable Energy on 23 September 2025;

(xii) A virtual Secretary-level meeting on discussing implementation related modalities of the India-Sri Lanka power grid interconnection, on 30 October 2025; and

(xiii) 8th Indo – Sri Lanka Defence Dialogue led by Defence Secretary was held in Colombo on 05 June 2025.

(F) Maldives

(i) Prime Minister of India, Shri Narendra Modi visited Maldives from 25-26 July 2025. Detailed discussions were held on trade and other issues;

(ii) Minister of State for Foreign Affairs, H.E. Abdullah Hameed visited India from 4-8 March 2026 to participate in Raisina Dialogue;

(iii) Minister of Economic Development, Transport, and Trade of Maldives, H.E. Mohamed Saeed visited India from 07 July to 9 July 2026;

(iv) Minister of State for Homeland, Security and Technology, H.E. Dr Mohamed Kinaanath visited India from 17 to 21 February 2026 for the AI Impact Summit;

(v) Speaker of Maldives, Hon. Abdul Raheem Abdulla visited India from 13-18 Jan 2026 for the 28th Conference of Speakers and Presiding Officers of the Commonwealth (CSPOC);

(vi) Minister of Foreign Affairs of Maldives, Ms. Iruthisham Adam visited India from 12-14 May 2026. She met EAM and they reviewed the entire gamut of bilateral relationship;

(vii) Abdulla Phairoosch, MoS for Homeland Security & Technology visited India for the 3rd India-Maldives Consular Dialogue;

(viii) 6th Defence Cooperation Dialogue, led by Defence Secretary, was held on 6 October 2025 in Male; and

(ix) India & Maldives held 9th Joint Staff Talks in Maldives, co-chaired by AVM Sundaramani Krishnan and Brig. General Mohammed Saleem, Commandant Coast Guard on 29 July 2026.

STATEMENT-II

The list of major Agreements signed with neighbouring countries during the last two years:

SRI LANKA

S. N.	Agreements or Memoranda of Understanding (MoUs) signed
1	MoU between National Centre for Good Governance (NCGG), Government of India and Sri Lanka Institute of Development Administration (SLIDA) on Training and Capacity Building Programme for Civil Servants of Sri Lanka
2	Protocol Amending the Agreement between the Government of the Democratic Socialist Republic of Sri Lanka and the Government of the Republic of India for the avoidance of double taxation and the prevention of fiscal evasion with respect to taxes on income.
3	MoU for implementation of HVDC interconnection for import/export of power
4	MoU on cooperation in the field of sharing successful digital solutions implemented at population scale for digital transformation.
5	MoU between the Government of the Republic of India, the Government of the Democratic Socialist Republic of Sri Lanka, and the Government of United Arab Emirates for cooperation in development of Trincomalee as an Energy Hub

6	MoU on Defence Cooperation
7	MoU on multi-sectoral grant assistance for Eastern Province
8	MoU on cooperation in the field of Health & Medicine.
9	MoU on Pharmacopoeial Cooperation between the Indian Pharmacopoeia Commission, Ministry of Health and Family Welfare, Government of the Republic of India and the National Medicines Regulatory Authority, Government of Democratic Socialist Republic of Sri Lanka.
10	MoU for implementation of High Impact Community Development Projects (HICDPs) in Sri Lanka through grant assistance from the Government of India (extended for 5 years)

MALDIVES

S.N	**Agreements or Memoranda of Understanding (MoUs) signed**
1	Currency Swap Agreement
2	MoU between Rashtriya Raksha University of the Republic of India and National College of Policing and Law Enforcement of the Republic of Maldives
3	MoU between Central Bureau of Investigation and Anti-Corruption Commission of Maldives for bilateral cooperation on preventing and combating corruption
4	Renewal of MoU between National Judicial Academy of India (NJAI) and the Judicial Service Commission (JSC) of Maldives on Training and Capacity Building Programs for Maldivian judicial officers
5	Renewal of MoU between India and Maldives on Cooperation in Sports and Youth Affairs
6	Agreement for an LoC of INR 4,850 crores to Maldives
7	Amendatory Agreement on reducing annual debt repayment obligations of Maldives on GoI-funded LoCs
8	Terms of Reference of the India-Maldives Free Trade Agreement (FTA)

9	MoU on cooperation in the field of Fisheries & Aquaculture
10	MoU between the Indian Institute of Tropical Meteorology (IITM), Ministry of Earth Sciences and the Maldives Meteorological Services (MMS), Ministry of Tourism and Environment
11	MoU on cooperation in the field of sharing successful digital solutions implemented at population scale for Digital Transformation between Ministry of Electronics and IT of India and Ministry of Homeland Security and Technology of Maldives
12	MoU on recognition of Indian Pharmacopoeia (IP) by Maldives
13	Network-to-Network Agreement between India's NPCI International Payment Limited (NIPL) and Maldives Monetary Authority (MMA) on UPI in Maldives

MYANMAR

S.N.	Agreements or Memoranda of Understanding (MoUs) signed
1	MoU on Cooperation in the field of Trade of Urad and Tur was extended for five years valid up to FY 2030–2031 was signed in March 2026
2	MoU on supply of lab equipment and apparatus to Nay Pyi Taw State Academy (NSA) was signed in February 2026
3	MoU on Cooperation in the field of Digital Identity was signed in July 2025
4	MoU on Contruction of Sarsobeikman Literary Building was signed in March 2024

NEPAL

S.N.	Agreements or Memoranda of Understanding (MoUs) signed
1	Business to Business (B2B) Framework Agreement between Indian Oil Corporation Limited (IndianOil) and Nepal Oil Corporation (NOC) for execution of projects envisaged in the G2G MoU signed in 2023

2	MoU for strengthening cooperation in Water, Sanitation, and Hygiene (WASH) sector including Waste Management
3	MoU between the Supreme Court of India and the Supreme Court of Nepal to develop, promote and strengthen judicial cooperation
4	MoU on Cooperation in the Field of Agriculture between India and Nepal
5	Letter of Exchange (LoE) amending the Protocol to the Treaty of Transit between India and Nepal
6	MoU between CBIC (India) and Department of Customs (Nepal) for cooperation in exchange of pre-arrival information on export of goods for trade facilitation and customs control
7	Agreement on Mutual Legal Assistance in Criminal Matters (MLAA) between India and Nepal
8	MoU on Biodiversity Conservation between India and Nepal
9	MoU between Digital India Bhashini and Kathmandu University for co-creating National Digital Infrastructure for "Voice First" Language Translation platform

BHUTAN

S.N.	**Agreements or Memoranda of Understanding (MoUs) signed**
1	Methodology for reactive energy accounting between India and Bhutan signed between central electricity authority, Ministry of Power, Government of India and department of energy, Ministry of Energy and Natural Resources, Royal Government of Bhutan
2	Protocol to the agreement between the Government of the Republic of India and the Royal Government of Bhutan regarding the Punatsanchhu-II hydroelectric project signed on 30th April, 2010 (tariff protocol)
3	Protocol to the agreement signed on 30th April, 2010 between the Government of the Republic of India and the Royal Government of Bhutan regarding the Mangdechhu hydroelectric project in Bhutan on the total debt servicing schedule of principal and interest

4	MoU between the Ministry of Infrastructure and Transport, Royal Government of Bhutan and the Department of Posts, Ministry of Communications, Government of India for advancing bilateral cooperation in the postal sector.
5	MoU between the Ministry of New and Renewable Energy of the Government of the Republic of India and The Ministry of Energy and Natural resources of the Royal Government of Bhutan on Cooperation in the field of Renewable Energy
6	MoU between the Ministry of Health and Family Welfare of the Government of the Republic of India and the Ministry of Health of the Royal Government of Bhutan on Cooperation in the field of Health and Medicine
7	MoU between PEMA Secretariat, Bhutan and National Institute of Mental Health and Neuro Sciences (NIMHANS) India on Building Institutional Linkage
8	MoU between the Government of India and The Royal Government of Bhutan for the establishment of railway links between India and Bhutan.
9	MoU between Ministry of Agriculture & Farmers Welfare Government of Republic of India and Ministry of Agriculture and Livestock Royal Government of Bhutan on Technical cooperation in the field of Agriculture, Livestock and Allied Sectors
10	MoU between Bhutan National Legal Institute and National Judicial Academy, Bhopal on cooperation in Judicial Education and Mutual Exchanges.
11	MoU between the Supreme Court of Bhutan and the Supreme Court of India in the field of Judicial Cooperation.
12	MoU between the Government of Republic of India and the Royal Government of Bhutan on general supply of Petroleum, Oil, Lubricants (POL) and related products from India to Bhutan
13	Agreement for recognition of official control exercised by Bhutan Food And Drug Authority (BFDA) by Food Safety and Standards Authority Of India (FSSAI)
14	MoU on cooperation in the field of Energy Efficiency and Energy Conservation measures
15	MoU on cooperation in Sports and Youth

16	MoU on cooperation concerning sharing reference standard, pharmacopoeia, vigilance and testing of medicinal products
17	Joint Plan of Action (JPOA) on Space Cooperation
18	Renewal of MoU on Peering Arrangement between National Knowledge Network of India (NKN) and Druk Research And Education Network of Bhutan
19	MoU between Government of India and Royal Government of Bhutan regarding loan for Gyalsung Infrastructure project.

STATEMENT-III

NEW INITIATIVES LAUNCHED UNDER INDIA'S "NEIGHBOURHOOD FIRST" POLICY:

SRI LANKA

Special Economic Package (SEP) of around US$ 450 milion for post Cyclone Ditwah rehabilitation and reconstruction in Sri Lanka

MALDIVES

Expanding financial connectivity through Network to Network Agreement between NPCI and Maldives Monetary Authority on UPI in Maldives and establishing Joint Working Group (JWG) on Fishermen, Health and Counter – terrorism in Maldives

AFGHANISTAN

Several initiatives, including the Air Freight Corridor, Joint Working Groups, and Joint Chambers of Commerce, have been launched between the two countries.

MYANMAR

Under the Neighbourhood First policy, India has acted as a trusted partner for Myanmar through extensive developmental aid. Most recently, under the Mekong-Ganga Cooperation, the ICCR scholarship slots for Myanmar nationals were increased from 36 to 100 annually.

Further, as a responsible neighbor and a committed regional partner, India has been the first responder for Myanmar in times of crisis. In the aftermath of the 7.7 magnitude earthquake that struck Myanmar in Marh 2025, India launched Operation Brahma to provide humanitarian aid and relief.

BANGLADESH

(i) Enhancing trade and connectivity with Bangladesh through the inauguration of second cargo trade gate at ICP Petrapole in October 2024.

(ii) Sub-regional connectivity in energy sector has also been initiated with a tripartite agreement between Nepal, Bangladesh and India to export 40 MW of electricity from Nepal to Bangladesh using the Indian grid. The first export under this arrangement was undertaken in November 2024.

NEPAL

(i) Long Term Power Trade: The Agreement for Long Term Power Trade signed in 2024 envisages the export of up to 10,000 MW power from Nepal to India over the next decade.

(ii) Cross-Border Digital Payments: Peer-to-Peer (P2P) linkage between Unified Payments Interface (UPI) of India and National Payments Interface (NPI) of Nepal was launched on 6 June 2026. This will facilitate cross-border personal remittances between India and Nepal.

(iii) Agreement on Mutual Legal Assistance in Criminal Matters (MLAA): The Agreement was signed in February 2026. This Agreement will benefit the people of India and Nepal by providing an institutional legal framework to enhance the effectiveness of investigation, prosecution and judicial proceedings relating to cross-border crimes.

(iv) India-Nepal Startup Partnership Network (IN-SPAN) programme: IN-SPAN aims to catalyse cross-border innovation, foster investment linkages, and build enduring entrepreneurial partnerships between India and Nepal. Under this programme, 24 startups from Nepal attended an eight-week training cum incubation programme at IIT Madras Pravartak Technologies Foundation during December 2025 and January 2026. The 2nd Cohort of IN-SPAN saw participation of 25 startups from Nepal is currently undergoing training at IIT Madras Pravartak Technologies Foundation till 31 July 2026.

(v) LoE amending the Protocol to the Treaty of Transit between India and Nepal: The first commercial shipment arrived at the Nepal Customs Yard, Biratnagar, from Kolkata Port via the Indian Customs Yard in Jogbani, on 20 July 2026, following the signing of the Letter of Exchange amending the Protocol to the India–Nepal Treaty of Transit in November 2025. The cross-border cargo train services will help reduce logistics costs and further boost India–Nepal trade.

(vi) An MoU between Digital India Bhashini and Kathmandu University for co-creating National Digital Infrastructure for “Voice First” Language

Translation platform was signed on 6 June 2026. The MoU is envisioned as an initiative to strengthen people-to-people connections and preserve linguistic heritage.

BHUTAN

(i) Establishment of railway links between India and Bhutan – Two Cross-border rail links namely Banahrhat-Samstse and Kokrajhar-Gelephu are being undertaken between India and Bhutan. The rail links will strengthen cross border connectivity and boost trade and people to people ties.

(ii) Strengthening spiritual Buddhist connections between India and Bhutan – The Royal Bhutan Temple at Rajgir, Bihar was consecrated in September 2025. GoI has accorded approval for construction of a third Bhutanese temple and Monastery at Varanasi, Uttar Pradesh. The initiative would strengthen the cultural and civilisational ties between India and Bhutan and also likely lead to increase in tourism and economic activity.

(iii) Enhancing digital payment connectivity through launch of India's Bharat Interface for Money (BHIM) application in Bhutan – The initiative would expand economic cooperation with Bhutan and facilitate tourists/students/traders etc. through ease of cross-border payments.

(iv) Establishment of Integrated Check Post in Darranga, Assam – The ICP was inaugurated in November 2024. It will facilitate entry/exit of third country nationals on the India-Bhutan border and boost bilatearl trade and tourism.

(v) Support to Bhutan's 13th Five Year Plan (FYP) – GoI has committed a grant assistance of INR 10,000/- Crore for Bhutan's 13th Five Year Plan (2024-2029). The GoI assistance will contribute to Bhutan's development efforts, and deepen India-Bhutan development partnership, which is an important facet of the bilateral relation with Bhutan.

PROMOTION OF UNANI SYSTEM OF MEDICINE AND EDUCATION

2106. DR. MOHAMMAD JAWED:

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

(a) whether the Government has undertaken measures during the last five years to create awareness and promote the Unani system of medicine among the public across the country;

(b) whether the Government has conducted any survey or assessment regarding the acceptance and utilisation of Unani medicine among the population;

(c) if so, the details thereof including the estimated percentage of the population availing Unani treatment along with the targets or projections, if any, for expanding its reach over the next five years;

(d) the steps taken by the Government to strengthen, impart and promote Unani education including support for teaching Institutions, faculty development, research, scholarships and infrastructure; and

(e) the details of the Institutions currently offering recognised undergraduate and postgraduate education in Unani medicine, indicating the courses

offered, annual intake capacity and the degrees awarded by each institution, State/UT- wise?

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

(a): Ministry of Ayush, through its Information, Education and Communication (IEC) Scheme, aims to promotes all Ayush systems of medicine including Unani through its various awareness programs and promotional activities. The Ministry observes Unani Day every year during the month of February to enhance public awareness and encourage the adoption of Unani system of medicine. Central Council for Research in Unani Medicine (CCRUM), an autonomous body under Ministry of Ayush operates 21 Clinical Institutes/Units/Centres across the country. These institutes provide a wide range of healthcare services through its various OPDs. In addition to clinical care, these institutes undertake extensive public health outreach to promote awareness regarding the prevention and management of lifestyle and other diseases. Awareness activities are conducted through the Clinical Mobile Research Programme, School Health Programme, and Mobile Healthcare Services. These initiatives have benefited approximately 47 lakh people during the last five years. The Council has also organized 03 international conferences, 205 training programmes and 322 seminars, conferences, webinars, and lectures and participated in 129 Arogya/Health Melas and

exhibitions, significantly contributing to capacity building, research dissemination and public health awareness during the last five years.

(b) and (c): The National Sample Survey Office (NSSO) under the Ministry of Statistics and Programme Implementation (MoSPI) conducted the 79th Round of the National Sample Survey (July 2022–June 2023), which included the comprehensive all-India survey on Ayush systems. The survey covered 1,81,298 households, including 1,04,195 rural and 77,103 urban households to assess public awareness, usage patterns for treatment/prevention, out-of-pocket expenditure, and preferences for traditional healthcare systems including Unani. The survey found that overall awareness of Ayush systems including Unani stands at 94.8% in rural India and 96% in urban India. Around 46.3% of rural residents and 52.9% of urban residents reported utilising Ayush treatments/preventive care within 365 days.

(d): The steps taken by National Commission for Indian System of Medicine (NCISM) to strengthen, impart and promote Unani education is given in the enclosed **Statement-I.**

(e): The details of the institutions currently recognised by NCISM offering undergraduate and postgraduate education in Unani medicine, annual intake capacity and the degrees awarded by each institution, State/UT- wise is given in the enclosed **Statement-II.**

STATEMENT-I

The steps taken by NCISM to improve quality of education in Unani System of Medicine:

NCISM has been developed the following steps taken to improve quality of education in Unani System of Medicine

Regulations:

To improve the quality of education in Unani System of Medicine the following regulations were framed, published and implemented by NCISM at the undergraduate and Post graduate level.

1. National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Unani Education), Regulations 2022.

2. National Commission for Indian System of Medicine (Recognition of Qualifications) Regulations, 2023. (Common for ASUS)

3. National Commission for Indian System of Medicine (National Examinations for Indian System of Medicine) Regulations, 2023

4. National Commission for Indian System of Medicine (Ethics and Registration) Regulations, 2023

5. National Commission for Indian System of Medicine (Minimum Essential Standards, Assessment and Rating for Undergraduate Unani Colleges and Attached Teaching Hospitals) Regulations, 2023.

6. The National Commission for Indian System of Medicine (Minimum Essential Standards, Assessment and Rating for Postgraduate Institutions and Minimum Standards of Postgraduate Unani Education) Regulations, 2024.

Curriculum

To align with New Education Policy 2020, global standards in medical education, and to produce meritorious and skilled Unani graduates, NCISM has

brought significant reforms in medical education policy, essential standards in education, educational administration, teaching/training methodologies, assessment process, technological assistance in education, and competency based syllabus curriculum. The Board of Unani, Siddha and Sowa-Rigpa framed, published and implemented the following curriculum and syllabus.

1. Competency based Course Curriculum and Syllabus for First Professional BUMS.

2. Competency based Course Curriculum and Syllabus for Second Professional BUMS.

3. Competency Based Dynamic Curriculum and Syllabus for Third Professional BUMS.

4. Competency based Course Curriculum and Syllabus for Unani Post Graduate programme for Biostatistics.

5. Competency based Course Curriculum and Syllabus for Unani Post Graduate programme for Research Methodology.

6. Competency Based Dynamic Curriculum and Syllabus for Post Graduate Unani for 15 PG programs for the 2nd and 3rd-6th semesters.

Curriculum reforms at UG level:

1. The ratio between Lecture and Non-Lecture hours has been reversed to 1:2 to promote professional skill, and soft skills.

2. The introduction of electives is intended to provide opportunity to students to get introduced, oriented and exposed to various allied subjects, to build inter-disciplinary approach, and to promote self-directed/guided learning.

3. Induction program with transitional curriculum has been introduced for newly admitted students before the commencement of regular classes.

4. Competency Based Dynamic Curriculum and Syllabus has been introduced with well-defined graduate's attributes, program outcomes, course outcomes, difficulty level, advanced teaching-training methods at par with global standards, formative assessment for continuous evaluation of the students, summative assessment methods, the blue print of the question paper, vertical/horizontal integration, etc.

5. Early Clinical Exposure: Begins with the first professional session to provide more clinical training exposure and build self-confidence.

6. Separate hours for library, sports, and recreation in the regular time-table of all batches for effective utilisation of library, express talent in co/extracurricular events and promote physical and mental wellness.

7. Methodologies for supplementation of modern advances, scientific and technological developments in Unani System of Medicine have been introduced.

8. In addition to the university examination (summative assessment), formative assessment is introduced, which includes nine periodical tests and two term tests.

9. Clinical Skill/ Simulation Lab: Clinical Skill/ Simulation Lab introduced in Under Graduate for upliftment of clinical knowledge.

Curriculum reforms at PG level:

1. Semester system has been introduced and semester specific subjects/ papers are maintained.

2. Credit framework has been implemented in PG. Each credit will have lecture, practical training and experiential learning in the ratio of 1:2:3 to produce highly confident and competent specialist of concerned speciality

3. Formative Assessment including unit-wise assessment, modular assessment were introduced to calculate Semester Grade Point Average (SGPA) and to assess the eligibility to appear for university summative examination.

4. Electives courses for post graduate program have been also introduced along with core Subjects under Domain specific and Capacity enhancing categories.

5. Molecular Biology lab is introduced in Post Graduate institutes for carrying out advanced studies in immunology and histopathology related tests.

6. Thrust areas for research are prescribed for each PG program along with speciality specific program outcomes and promoted multi-disciplinary research.

7. Department of integrative health and translational research has been implemented to regulate and coordinate research activities of PG institutions.

Other Initiatives by NCISM to increase the Quality of Education:

1. An academic calendar for the entire course period is introduced to ensure uniform academic administrative patterns throughout the country.

2. Each teacher is communicated with by mail with an article on teaching technology on the first Friday and a research article on the third Friday of every

month to get updated knowledge in the area of education technology and research.

Use of Technology:

1. **QR code embedded syllabus:** uploaded on NCISM site.
2. **Elective courses through LMS** (Learning Management System)
3. NCISM platforms/portals under AYUSH Grid

a) Portal for Educational Planning and Administration Workshops for Principals in ISM

b) Portal for Entrepreneurship Development and training Programme Workshops for coordinators of Research and Innovation cell of ISM institutions

c) Portal for postgraduate guide orientation workshops for PG guides of ISM postgraduate institutions on Scientific writing, Research integrity and Publication ethics

d) Portal for textbook quality assessment as per the developed assessment scale

e) Software for framing ISM curriculum and syllabus

f) Educational Lifecycle Management System, Learning Management System and Collaborative System and integrated with Ayush Grid

g) Portal for Azadi ka Amrit Mahotsav activities in ISM institutions

h) Portal for online data submission of admitted student's by institution and counselling authorities.

i) Portal for electives

j) Portal for Degree recognition system

k) Developed portal for academic performance of ISM institutions.

Examinations:

1. NCISM has implemented National Teachers' Eligibility Test for each discipline of Unani Systems of Medicine who desire to take up teaching profession.

2. NCISM conducted NCISM PRE-TIB Exam, counselling and seat allotment for the admission of Unani Pre-Tib Program

3. National Entrance cum Eligibility Test (NEET) has been conducted by NTA for the admission of Under Graduate BUMS courses of Unani.

4. All India AYUSH Post Graduate Entrance Test (AIAPGET) has been conducted by NCISM through NTA.

To promote Research

NCISM has taken the following initiations to Promote Research among the students and faculties of Unani educational institutes / colleges

1. NCISM is providing publication grant to the eligible candidates for publication of research papers in quality journals as per the guidelines issued by the NCISM.

2. **STUDENTSHIP PROGRAM –** In Association with Central Council for Research in Unani Medicine (CCRUM), NCISM implemented studentship program for Unani Research (SPUR) for undergraduate students to promote research aptitude.

STATEMENT-II

The State/UT- wise details of the institutions currently recognised by NCISM offering undergraduate and postgraduate education in Unani medicine, annual intake capacity and the degrees awarded by each institution:

UNANI COLLEGES OFFERING ONLY UG COURSES				
S. No	**State**	**Name of the College**	**Degree Awarded**	**Intake Capacity UG**
1	Andhra Pradesh	Dr. Abdul Haq Unani Medical College & Hospital	BUMS	50
2	Bihar	Zulfequar Haider Unani Medical College & Hospital	BUMS	50
3	Bihar	Salfia Unani Medical College and Hospital	BUMS	50
4	Bihar	Nizamia Unani Medical College & Hospital	BUMS	40
5	Bihar	Sufia Unani Medical College Hospital & Research centre	BUMS	60
6	Jammu & Kashmir	Unani Medical College and Hospital, Institute of Asian Medical Sciences	BUMS	40
7	Jammu & Kashmir	Kashmir Tibbia College Hospital & Research Centre	BUMS	60
8	Jammu & Kashmir	Govt. Unani Medical College and Hospital	BUMS	60
9	Karnataka	Tipu Sultan Shaheed Education Trust, Unani Medical College	BUMS	60
10	Karnataka	HMS Unani Medical College & Hospital	BUMS	60
11	Karnataka	Inamdar Unani Medical College & Hospital	BUMS	60
12	Kerala	Markaz Unani Medical College & Hospital	BUMS	60
13	Madhya Pradesh	Saifia Hamidia Uniani Tibbia College & Hospital	BUMS	60
14	Madhya Pradesh	Al-Farooque Unani Tibbia College	BUMS	50
15	Madhya Pradesh	Hakim Abdul Hamid Unani Medical College	BUMS	60
16	Maharshtra	Anjuman-I-Islam's Dr. Ishaq Jamkhanawala Tibbia Unani Medical College & Haji Abdul Razak Kalsekar, Tibbia Hospital	BUMS	60
17	Maharshtra	Mohammadia Tibbia College & Assayer Hospital	BUMS	60
18	Maharshtra	Ahmed Gharib Unani Medical College	BUMS	60

19	Maharshtra	Iqra Education Society's, Unani Medical College Hospital & Research Center	BUMS	60
20	Maharshtra	Yunus Fazlani Unani Medical College and Al Fazlani Unani Hospital	BUMS	50
21	Maharshtra	Al-Ameen Unani Medical College	BUMS	60
22	Maharshtra	Dr. APJ Abdul Kalam Unani Medical College	BUMS	100
23	Punjab	Rehbar Ayurvedic & Unani Tibbi Medical College	BUMS	50
24	Rajasthan	Rajputana Unani Medical College Hospital and Research Centre	BUMS	50
25	Rajasthan	Rajasthan Unani Medical College & Hospital	BUMS	60
26	Rajasthan	Govt. University College of Unani	BUMS	63
27	Uttar Pradesh	Ibne-Sina Tibbia College & Hospital	BUMS	50
28	Uttar Pradesh	Sham-e-Ghausia Minority Unani Medical College & Hospital	BUMS	60
29	Uttar Pradesh	Eram Unani Medical College & Hospital	BUMS	60
30	Uttar Pradesh	Dr. Abdul Ali Tibbia College & Hospital	BUMS	50
31	Uttar Pradesh	Hakim Rais Unani Medical College	BUMS	50
32	Uttar Pradesh	Ghausia Unani Medical college & Hospital	BUMS	60
33	Uttar Pradesh	Glocal Unani Medical College	BUMS	60
34	Uttar Pradesh	Sanskriti Unani Medical College & Hospital	BUMS	60
35	Uttar Pradesh	Hayat Unani Medical College and Research Centre	BUMS	60
36	Uttarakhand	Uttaranchal Unani Medical College and Hospital	BUMS	60
37	West Bengal	Calcutta Unani Medical College & Hospital	BUMS	40

Unani Colleges offering UG and PG Courses					
S. No	**State**	**Name of the College**	**Degree Awarded**	**Intake Capacity UG**	**Intake Capacity PG**
1	Bihar	Govt. Tibbia College and Hospital	Unani Mahire Tib (Doctor of Medicine)	125	31
2	Karnataka	Govt. Unani Medical College	Unani Mahire Tib (Doctor of Medicine)	75	10
3	Karnataka	Luqman Unani Medical College &	Unani Mahire Tib (Doctor of Medicine)	60	7

		Hospital			
4	Madhya Pradesh	Hakim Syed Ziaul Hassan, Government Unani Medical College	Unani Mahire Tib (Doctor of Medicine)	75	22
5	Maharshtra	Z.V.M. Unani Medical College & Hospital	Unani Mahire Jarahat (Master of Surgery) & Unani Mahire Tib (Doctor of Medicine)	60	17
6	New Delhi	Ayurvda and Unani Tibbia College	Unani Mahire Tib (Doctor of Medicine)	75	13
7	New Delhi	School of Unani Medical Education and Research, Jamia Hamdard (Deemed University)	Unani Mahire Tib (Doctor of Medicine)	60	9
8	Tamil Nadu	Government Unani Medical College, Arignar Anna Govt. Hospital of Indian Medicine Campus	Unani Mahire Tib (Doctor of Medicine)	75	11
9	Telangana	Govt. Nizamia Tibbia College	Unani Mahire Tib (Doctor of Medicine)	94	45
10	Uttar Pradesh	State Takmeel-ut-Tib College & Hospital	Unani Mahire Jarahat (Master of Surgery) & Unani Mahire Tib (Doctor of Medicine)	75	35
11	Uttar Pradesh	State Unani Medical College & Hakim Ahmed Husain Republic Day Memorial Hospital	Unani Mahire Jarahat (Master of Surgery) & Unani Mahire Tib (Doctor of Medicine) & Unani Mahire Tib (Doctor of Medicine)	75	37
12	Uttar Pradesh	Jamia Tibbia Deoband	Unani Mahire Tib (Doctor of Medicine)	60	4
13	Uttar Pradesh	Deoband Unani Medical College, Hospital Research Centre	Unani Mahire Jarahat (Master of Surgery) & Unani Mahire Tib (Doctor of Medicine)	60	8
14	Uttar Pradesh	Allama Iqbal Unani Medical College and ACN Hospital	Unani Mahire Tib (Doctor of Medicine)	60	10

15	Uttar Pradesh	Aligarh Unani Medical College & ACN Hospital	Unani Mahire Tib (Doctor of Medicine)	60	8
16	Uttar Pradesh	Ajmal Khan Tibbiya College	Unani Mahire Jarahat (Master of Surgery) & Unani Mahire Tib (Doctor of Medicine)	60	42

Unani Colleges offering Stand Alone PG

S. No.	State	Name of the College	Degree Awarded	Intake Capacity PG
1	Jammu & Kashmir	Regional Research Institute of Unani Medicine (RRIUM), Naseem Bagh Campus	Unani Mahire Tib (Doctor of Medicine)	18
2	Karnataka	National Institute of Unani Medicine	Unani Mahire Jarahat (Master of Surgery) & Unani Mahire Tib (Doctor of Medicine)	71
3	Telangana	Central Research Institute for Unani Medicine (CRIUM), (National Research Institute of Unani Medicine for Skin Disorders)	Unani Mahire Tib (Doctor of Medicine)	18
4	Uttar Pradesh	National Institute of Unani Medicine	Unani Mahire Jarahat (Master of Surgery) & Unani Mahire Tib (Doctor of Medicine)	49

FUND ALLOCATION UNDER SPECIAL ASSISTANCE TO STATES

2107. SHRI CHAMALA KIRAN KUMAR REDDY:

SHRI EATALA RAJENDER:

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

(a) whether the State Government of Telangana has requested the Union Government for release of funds, due to the State to help in expediting the progress of works under Special Assistance to States for Capital Investment, if so, the details thereof;

(b) whether the Union Government is yet to release, the balance of Rs. 264.23 crore from the Rs. 550 crores health grants received for the financial year 2023-24, where Rs. 285.77 crores has been released so far, if so the details and the reasons therefor; and

(c) the steps being taken by the Union Government to expedite the release of Rs. 264.23 crore under Special Assistance to States for Capital Investment to the State Government of Telangana along with the timeline fixed to release such assistance?

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

(a) and (b): As informed by Ministry of Finance, an amount of Rs.2,102 crore was approved to the State Government of Telangana for 79 projects under Part-I (Untied) of Special Assistance to States for Capital Investment (SASCI) 2023-24, which included an amount of Rs.550 crores for 24 projects at Sl No 1-24 of the Statement of Department of Expenditure's letter No. 44(1)/PF-S/2023-24(CAPEX)-Telangana dated 22.06.2023 (copy enclosed). 66.67% of the approved amount, i.e. Rs.1,024.58 crore was released to the state as 1st instalment after deducting unutilized balance of Rs.376.82 crore pertaining to the amount released to Telangana under SASCI 2022-23.

The request for release of 2nd instalment under Part I was sent by State government of Telangana at the fag end of the financial year 2023-24, vide letter dated 23.03.2024 and email dated 26.03.2024. The 2nd instalment was

not released to the State in 2023-24. It is further informed that the Model Code of Conduct had come into force in Telangana on 16.03.2024 upon the announcement of General Elections to the Lok Sabha by the Election Commission of India.

(c): SASCI 2023-24 has been concluded and at present the Ministry of Finance is implementing SASCI 2026-27. Under SASCI 2026-27, the States are free to seek assistance for ongoing projects as well as for clearing pending liabilities relating to eligible capital expenditure. Accordingly, the Government of Telangana may consider re-proposing, based on its priorities, the projects that were earlier proposed under SASCI 2023-24 under SASCI 2026-27, subject to extant scheme guidelines.

F. No. 44(1)/PF-S/2023-24 (CAPEX)-Telangana
Government of India
Ministry of Finance
Department of Expenditure
Public Finance-States Division
*****

North Block, New Delhi
Dated the 22nd June, 2023

CORRIGENDUM

To
Special Chief Secretary,
Finance Department,
Government of Telangana,
8th Floor, C-Block, BRKR Bhavan,
Telangana Secretariat, Hyderabad-500063.

Subject: Corrigendum to Annexure-I enclosed with letter no. 44(1)/PF-S/2023-24(CAPEX)-Telangana dated 01.06.2023 under Part-I of the 'Scheme for 'Special Assistance as Loan to States for Capital Investment' for 2023-24 – Reg.

In continuation of letter no. 44(1)/PF-S/2023-24(CAPEX)-Telangana dated 01.06.2023 under Part-I of the 'Scheme for 'Special Assistance as Loan to States for Capital Investment' for 2023-24, corrigendum to Annexure-I (list of capital projects on which capital expenditure of Rs. 2102.00 crore has been approved under Part-I of the Scheme for 2023-24) is forwarded herewith.

Encl. as above

Yours faithfully,

Anjali Maurya 22/06/2023

(Anjali Maurya)
Assistant Director (PF-S)
Ph.: 011-23095697

CORRIGENDUM TO ANNEXURE-I

List of Projects on which Capital Expenditure of ₹ 2102.00 crore is approved under the 'Scheme of Special Assistance to States for Capital Investment for 2023-24'.

(Rs. in crore)

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
1	Construction of Buildings for Establishment of New Medical College at Nalgonda in Nalgonda District	Ongoing	10%	0.00	147.74	50.00	50.00	50.00	31.03.2024	TSMSIDC
2	Construction of Buildings for Teaching Hospital at Government General Hospital, Mahabubnagar in Mahabubnagar District.	Ongoing	5%	0.00	283.50	40.00	40.00	40.00	31.03.2024	TSMSIDC
3	Construction of Buildings for Teaching Hospital at GGH, Suryapet in Suryapet District.	Ongoing	1%	0.00	252.50	40.00	40.00	40.00	31.03.2024	TSMSIDC
4	Construction of buildings for Teaching Hospital with Resident & Internees Hostel for Govt. General Hospital Siddipet.	Ongoing	35%	0.00	233.82	75.00	75.00	75.00	31.03.2024	TSMSIDC
5	Upgradation of attached Government General Hospital at Vikarabad in Vikarabad District.	Ongoing	40%	0.00	42.00	25.00	25.00	25.00	31.03.2024	TSMSIDC
6	Establishment of Govt. Medical College and upgrading attached Government General Hospital for 1st year classes at Kamareddy in Kamareddy District.	Ongoing	25%	0.00	34.01	20.00	20.00	20.00	31.03.2024	TSMSIDC
7	Establishment of Govt. Medical College and upgrading attached Government General Hospital for 1st year classes at Jangoan in Jangoan District.	Ongoing	10%	0.00	23.10	15.00	15.00	15.00	31.03.2024	TSMSIDC

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
8	Upgrading attached Government General Hospital at Asifabad with an intake capacity of 100 MBBS seats in Komrambheem Asifabad District	Ongoing	10%	0.00	10.50	9.50	9.50	9.50	31.03.2024	TSMSIDC
9	Upgradation of attached Government General Hospital at Nirmal in Nirmal District	Ongoing	10%	0.00	11.60	10.00	10.00	10.00	31.03.2024	TSMSIDC
10	Construction of District Hospital, Sircilla in Rajanna Sircilla District	Ongoing	25%	0.00	8.50	6.50	6.50	6.50	31.03.2024	TSMSIDC
11	Modifications of the existing buildings in the premises District Collectorate, Khammam and Govt. General Hospital Khammam to accommodate 1st year students.	Ongoing	25%	0.00	10.15	8.00	8.00	8.00	31.03.2024	TSMSIDC
12	Renovation of seeds godown to accommodate 1st year students at Govt. Medical College, Karimnagar.	Ongoing	25%	0.00	15.65	11.00	11.00	11.00	31.03.2024	TSMSIDC
13	Establishment of New Govt. Nursing College at Government General Hospital, Siddipet in Siddipet District.	Ongoing	10%	0.00	66.00	50.00	50.00	50.00	31.03.2024	TSMSIDC
14	Establishment of New Govt. Nursing College at District Hospital, Gadwal.	Ongoing	1%	0.00	34.55	20.00	20.00	20.00	31.03.2024	TSMSIDC
15	Establishment of New Govt. Nursing College at District Hospital, Sangareddy in Sangareddy District.	Ongoing	1%	0.00	34.34	20.00	20.00	20.00	31.03.2024	TSMSIDC

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
16	Establishment of New Govt. Nursing College at RIMS, Adilabad in Adilabad District.	Ongoing	1%	0.00	34.34	20.00	20.00	20.00	31.03.2024	TSMSIDC
17	Establishment of New Government Nursing College at Tandoor in Vikarabad District.	Ongoing	1%	0.00	25.25	15.00	15.00	15.00	31.03.2024	TSMSIDC
18	Establishment of New Government Nursing College at Palair in Khammam District.	Ongoing	1%	0.00	25.25	15.00	15.00	15.00	31.03.2024	TSMSIDC
19	Construction of Building for 100 Bedded Mother and Child Hospital at Gajwel in Siddipet District.	Ongoing	25%	0.00	34.25	25.00	25.00	25.00	31.03.2024	TSMSIDC
20	Upgradation of Community Health Centre, Madhira, Khammam District from (30) bedded to (100) bedded hospital.	Ongoing	28%	0.00	31.40	15.00	15.00	15.00	31.03.2024	TSMSIDC
21	Establishment of new 100 Area Hospital at Bheemgal, Nizamabad District.	Ongoing	5%	0.00	36.75	20.00	20.00	20.00	31.03.2024	TSMSIDC
22	Upgradation of Community Health Centre, Chennur, Mancherial District from (30) bedded to (100) bedded hospital.	Ongoing	1%	0.00	21.92	10.00	10.00	10.00	31.03.2024	TSMSIDC
23	Upgradation of Community Health Centre Thungathurthi, Suryapet District from 30 to 100 bedded Area Hospital.	Ongoing	1%	0.00	35.35	15.00	15.00	15.00	31.03.2024	TSMSIDC
24	Upgradation of Community Health Centre, Choutuppal from 30 to 100 bedded Area Hospital in Yadadri Bhuvanagiri District.	Ongoing	1%	0.00	36.31	15.00	15.00	15.00	31.03.2024	TSMSIDC

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
25	Providing Water Supply to the extened areas of ORR villages under Urban Mission Bhagiratha Phase - II	Ongoing	60%	188.87	1200.00	200.00	200.00	200.00	2 Years	HMWSSB Under MA&UD, GoT
26	Constructions of 31 STPs of 1259.50 MLD in 3 packages	Ongoing	60%	171.77	3866.21	200.00	200.00	200.00	2 Years	HMWSSB Under MA&UD, GoT
27	Multi Modal Transport System (MMTS) phase-II	On going	95%	165.34	816.55	100.00	100.00	100.00	Nearing completion	South Central Railway through RVNL
28	Infra and developmental works in Warangal	On going	30%	5.00	948.55	100.00	100.00	100.00	31.06.2023	Greater Warangal Smart City Corporation Ltd
29	Infra and developmental works in Karimngar	Ongolng	60%	200.00	930.00	100.00	100.00	100.00	30.06.2023	Karimnagar Smart City Corporation Ltd
30	Providing BT on R/F Govardhanagiri to Tumkunta Village	Ongoing	22.40	0.00	27.00	17.07	17.07	17.07	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
31	Construction and widening of R/f SH7 Ambaripet to Cheggyam via Paidipalli and Thallakothapet of Velgatoor (M)	Ongoing	0.00	0.00	12.00	12.00	12.00	12.00	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
32	BT to RF Ippalagudem Kurchapalli BT road to Sivaji Nagar via akkapalligudem	Ongoing	0.00	0.00	5.75	5.75	5.75	5.75	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
33	R/F PWD Road Vattem to Gorita (V) Bajipoor	Ongoing	0.00	0.00	5.04	5.04	5.04	5.04	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
34	R/F Thudukurthy to Palem	Ongoing	0.00	0.00	5.40	5.40	5.40	5.40	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
35	Mallaram to Kannaram	Ongoing	0.00	0.00	6.60	6.60	6.60	6.60	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
36	B.T Road From Kotilingeshwara swamy temple to cherlapalem via Palmoil factory	Ongoing	0.00	0.00	7.90	7.90	7.90	7.90	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
37	Road from Chinnamadur to Dharmagadda thanda via Peddamadur, Dodlabanda thanda	Ongoing	0.00	0.00	6.38	6.38	6.38	6.38	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
38	R/F PWD Road Devaruppula to Visnur via Kothagudishelu, Dharmapuram, Mylaram	Ongoing	0.00	0.00	5.00	5.00	5.00	5.00	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
39	R/F Palakurthy to Kodakandla via Valmidi, Mutharam	Ongoing	0.00	0.00	6.00	6.00	6.00	6.00	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
40	Double lane to Road from PWD road to Shanthivanam via Kanha of Nandigam Mandal	Ongoing	13.09	0.00	29.15	21.86	21.86	21.86	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
41	BT on R/F PWD Road to Bakaram (Via) Aziznagar SC Colony, Nagireddyguda of Moinabad (M)	Ongoing	0.00	0.00	13.00	13.00	13.00	13.00	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
42	Providing Double lane road from Aliyabad x road to ghanpur via Medcity hospital	Ongoing	0.00	0.00	5.00	5.00	5.00	5.00	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
43	R/F Chivemla_Mukundapur PWD road @ 14/2 to Gangadevamma Temple (Via)Tettekunta tanda	Ongoing	0.00	0.00	5.40	5.40	5.40	5.40	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
44	Chivemla mukundapuram road at 4.3km to SD road	Ongoing	0.00	0.00	5.85	5.85	5.85	5.85	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
45	Widening of Single lane to 2-Lane BT on R/F Rajiv Rahadari Kaman to Komuravelly kaman via Komuravelli of Komuravelli mandal of Jangoan Assembly Constituency in Siddipet District	Ongoing	0.00	0.00	10.32	10.32	10.32	10.32	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
46	Widening and Strengthening of Single lane to four lane road from NH61(Nirmal town) to Bangalpet via Yellapally ,IDOC from 0/0 to 3/6 Km	Ongoing	50.00	13.68	42.00	27.57	27.57	27.57	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
47	PWD Road Kothur to Lingamdana	Ongoing	0.00	0.00	20.00	20.00	20.00	20.00	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
48	JP Darga to Vemulnarwa via Kongaguda, Sangem	Ongoing	0.00	0.00	10.00	10.00	10.00	10.00	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
49	JP Darga to Eklashkhanpet	Ongoing	0.00	0.00	6.00	6.00	6.00	6.00	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
50	R/f Mansanpally to Kollapadkal PWD Road via Ghatpally and Ankanpally of Maheshwaram (M)	Ongoing	0.00	0.00	15.20	15.20	15.20	15.20	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
51	T01-Road from Adilabad to Indervelly via Ankoli,Wanwat,Pippaldhari, Khandala,Chichdhari and Bursanpatar	Ongoing	8.47	0.00	7.74	5.79	5.79	5.79	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
52	T03-Konaigudem to Nachepalli via Aregudem, Guvvalagudem, Mujjugudem, Anasagaram	Ongoing	0.00	0.00	5.21	5.21	5.21	5.21	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
53	T01-Road from Rajiv Rahadari at Gandhigram to Gudikandula via Ponnala, Kistasagar, Ensanpally, Venkatapur and Bussapur	Ongoing	0.00	0.00	5.66	5.66	5.66	5.66	31.03.2024	Panchayat Raj Engineering Department,Govt of Telangana
54	Kaleshwaram Tourisum Circuit at Siddipet	Ongoing	0.00	0.00	100.00	50.00	50.00	50.00	31.03.2024	Tourisum Department
55	Manoharabad - Kothapalli new Railway line	Ongoing	43%	55.15	1160.47	100.00	100.00	100.00	31.03.2025	(Roads & Buildings) Department, Government of Telangana.
56	Widening from Single Lane to Double Lane of the road from Mothey to Badabheemgal from km 0/0 to 5/0 in Nizamabad District.	Ongoing	0%	0.00	6.60	6.00	6.00	6.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
57	Widening from Single Lane to Double Lane of the road from Bheemgal to Muchukur road from km 8/3 to 12/720 in Nizamabad District.	Ongoing	0%	0.00	5.00	5.00	5.00	5.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
58	Widening and Strengthening from Single Lane to Double Lane of NH-44 to Chengal via Padkal, Kaligote, Chintalur from km 0/0 to 14/0 in NIzmabad district.	Ongoing	0%	0.00	18.50	16.00	16.00	16.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
59	Widening S.L to D.L road of Choutapally to Karimnagar Boarder road from km 0/0 to 5/240 in Nizamabad District.	Ongoing	0%	0.00	7.45	6.00	6.00	6.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
60	Improvements to Kammarapally to Thadpakala road from Km 0/0 to 16/040 in Nizamabad District.	Ongoing	0%	0.00	6.43	6.43	6.43	6.43	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
61	Improvements to the road from Panchagudi Bridge approaches to Nandipet from km.10/320 to 20/124 in Nizamabad district.	Ongoing	10%	1.1	25.3	18.00	18.00	18.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
62	Widening and strengthening of Bodhan to Sunkini road from km.6/2 to 15/0 in Nizamabad district.	Ongoing	0%	0.00	12.50	10.00	10.00	10.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
63	Improvements to Navipet-Kalyapur-Neela-Kandakurthi road from km.0/0 to 17/2 in Nizamabad district	Ongoing	0%	0.00	6.64	5.50	5.50	5.50	31.03.2024	(Roads & Buildings) Department, Government of Telangana.

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
64	Construction of Four lane road to Karimnagar Kamareddy Yellareddy road from km 76/8 to 79/0 in Kamareddy district	Ongoing	0%	0.00	14.00	12.00	12.00	12.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
65	Improvements to Banswada - Bichkunda road from Km.4/0 to 18/0 and 19/0 to 28/4 in Kamareddy district	Ongoing	0%	0.00	7.47	7.00	7.00	7.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
66	Improvements to Lingampet PWD road Gandhari PWD road via Nallamadugu, Ramlaxmanpalli from 0/0 to 16/0 in Kamareddy district	Ongoing	75%	5.39	13.41	6.50	6.50	6.5	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
67	Improvements to Gajwel - Chegunta road from Km 6/4 to 21/0 in Siddipet District.	Ongoing	0%	0.00	6.55	6.00	6.00	6.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
68	Construction of Four lane road from Siddipet to Ellanthakunta Mandal Head Quarter from km 0/0 to 22/0 on Siddipet - Kistapur road in Siddipet District . Phase-I Work :-Construction of Four lane road from Siddipet to Ellanthakunta Mandal Head Quarter from km 0/0 to 10/0 on Siddipet - Kistapur road in Siddipet District	Ongoing	0%	0.00	66.00	50.00	50.00	50.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
69	Improvements to Duddeda to Mundrai via Bandaram from Km.0/0 to10/6 including realignmet portion in siddipet district.	Ongoing	0%	0.00	19.80	18.00	18.00	18.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
70	Improvement of four lane carriageway from IDA Pashamailarm Industrial Park to Outer Ring Road (i.e., at Patancheru - Shankerpally road junction) from Km.0/0 to 4/5 in Sanga Reddy District	Ongoing	55%	0.00	31.00	19.00	19.00	19.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
71	Improvement of Outer Ring Road to siddipet town from Km.0/0 to 87/190 (Working reach from km 14/4 to 87/190) in Siddipet District.	Ongoing	55%	0.00	108.50	50.00	50.00	50.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
72	Improvements to Radial Road No.7 (Extn) i.e., from Edulanagulapally to Kondakal road form km 0/0 to 5/7 (LHS) and from km 0/0 to 2/3 (RHS) and from Kondakal to Mokhila village(Master Plan Road) from 5/7 to 10/2 in Hyderabad	Ongoing	0.2	1.68	199.84	92.99	92.99	92.99	31.03.2025	(Roads & Buildings) Department, Government of Telangana.
73	Widening of single lane to double lane road from Sagar PWD road to Sagar PWD road via Eliminedu, Pocharam and Mangalpally from Km 0/0 to 16/500 in Ranga Reddy District	Ongoing	30%	17.09	59.2	30.00	30.00	30.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.

Anjali Reddy.

Sl. No.	Name of the Project	Whether New or on going	percentage completion 01.04.2023	unpaid bill (if any) as on 01.04.2023	Total Project Cost	Project Capital Outlay for 2023-24	Special Assistance (Loan) sought under the Scheme for 2023-24	Special Assistance (Loan) approved under the Scheme for 2023-24	Completion period	Implementing Agency
74	Improvements and Strengthening the existing carriageway of Ibrahimpatnam - Anajpur road from Km.0/0 to 13/0 in Ranga Reddy District	Ongoing	38%	9.55	34.55	20.55	20.55	20.55	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
75	Widening & Strengthening of Dharmasagar to Veliair via Saipet, Mallikudurla road from single lane to double lane from Km 0/0 to 20/7 in Warangal Urban District	Ongoing	22%	7.93	44.00	20.00	20.00	20.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
76	Widening and Strengthening of Mustabad - Rallapet via Pothugal, Gannevaripally, Sevalal thanda & Obulapur from Km 0/0 to 14/7 in Rajanna-Siricilla District.	Ongoing	42%	10.82	46.15	27.5	27.5	27.5	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
77	Widening and Strenghtening of Chityal - Mogullapally road from Km 0/0 to 7/0 & Chityal - Jadalpet road from Km 0/0 to 9/7 in Jayashankar Bhupalapally District.	Ongoing	55%	13.0	38.8	18.0	18.0	18.0	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
78	Improvements to Wanaparthy - Jadcherla road from Km.4/5 to 18/0 in Nagarkurnool district.	Ongoing	80%	9.39	27.85	10.00	10.00	10.00	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
79	Improvements to Peddakothapally-Nagulapally road from Km.9/0 to 13/0 in Nagarkurnool district	Ongoing	35%	1.95	10.23	7.53	7.53	7.53	31.03.2024	(Roads & Buildings) Department, Government of Telangana.
	Total					**2102.00**	**2102.00**	**2102.00**		

POSHAN 2.0

2108. SHRI MANISH JAISWAL:

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

(a) whether the Government has assessed the prevalence of malnutrition, stunting, wasting and anaemia among children, adolescent girls and pregnant women in Hazaribagh district in Jharkhand, if so, the details thereof;

(b) the details of beneficiaries covered under POSHAN 2.0 in the said district during the last three years;

(c) whether the Government has identified high-burden blocks in the said district for focused interventions, if so, the details thereof; and

(d) the details of the corrective measures being taken to improve nutritional outcomes in the said district?

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, the ‘Poshan Tracker’ digital application has been rolled out as an ICT based governance tool for monitoring and tracking of all beneficiaries on various indicators. The Poshan Tracker application data on Nutrition indicators among children and the details of beneficiaries of all the States and UTs including Hazaribagh district of Jharkhand is available at the given link of public dashboard: https://www.poshantracker.in/statistics.

As per National Family Health Survey (NFHS)-5 (2019-2021) of Ministry of Health and Family Welfare, the prevalence of anemia among adolescent girls and pregnant women in Hazaribagh district in Jharkhand is as follows: -

S.NO	Indicators	Prevalence
1	Anemia in children age (6-59 months)	62.10
2	Anemia in all women age (15-19 yrs)	54.10
3	Anemia in all women age (15-49 yrs)	56.10
4	Anemia in pregnant women age (15-49 yrs)	54.40
5	Women whose BMI is below normal (BMI less than 18.5)	25.30

Further, as information received from the State of Jharkhand, two blocks namely Katkamdag and Chauparan have been identified as high-burden blocks in Hazaribagh district under Aspirational Block Programme. To identify and treat malnutrition, SAAMAR-CMAM program for community-based management of SAM children without medical complications has been done at Anganwadi centres. Additionally, eggs are being provided to children aged 3-6 years in the State of Jharkhand through Anganwadi Centres.

Under the Mission Poshan 2.0, significant targeted interventions to improve the nutritional status of children in the country including Hazaribagh are as follows:

- Supplementary Nutrition 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 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.
- Ministry of Women & Child Development 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.
- To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at Anganwadi Centres (AWCs).
- 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) at each Anganwadi Centre (AWC) for the regular growth monitoring of registered beneficiaries.

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 five years, across the country. Details are placed below:

- 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.
- 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.
- Mothers' Absolute Affection (MAA) Programme to improve breastfeeding coverage.
- 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.
- Under National Deworming Day (NDD) albendazole tablets are administered to reduce the Soil Transmitted Helminth (STH) infestation.
- 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.

UPGRADATION OF HEALTHCARE INFRASTRUCTURE

2109. SHRI DURAI VAIKO:

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

(a) whether the Government has undertaken any assessment of the healthcare infrastructure and specialist medical facilities available in Tiruchirappalli and Pudukkottai districts of Tamil Nadu, if so, the details thereof;

(b) the details of proposals sanctioned during the last three years for the upgradation of Government Medical Colleges, District Headquarters Hospitals, Taluk Hospitals and Primary Health Centres in these districts;

(c) whether the Government has received any proposals from the State Government of Tamil Nadu for establishing new healthcare facilities or upgrading existing institutions in these districts and if so, the details thereof;

(d) whether the Government proposes to provide financial assistance under any Central scheme for strengthening healthcare infrastructure and medical services in the said districts; and

(e) if so, the details thereof and the timeline fixed 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): Public Health and Hospital are State subjects, the primary responsibility for planning, implementing, maintaining and to set up adequate number of healthcare facilities as per requirement is of that 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. Year-wise details of the approved programs which are part of the approved PIPs (Record of Proceedings-ROPs) for the states can be accessed at following link:

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

The upgradation of Government Medical Colleges, District Hospitals (DHs), Community Health Centres (CHCs) & Primary Health Centres (PHCs) and deployment of additional healthcare professionals as per requirement are proposed in PIP by the States and are approved as per norms.

Various initiatives other than NHM have been taken by Government of India to strengthen public health system and improve the health infrastructure including primary, secondary and tertiary healthcare facilities in Tamil Nadu as given below:

(i): Under CSS component of PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) for the State of Tamil Nadu, administrative approvals have been accorded to the State for five years (i.e. FY 2021-22 to 2025-26) for an amount of Rs. 1656.32 crore for construction/strengthening of 708 Urban-Ayushman Arogya Mandirs (AAMs), 38 Integrated Public Health Labs (IPHLs) at District Level and 39 Critical Care Blocks (CCBs) at District Hospitals and Medical College level.

(ii): Under Fifteenth Finance Commission (FC-XV) for the State of Tamil Nadu, Rs. 4249.42 crore has been approved for the five-year period from FY

2021-22 to FY 2025-26 and Rs. 4249.28 Cr has been released to the local bodies so far that also includes capital cost for establishment and strengthening Health infrastructure.

(iii): Under Emergency Covid Response Package -II (ECRP-II), support was provided for Pediatric Care Units, Pediatric Centre of Excellence, Augmentation of additional beds by provision of Prefab Units, Augmentation of ICU beds in public healthcare facilities, 50 & 100 bedded Field Hospitals, Referral Transport & Liquid Medical Oxygen Plant with medical gas pipeline system.

As per Health Dynamics of India (HDI), 2023-24, details of healthcare infrastructure in the country including Tamil Nadu are available at website of Ministry of Health and Family Welfare at Uniform Resources Locator (URL) as under:

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

REGULARIZATION IN FERTILIZER DISTRIBUTION

2110. SHRI BIPLAB KUMAR DEB:

SHRI ANIL YESHWANT DESAI:

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

(a) the steps taken by the Union Government in coordination with State Governments, to strengthen monitoring of fertilizer distribution during the Kharif and Rabi seasons;

(b) the number of inspections, raids and enforcement actions undertaken across the country to address diversion, hoarding, black-marketing and over-pricing, State-wise;

(c) the mechanisms adopted to detect and prevent the supply of sub-standard fertilizers, including sampling, laboratory testing and follow-up action on non-compliance;

(d) the manner in which coordination among district authorities, agriculture departments and fertilizer units is likely to be strengthened to ensure uninterrupted and equitable fertilizer availability to farmers;

(e) whether the Government is aware about the shortage of fertilizer during the sowing season and resultant problems faced by the farmers, if so, the details thereof; and

(f) the production and demand of fertilizers during the last three years?

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

(a), (d) and (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 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, viz. Urea, DAP, MOP and NPKS has remained adequate across the States. The information regarding the requirement, availability, sales and closing stock of said fertilizers during the Rabi 2025-26 and ongoing Kharif 2026 season is given in the enclosed **Statement-I**.

(b) and (c): Department of Agriculture and Farmers Welfare (DA&FW) is administering the Fertilizer (Inorganic, Organic or Mixed) Control Order (FCO), 1985 under the Essential Commodities Act, 1955. FCO, 1985 strictly

prohibits the manufacture/sale of fertilizers which are not of prescribed standards. Under FCO, State Governments are the enforcement authority empowered to take action against violation. It is the responsibility of the States to ensure quality fertilizers are available to farmers. Accordingly, State authorities take necessary action as per the Essential Commodities Act as the case may be. Any violation of the provision of the Fertilizer (Control) Order invokes both administrative action such as Cancellation & Suspension of Authorization letter and Penal action under the Essential Commodities Act of punishment for a period of three months to seven years.

Accordingly, information received from the DA&FW regarding the action taken by the State Governments to check black marketing, hoarding, diversion, quality-related violations and other malpractices during the Kharif 2026 season, for the period from April 2026 to July 2026 (till 17.07.2026), is given in the enclosed **Statement-II**.

(f): The details regarding the demand of fertilizers, viz. Urea, DAP, MOP, NPKS and SSP during the last three years from year 2023-24 to 2025-26 are as under:

ALL INDIA					
YEAR WISE REQUIREMENT OF FERTILIZERS FROM 2023-24 to 2025-26					
					Fig. in LMT
YEAR	**UREA**	**DAP**	**MOP**	**NPKS**	**SSP**
2023-24	356.08	110.18	27.62	126.31	65.00
2024-25	364.01	111.92	22.21	151.29	72.61
2025-26	381.45	110.42	26.82	158.49	63.77

Further, the details of production of major fertilizers viz. Urea, DAP, SSP and NPKS during the last three years are as under:

(Fig. in LMT)

YEAR	Urea	DAP	SSP	NPKS
2023-24	314.09	42.93	44.44	101.85
2024-25	306.67	37.69	52.44	121.05
2025-26	293.26	39.01	56.72	128.37
Sources : dbtfert.nic.in				
MOP is not produced domestically and is 100% imported.				

STATEMENT-I

The information regarding the requirement, availability, sales and closing stock of said fertilizers during the Rabi 2025-26 and ongoing Kharif 2026 season:

STATE WISE REQUIREMENT, AVAILABILITY, SALES & CLOSING STOCK OF FERTILIZERS DURING THE RABI 2025-26																	
fig. in LMT																	
S.No	State	UREA				DAP				MOP				NPKS			
		Require-ment	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**

STATE WISE REQUIREMENT, AVAILABILITY, SALES & CLOSING STOCK OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 26.07.26)																	
fig. in LMT																	
		UREA				DAP				MOP				NPKS			
S.No	State	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26
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	3.64	6.64	2.80	3.84	0.78	1.73	0.84	0.89	0.39	0.73	0.32	0.42	2.10	6.65	2.70	3.96
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	1.32	2.12	1.71	0.41	0.20	0.41	0.27	0.14	0.14	0.43	0.20	0.22	0.14	0.28	0.11	0.18
5	Bihar	4.62	8.15	3.56	4.60	1.59	2.29	0.92	1.37	0.84	0.83	0.13	0.70	1.88	3.28	0.75	2.53
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	5.88	7.48	5.20	2.28	2.49	1.98	1.45	0.53	0.63	0.82	0.52	0.30	2.00	2.30	1.61	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
		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	0.09	0.08	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	0.01	0.00
12	Gujarat	6.20	8.55	5.93	2.62	2.54	2.28	1.64	0.65	0.31	0.41	0.21	0.20	3.42	4.26	2.35	1.91
13	Haryana	6.38	9.89	7.77	2.13	1.30	1.63	1.20	0.44	0.42	0.38	0.14	0.24	0.33	0.43	0.16	0.27
14	Himachal Pradesh	0.17	0.42	0.28	0.15	0.01	0.03	0.01	0.02	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	Jammu and kashmir	0.60	1.15	0.78	0.36	0.18	0.29	0.19	0.10	0.08	0.15	0.11	0.04	0.01	0.06	0.02	0.04
16	Jharkhand	1.44	2.15	1.09	1.06	0.43	0.41	0.25	0.16	0.04	0.06	0.01	0.05	0.53	0.60	0.28	0.31
17	Karnataka	6.58	8.93	4.85	4.08	2.76	3.27	2.38	0.89	1.33	1.60	0.80	0.81	7.61	12.42	7.13	5.30
18	Kerala	0.32	0.66	0.41	0.25	0.07	0.18	0.10	0.08	0.22	0.44	0.30	0.15	0.52	0.59	0.34	0.26
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	0.00	0.00	0.00	0.00
20	Madhya	10.42	14.99	9.65	5.34	3.34	3.37	2.30	1.07	0.78	0.61	0.28	0.33	4.38	6.78	3.67	3.12

	Pradesh																
21	Maharashtra	10.32	14.56	9.35	5.21	3.47	3.70	2.69	1.01	0.88	1.83	0.89	0.94	11.96	21.74	12.19	9.55
22	Manipur	0.11	0.18	0.12	0.06	0.02	0.02	0.01	0.01	0.00	0.00	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	0.02	0.01	0.00	0.01	0.02	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	0.00	0.00	0.00	0.00
26	Odisha	2.97	4.29	1.93	2.36	1.33	1.60	0.91	0.70	0.59	0.79	0.24	0.55	1.82	2.28	0.94	1.34
27	Puducherry	0.04	0.06	0.04	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	12.10	15.47	12.29	3.18	1.55	2.45	1.37	1.08	0.58	0.64	0.22	0.42	0.49	0.50	0.19	0.31
29	Rajasthan	6.42	10.97	7.65	3.32	3.07	2.66	1.99	0.66	0.05	0.14	0.05	0.09	0.74	1.39	0.67	0.72
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	2.72	4.66	3.01	1.65	0.80	1.10	0.59	0.51	0.61	0.72	0.41	0.31	2.72	3.86	2.04	1.82
32	Telangana	7.26	7.88	4.27	3.61	2.04	1.93	1.62	0.31	0.57	0.54	0.15	0.39	7.18	7.68	4.49	3.18
33	Tripura	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	Uttarakhand	0.71	0.96	0.74	0.22	0.15	0.30	0.15	0.15	0.04	0.05	0.01	0.05	0.12	0.04	0.02	0.02
35	Uttar Pradesh	25.04	35.11	19.97	15.14	5.29	8.80	3.88	4.93	1.51	1.38	0.24	1.13	2.09	6.42	1.41	5.02
36	West Bengal	3.45	7.48	3.48	4.00	0.83	1.38	0.60	0.79	0.81	1.52	0.41	1.11	2.13	5.76	1.91	3.86
	All India	**118.81**	**173.06**	**107.07**	**66.01**	**34.28**	**41.90**	**25.40**	**16.50**	**10.86**	**14.14**	**5.65**	**8.51**	**52.34**	**87.57**	**43.09**	**44.48**

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 (17.07.2026):

Cumulative Statement from April 26 to July 26 (as on 17.07.2026)																	
		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 / suspend-ed	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*	Quantity of material seized (in terms of Bag)	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
Andhra Pradesh	5126	4	4	0	92	66	2	30	0	0	0	0	0	NIL	0	126	70	2
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Assam	2754	6	0	0	6	0	0	0	0	0	4	4	0	NIL	0	16	4	0
Bihar	14139	614	604	57	1	149	15	0	0	0	0	0	0	NIL	0	615	753	72
Chhattisgarh	4888	207	48	3	34	9	1	38	0	1	0	0	0	NIL	28260	279	57	5
Dadar & Nagar	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Delhi	130	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Goa	13	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Gujarat	7304	39	0	1	4	3	0	17	0	8	1	0	5	NIL	0	61	3	14
Haryana	425	5	7	0	21	24	3	6	3	0	3	6	2	NIL	0	35	40	5
Himachal Pradesh	41	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Jammu & Kashmir	9065	0	0	0	0	0	0	0	0	0	0	0	1	NIL	1562	0	0	1
Jharkhand	575	10	0	0	8	0	0	0	0	0	0	0	0	NIL	0	18	0	0
Karnataka	15192	2128	2	0	0	0	0	71	0	0	5	0	6	NIL	4208	2204	2	6
Kerala	603	0	0	0	0	0	0	5	0	0	2	0	0	NIL	2202	7	0	0
Madhya Pradesh	958	0	0	2	0	0	0	0	0	9	23	22	0	NIL	0	23	22	11
Maharashtra	38441	850	575	17	728	222	0	56	290	34	16	20	7	NIL	0	1650	1107	58
Manipur	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Meghalaya	314	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Mizoram	94	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Nagaland	83	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0

Odisha	8974	0	2	0	0	0	1	4	2	0	0	0	0	NIL	120	4	4	1
Puducherry	36	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Punjab	1776	10	0	0	0	0	0	44	5	4	49	0	7	NIL	0	103	5	11
Rajasthan	7428	688	17	1	130	28	3	111	0	1	167	1	5	NIL	4288	1096	46	10
Tamilnadu	4894	0	0	0	138	0	6	221	0	0	118	0	2	NIL	0	477	0	8
Telangana	10437	28	9	3	0	0	0	0	2	0	3	2	1	NIL	0	31	13	4
Tripura	867	0	0	0	146	0	0	0	0	0	0	0	0	NIL	0	146	0	0
Uttar Pradesh	9687	927	363	25	46	58	2	87	69	5	23	58	6	NIL	3826	1083	548	38
Uttarakhand	343	0	0	1	0	0	0	0	0	0	0	0	0	NIL	0	0	0	1
West Bengal	14267	5	2	0	253	16	0	30	0	0	0	0	0	NIL	0	288	18	0
Total	158886	5521	1633	110	1607	575	33	720	371	62	414	113	42	0	44466	8262	2692	247

* - 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

PROGRESS OF AB-PMJAY

2111. SHRI BASAVARAJ BOMMAI:
SHRIMATI D. K. ARUNA:
SHRI GAJENDRA SINGH PATEL:
SHRIMATI POONAMBEN MAADAM:
SHRI DUSHYANT SINGH:
SHRI JAGDAMBIKA PAL:
SHRI ASHISH DUBEY:
MS. BANSURI SWARAJ:

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

(a) the progress made under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in terms of the number of beneficiaries covered and hospital admissions in the country, State-wise including Karnataka, Madhya Pradesh including Jabalpur district;

(b) the steps taken by the Government to expand health insurance coverage and strengthen primary healthcare through Ayushman Arogya Mandirs in the country;

(c) the measures implemented by the Government for the expansion of digital health initiatives such as the Ayushman Bharat Health Account (ABHA) under the Ayushman Bharat Digital Mission and integration with other schemes; and

(d) the impact of AB-PMJAY in reducing out-of-pocket expenditure and moving towards Universal Health Coverage?

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

(a) and (b): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore economically vulnerable families, constituting the bottom 40% of India's population. In March 2024, the scheme was expanded to include approximately 37 lakh families of Accredited Social Health Activists, Anganwadi Workers, and Anganwadi Helpers. The scheme was further expanded in October 2024 to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status.

As on 30.06.2026, a total of 12.69 crore hospital admissions have been authorized under AB-PMJAY across the country. The State/UT-wise details of eligible beneficiary families covered and authorized hospital admissions under the Scheme, including Karnataka and Madhya Pradesh, are given in the enclosed **Statement**. Further, as on 30.06.2026, a total of 3.76 lakh hospital admissions have been authorised under the scheme in Jabalpur district of Madhya Pradesh.

Under National Health Mission, through 1.86 lakh Ayushman Arogya Mandirs (AAM) in the country, comprehensive primary healthcare is provided by strengthening Sub Health Centres and Primary Health Centres. These AAM provide preventive, promotive, rehabilitative and curative care for an expanded

range of services encompassing reproductive and child healthcare services, communicable diseases, non-communicable diseases and other health issues.

(c): 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. Several national health programme platforms, including AB-PMJAY, Nikshay, RCH and NCD are integrated with ABDM. In addition, various government and private Hospital Management Information System (HMIS) have also been integrated with ABDM, enabling these systems to create Ayushman Bharat Health Account (ABHA), create & share digital health records for seamless interoperability across the ecosystem.

The government has taken several initiatives to enhance ABDM adoption. These include development of use cases for quick registration, easy payments, the 'Model Facility' initiative to develop selected public and private healthcare facilities across India for end-to-end adoption of ABDM and incentives to health facilities and digital solution companies to create digital health records. In addition, National Health Authority (NHA) has entered into an MoU with CDAC and developed an affordable ABDM enabled HMIS specifically for small healthcare facilities. Further, NHA actively promotes awareness and citizen engagement through participation in public events such as trade fairs, marathons, medical conferences, technology events, encouraging the creation of ABHA and the adoption of digital healthcare. NHA, States and Union Territories also undertake targeted Information, Education & Communication

(IEC) activities and capacity-building initiatives to further strengthen ABDM adoption.

(d): According to the National Health Accounts Estimates 2022-23, out of pocket expenditure as a proportion of total health expenditure declined from 62.6% in 2014-15 to 43.4% in 2022-23. This substantial reduction indicates that households are incurring a considerably lower share of healthcare costs directly from their own pockets, owing to increased public investment in health and the expansion of publicly financed health insurance schemes such as AB-PMJAY.

Further, many states have expanded the beneficiary base beyond the centrally targeted beneficiary numbers by converging their state specific schemes with AB-PMJAY. The expansion of the beneficiary base under AB-PMJAY, coupled with the integration of various state health insurance schemes, has significantly enhanced the scheme's outreach among vulnerable populations across the country. These initiatives have broadened the coverage of the scheme, contributing towards the Government's vision of achieving Universal Health Coverage.

STATEMENT

State/UT-wise details of eligible beneficiary families covered and authorized hospital admissions under AB-PMJAY (as on 30.06.2026):

State/UT	Number of Eligible Beneficiaries covered	No. of hospital admissions authorized (in lakhs)
Andaman And Nicobar	32,572	0.048

Islands		
Andhra Pradesh	78,65,341	107.91
Arunachal Pradesh	1,33,249	0.17
Assam	37,25,630	21.93
Bihar	1,32,60,433	36.19
Chandigarh	1,04,084	1.08
Chhattisgarh	45,70,670	92.56
Delhi	8,95,526	0.58
Goa	1,07,089	0.31
Gujarat	67,01,820	87.08
Haryana	24,78,787	37.88
Himachal Pradesh	7,99,728	4.97
Jammu And Kashmir	10,84,365	21.57
Jharkhand	36,19,092	29.88
Karnataka	87,51,412	153.44
Kerala	35,94,528	81.90
Ladakh	24,474	0.38
Lakshadweep	3,498	0.02
Madhya Pradesh	1,06,34,139	81.03
Maharashtra	1,32,92,650	51.26
Manipur	3,73,701	3.53
Meghalaya	4,30,702	13.41
Mizoram	2,26,156	2.12

Nagaland	2,96,233	1.41
Odisha	77,79,939	19.06
Puducherry	1,52,164	1.98
Punjab	27,35,109	36.58
Rajasthan	80,72,469	92.97
Sikkim	58,764	0.50
Tamil Nadu	1,16,21,507	127.45
Telangana	39,78,169	31.09
The Dadra & Nagar Haveli And Daman & Diu	49,733	1.74
Tripura	6,27,394	6.51
Uttar Pradesh	1,80,17,007	100.98
Uttarakhand	9,73,184	20.25
West Bengal*	1,43,39,146	NA

**The MoU with the Government of West Bengal has been signed recently.*

उर्वरकों की अनुपलब्धता

2112. श्री हनुमान बेनीवाल:

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

(क) क्या सरकार ने खरीफ और रबी के मौसम के दौरान यूरिया, डीएपी और अन्य उर्वरकों के समय पर उपलब्ध न होने, लंबी कतारें लगने और किसानों को निर्धारित कोटे से कम मात्रा में उर्वरक मिलने के संबंध में प्राप्त शिकायतों का संज्ञान लिया है और यदि हां, तो राजस्थान सहित राज्य-वार तत्संबंधी ब्यौरा क्या है;

(ख) विगत पांच वर्षों के दौरान उक्त राज्य के संबंध में मांग के मुकाबले यूरिया, डीएपी, एमओपी और एनपीके उर्वरकों की कितनी मात्रा आवंटित की गई और वास्तव में कितनी मात्रा उपलब्ध कराई गई और वर्ष-वार और उर्वरक-वार तत्संबंधी ब्यौरा क्या है; और

(ग) सरकार द्वारा राजस्थान जैसे मुख्य रूप से कृषि प्रधान और भौगोगिक रूप से विशाल राज्य में उर्वरकों की निर्बाध उपलब्धता सुनिश्चित करने, वितरण प्रणाली को पारदर्शी बनाने तथा कालाबाजारी और कृत्रिम कमी पर अंकुश लगाने के लिए क्या ठोस 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 (ग): राजस्थान राज्य सहित देश में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में उठाए जाने वाले कदम इस प्रकार हैं:

I. प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। कृषि एवं किसान कल्याण विभाग द्वारा आकलित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरकों का यथेष्ट/पर्याप्त मात्रा में 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) तथा उत्पादन के बीच के अंतर को आयात के माध्यम से पूरा किया जाता है। समय पर उपलब्धता सुनिश्चित करने हेतु मौसम में किए जाने वाले आयात को भी पहले से ही अंतिम रूप दे दिया जाता है।

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. पर्याप्त रेक देने, उर्वरकों को प्राथमिकता देने और राज्यों के लिए रेकों की समय पर निकासी के लिए रेल मंत्रालय के साथ नियमित समन्वय बैठकें आयोजित की जाती हैं।

VI. राज्य के भीतर जिला/ब्लॉक स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

उपर्युक्त को देखते, रबी मौसम 2025-26 में और चल रहे खरीफ मौसम 2026 के दौरान राज्यों/संघ राज्य क्षेत्रों में सभी उर्वरकों नामत: यूरिया, डीएपी, एमओपी और एनपीकेएस की उपलब्धता पर्याप्त बनी रही। रबी मौसम 2025-26 के दौरान राज्यों/संघ राज्य क्षेत्रों में इन उर्वरकों की आवश्यकता, उपलब्धता, बिक्री और शेष स्टॉक के बारे में जानकारी संलग्न **विवरण-I** में दी गई है, जबकि खरीफ मौसम 2026 अर्थात दिनांक 01.04.2026 से 26.07.2026 तक के लिए उक्त जानकारी संलग्न **विवरण-II** में दी गई है।

इसके अलावा, पिछले 5 वर्षों के दौरान राजस्थान में इन उर्वरकों की आवश्यकता, उपलब्धता और बिक्री के बारे में जानकारी संलग्न **विवरण-III** में दी गई है।

उर्वरकों की कालाबाजारी/ कृत्रिम कमी और अन्य कदाचारों जैसे मामलों का समाधान करने के लिए उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के तहत एक आवश्यक वस्तु के रूप में घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के तहत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार राज्य सरकारों को उक्त कदाचारों में संलिप्त व्यक्तियों के विरुद्ध कार्रवाई करने की शक्तियां प्रदान की गई हैं। इन कदाचारों के संबंध में उर्वरक विभाग स्तर पर प्राप्त होने वाली कोई भी शिकायत आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए संबंधित राज्य सरकार को भेजी जाती है। इसके अलावा, कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) राज्य सरकार के

साथ परामर्श करके कालाबाजारी, जमाखोरी, घटिया उर्वरक पाए जाने और विपथन संबंधी मामलों के खिलाफ राज्य सरकार द्वारा की गई प्रवर्तन कार्रवाई की साप्ताहिक आधार पर नियमित रूप से निगरानी कर रहा है। डीएएंडएफडब्ल्यू द्वारा दी गई सूचनानुसार, इन कदाचारों को रोकने के लिए देश में, 01.04.2026 से 17.07.2026 तक 1,58,886 छापे मारे गए हैं जिनमें चूककर्ताओं के खिलाफ 8,262 मामलों में कारण बताओ नोटिस जारी किए गए हैं, 2,692 लाइसेंस निलंबित/रद्द कर दिए गए हैं और 247 एफआईआर दर्ज की गई हैं। डीएएंडएफडब्ल्यू द्वारा दी गई सूचना के अनुसार उक्त अवधि के दौरान राजस्थान में चूककर्ताओं के खिलाफ जारी किए गए कारण बताओ नोटिस, निलंबित/रद्द किए गए लाइसेंस और दर्ज की गई एफआईआर की संख्या क्रमशः 1096, 46 और 10 है।

विवरण-I

रबी मौसम 2025-26 के दौरान उर्वरकों की राज्यवार आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक

आंकडे एलएमटी में

		यूरिया				डीएपी				एमओपी				एनपीकेएस			
क्र.सं	**राज्य**	**आवश्यकता**	**उपलब्धता**	**डीबीटी बिक्री**	**31.03.26 के अनुसार अंतिम स्टॉक**	**आवश्यकता**	**उपलब्धता**	**डीबीटी बिक्री**	**31.03.26 के अनुसार अंतिम स्टॉक**	**आवश्यकता**	**उपलब्धता**	**डीबीटी बिक्री**	**31.03.26 के अनुसार अंतिम स्टॉक**	**आवश्यकता**	**उपलब्धता**	**डीबीटी बिक्री**	**31.03.26 के अनुसार अंतिम स्टॉक**
1	अंडमान और निकोबार द्वीप समूह	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	आंध्र प्रदेश	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	अरुणाचल प्रदेश	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	असम	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	बिहार	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	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	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	दादरा और नगर	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	0.15	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	गोवा	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	गुजरात	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	हरियाणा	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	हिमाचल प्रदेश	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	जम्मू और कश्मीर	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	झारखंड	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	कर्नाटक	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	केरल	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	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	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	महाराष्ट्र	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	मणिपुर	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	मेघालय	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	मिजोरम	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	नगालैंड	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	ओडिशा	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	पुदुचेरी	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	पंजाब	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	राजस्थान	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	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	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	तेलंगाना	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	त्रिपुरा	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	उत्तराखंड	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	उत्तर प्रदेश	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	पश्चिम बंगाल	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
	अखिल भारत	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

सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

विवरण-II

मौजूदा खरीफ़ मौसम 2026 (01.04.2026 से 26.07.2026 तक) के दौरान उर्वरकों की राज्यवार आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक:

आंकड़े एलएमटी में

		यूरिया				डीएपी				एमओपी				एनपीकेएस			
क्र.सं	राज्य	आवश्यकता	उपलब्धता	डीबीटी बिक्री	19.07.26 के अनुसार अंतिम स्टॉक	आवश्यकता	उपलब्धता	डीबीटी बिक्री	19.07.26 के अनुसार अंतिम स्टॉक	आवश्यकता	उपलब्धता	डीबीटी बिक्री	19.07.26 के अनुसार अंतिम स्टॉक	आवश्यकता	उपलब्धता	डीबीटी बिक्री	19.07.26 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	3.64	6.64	2.80	3.84	0.78	1.73	0.84	0.89	0.39	0.73	0.32	0.42	2.10	6.65	2.70	3.96
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	1.32	2.12	1.71	0.41	0.20	0.41	0.27	0.14	0.14	0.43	0.20	0.22	0.14	0.28	0.11	0.18
5	बिहार	4.62	8.15	3.56	4.60	1.59	2.29	0.92	1.37	0.84	0.83	0.13	0.70	1.88	3.28	0.75	2.53
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	5.88	7.48	5.20	2.28	2.49	1.98	1.45	0.53	0.63	0.82	0.52	0.30	2.00	2.30	1.61	0.70
8	दादरा और नगर	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	0.09	0.08	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	0.01	0.00
12	गुजरात	6.20	8.55	5.93	2.62	2.54	2.28	1.64	0.65	0.31	0.41	0.21	0.20	3.42	4.26	2.35	1.91
13	हरियाणा	6.38	9.89	7.77	2.13	1.30	1.63	1.20	0.44	0.42	0.38	0.14	0.24	0.33	0.43	0.16	0.27

14	हिमाचल प्रदेश	0.17	0.42	0.28	0.15	0.01	0.03	0.01	0.02	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	जम्मू और कश्मीर	0.60	1.15	0.78	0.36	0.18	0.29	0.19	0.10	0.08	0.15	0.11	0.04	0.01	0.06	0.02	0.04
16	झारखंड	1.44	2.15	1.09	1.06	0.43	0.41	0.25	0.16	0.04	0.06	0.01	0.05	0.53	0.60	0.28	0.31
17	कर्नाटक	6.58	8.93	4.85	4.08	2.76	3.27	2.38	0.89	1.33	1.60	0.80	0.81	7.61	12.42	7.13	5.30
18	केरल	0.32	0.66	0.41	0.25	0.07	0.18	0.10	0.08	0.22	0.44	0.30	0.15	0.52	0.59	0.34	0.26
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	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	10.42	14.99	9.65	5.34	3.34	3.37	2.30	1.07	0.78	0.61	0.28	0.33	4.38	6.78	3.67	3.12
21	महाराष्ट्र	10.32	14.56	9.35	5.21	3.47	3.70	2.69	1.01	0.88	1.83	0.89	0.94	11.96	21.74	12.19	9.55
22	मणिपुर	0.11	0.18	0.12	0.06	0.02	0.02	0.01	0.01	0.00	0.00	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	0.02	0.01	0.00	0.01	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	नगालैंड	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	2.97	4.29	1.93	2.36	1.33	1.60	0.91	0.70	0.59	0.79	0.24	0.55	1.82	2.28	0.94	1.34
27	पुदुचेरी	0.04	0.06	0.04	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	12.10	15.47	12.29	3.18	1.55	2.45	1.37	1.08	0.58	0.64	0.22	0.42	0.49	0.50	0.19	0.31
29	राजस्थान	6.42	10.97	7.65	3.32	3.07	2.66	1.99	0.66	0.05	0.14	0.05	0.09	0.74	1.39	0.67	0.72
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	2.72	4.66	3.01	1.65	0.80	1.10	0.59	0.51	0.61	0.72	0.41	0.31	2.72	3.86	2.04	1.82
32	तेलंगाना	7.26	7.88	4.27	3.61	2.04	1.93	1.62	0.31	0.57	0.54	0.15	0.39	7.18	7.68	4.49	3.18
33	त्रिपुरा	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	उत्तराखंड	0.71	0.96	0.74	0.22	0.15	0.30	0.15	0.15	0.04	0.05	0.01	0.05	0.12	0.04	0.02	0.02
35	उत्तर प्रदेश	25.04	35.11	19.97	15.14	5.29	8.80	3.88	4.93	1.51	1.38	0.24	1.13	2.09	6.42	1.41	5.02
36	पश्चिम बंगाल	3.45	7.48	3.48	4.00	0.83	1.38	0.60	0.79	0.81	1.52	0.41	1.11	2.13	5.76	1.91	3.86
	अखिल भारत	118.81	173.06	107.07	66.01	34.28	41.90	25.40	16.50	10.86	14.14	5.65	8.51	52.34	87.57	43.09	44.48

सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

विवरण-III

राजस्थान में 2021-22 से 2025-26 तक उर्वरकों की आवश्यकता, उपलब्धता और बिक्री

आंकड़े एलएमटी में

क्र.सं.	वर्ष	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री
1	**2025-26**	25.52	31.94	28.05	8.43	8.61	7.80	0.20	0.23	0.18	3.00	3.24	2.56
2	**2024-25**	26.20	29.43	26.40	8.50	7.11	6.90	0.21	0.28	0.20	2.25	3.04	2.55
3	**2023-24**	24.28	29.23	25.39	8.95	9.80	9.37	0.23	0.20	0.15	1.11	1.40	1.08
4	**2022-23**	21.50	27.91	25.17	7.40	9.70	8.47	0.30	0.18	0.14	0.95	0.85	0.72
5	**2021-22**	21.00	25.43	22.59	7.70	6.59	6.10	0.30	0.31	0.24	0.63	1.23	1.20

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

STAGNATION OF KOCHI HARBOUR DEVEOPMENT PROJECT

2113. SHRI HIBI EDEN:

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

(a) the specific reasons behind the non-utilisation of funds allocated for the Kochi Harbour Development Project and the measures being taken to ensure effective utilisation of the sanctioned funds and expedite the implementation of the project;

(b) whether the Port Trust authorities have encountered any unforeseen challenges in executing the Kochi Harbour Development Project and if so, the steps being taken to address these challenges within the established regulatory framework, if so, the details thereof; and

(c) whether the Government is considering a comprehensive review or audit of the funds allocated for the Kochi Harbour Development Project to ensure transparency and accountability in the utilization of the earmarked funds, if so, the details thereof?

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

(a) and (b): Cochin Port Authority (CoPA) is the implementing agency for the project ‘Modernization and up-gradation of Cochin Fishing Harbour’. Government of India has sanctioned funds of ₹100 crore for the project i.e. ₹50 crore each under Sagarmala scheme of Ministry of Ports, Shipping & Waterways and

Pradhan Mantri Matsya Sampada Yojana scheme of Department of Fisheries. The CoPA has informed that there was an initial delay in handing over the site to the contractor since the project site is within an operational fishing harbour. The matter was resolved by dividing the work in two phases to avoid any hindrance to routine functioning of the harbour. The CoPA has already utilized ₹83.80 crore out of total release of funds of ₹ 97.5 crore by Government of India. The current physical progress of the project is 71.50%.

(c): The projects funded under Sagarmala scheme are reviewed at regular intervals and 3rd party audit is conducted before closure of the project to ensure transparency and accountability in the utilization of the funds.

आयुष्मान आरोग्य मंदिरों की समीक्षा

2114. श्री संजय उत्तमराव देशमुख:

श्री संजय हरिभाऊ जाधव:

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

(क) देश में, विशेषकर महाराष्ट्र के वाशिम-यवतमाल संसदीय निर्वाचन क्षेत्र, में स्थापित आयुष्मान आरोग्य मंदिरों (एएएम) का राज्य-वार ब्यौरा क्या है;

(ख) उक्त केंद्रों में प्रदान की जा रही स्वास्थ्य सेवाओं का ब्यौरा क्या है;

(ग) क्या सरकार ने उक्त केंद्रों की कोई समीक्षा की है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार ने देश में मातृ मृत्यु अनुपात (एमएमआर) तथा शिशु मृत्यु दर में कमी लाने के लिए कोई नई राष्ट्रीय कार्ययोजना तैयार की 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 (ग): आयुष्मान आरोग्य मंदिर (एएएम) पोर्टल पर राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए के अनुसार, दिनांक 30.06.2026 तक की स्थिति के अनुसार देश में उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके 1,86,298 एएएम कार्यशील किए जा चुके हैं। देश में महाराष्ट्र सहित कार्यशील एएएम की राज्य/संघ राज्य क्षेत्र-वार संख्या संलग्न **विवरण** में दी गई है। महाराष्ट्र के वाशिम-यवतमाल संसदीय निर्वाचन क्षेत्र में वाशिम जिले में 166 एएएम और यवतमाल जिले में 472 एएएम कार्यशील किए गए हैं।

एएएम देश भर में प्राथमिक स्वास्थ्य परिचर्या सेवाओं के 12-पैकेज प्रदान करते हैं, जिसमें प्रजनन और बाल स्वास्थ्य परिचर्या सेवाएं, संचारी रोग, गैर-संचारी रोग (एनसीडी), उपशामक परिचर्या और वृद्धजन परिचर्या, सामान्य मानसिक विकार परिचर्या, न्यूरोलॉजिकल स्थितियां (मिरगी, डिमेंशिया) और मादक पदार्थ उपयोग विकार प्रबंधन (तंबाकू, शराब, ड्रग्स), मुख स्वास्थ्य, ईएनटी परिचर्या, और बुनियादी आपातकालीन परिचर्या शामिल हैं। विस्तारित सेवाओं को पूरक बनाने के लिए देश में पीएचसी-एएएम में 179 दवाएं और 63 निदान तथा एसएचसी-एएएम में 113 दवाएं और 14 निदान उपलब्ध कराने के लिए दवाओं और निदान की आवश्यक सूची का विस्तार किया गया है।

नीति आयोग द्वारा संचालित एएएम कार्यक्रम के हालिया मूल्यांकन में कई उत्साहजनक परिणाम सामने आए हैं, जिनमें सेवा प्रदायगी में महत्वपूर्ण सुधार और व्यापक प्राथमिक स्वास्थ्य परिचर्या सेवाओं तक व्यापक पहुंच के कारण समुदायों में लोगों की उपस्थिति में वृद्धि शामिल है। ये लाभ मुख्य रूप से सुदृढ़ एनसीडी प्रबंधन, बेहतर सामान्य ओपीडी सेवाओं और लोगों के घरों के समीप निःशुल्क दवाओं और निदान की उपलब्धता के परिणामस्वरूप प्राप्त हुए हैं। इन कार्यकलापों ने सामूहिक रूप से स्वास्थ्य परिचर्या के लिए जेब से होने वाले खर्च में क्रमिक कमी में योगदान दिया है।

(घ): भारत सरकार ने देश में मातृ मृत्यु दर (एमएमआर) और शिशु मृत्यु दर को कम करने के लिए एनएचएम के तहत विभिन्न पहलें शुरू की हैं। मुख्य उपाय निम्नानुसार हैं:

- **जननी सुरक्षा योजना (जेएसवाई) और जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके):** संस्थागत प्रसव को बढ़ावा देना और जन स्वास्थ्य सुविधा केंद्रों में निःशुल्क, कैशलेस प्रसव (सीज़ेरियन सहित), निदान, दवाएं, आहार, परिवहन और रक्त आधान प्रदान करना, साथ ही बीमार शिशुओं के लिए भी समान लाभ उपलब्ध कराना।
- **प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए):** इसमें प्रत्येक महीने की 9 तारीख को विशेषज्ञों/चिकित्सा अधिकारियों द्वारा निःशुल्क, सुनिश्चित प्रसव-पूर्व जांच प्रदान की जाती है, जिसमें उच्च-जोखिम वाली गर्भधारण की पहचान और प्रबंधन पर जोर दिया जाता है।
- **सुरक्षित मातृत्व आश्वासन (सुमन):** यह गर्भवती महिलाओं और नवजातों को सेवाओं से वंचित करने के प्रति शून्य सहनशीलता के साथ, नि:शुल्क, गरिमापूर्ण, सम्मानजनक और गुणवत्तापूर्ण स्वास्थ्य सेवा सुनिश्चित करता है।
- **प्रसवोत्तर देखभाल पहल:** इसमें आशाकर्मियों की सहायता से उच्च-जोखिम वाली प्रसवोत्तर माताओं का शीघ्र पता लगाने, रेफरल और प्रबंधन को सुदृढ़ किया जाता है।
- **एनीमिया मुक्त भारत (एएमबी):** जीवनचक्र दृष्टिकोण के माध्यम से बच्चों, किशोरों, प्रजनन आयु की महिलाओं, गर्भवती और स्तनपान कराने वाली महिलाओं में एनीमिया का उपचार किया जाता है।
- **पोषण और बाल स्वास्थ्य क्रियाकलाप**: इसमें मदर्स एब्सोल्यूट अफेक्शन (एमएए), स्तनपान प्रबंधन केंद्र, विटामिन ए अनुपूरण, गृह आधारित नवजात परिचर्या (एचबीएनसी)/छोटे बच्चों हेतु गृह आधारित परिचर्या कार्यक्रम (एचबीवाईसी) और मिशन पोषण 2.0 शामिल हैं।

विवरण

दिनांक 30.06.2026 तक की स्थिति के अनुसार राज्य/संघ राज्य क्षेत्र-वार कार्यशील एएएम की संख्या का ब्यौरा:

क्र.सं.	राज्य का नाम	कार्यशील एएएम की संख्या
1	अंडमान और निकोबार द्वीप समूह	129
2	आंध्र प्रदेश	11,873
3	अरुणाचल प्रदेश	510
4	असम	4,966
5	बिहार	12,444
6	चंडीगढ़	60
7	छत्तीसगढ़	5,898
8	दिल्ली	389
9	दादरा और नगर हवेली तथा दमन और दीव	88
10	गोवा	310
11	गुजरात	10,625
12	हरियाणा	3,272
13	हिमाचल प्रदेश	2,845
14	जम्मू और कश्मीर	3,173
15	झारखंड	4,181
16	कर्नाटक	10,137
17	केरल	7,207
18	लद्दाख	321
19	लक्षद्वीप	13
20	मध्य प्रदेश	12,775
21	महाराष्ट्र	13,457
22	मणिपुर	420
23	मेघालय	641
24	मिजोरम	416
25	नागालैंड	485

26	ओडिशा	7,379
27	पुदुच्चेरी	133
28	पंजाब	3,322
29	राजस्थान	14,494
30	सिक्किम	183
31	तमिलनाडु	8,454
32	तेलंगाना	5,038
33	त्रिपुरा	1,133
34	उत्तर प्रदेश	23,646
35	उत्तराखंड	2,364
36	पश्चिम बंगाल	13,517
	कुल	**1,86,298**

DRONE ATTACK ON CARGO SHIP

2115. SHRI TAMILSELVAN THANGA:

DR. GANAPATHY RAJKUMAR P.:

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

(a) whether it is true that an Indian Cargo ship named 'Haji Ali' was sunk by a drone attack near Oman on 25 July, 2026 which was sailing near Lima on the northern coast of the West Asian country, if so, the details thereof;

(b) the total damage/loss estimated due to the drone attack on an Indian Cargo ship; and

(c) whether the Indian Government have taken any steps to bring back our Indian Sailors safely and expressed any condemnation for the drone attack on an Indian Cargo ship, if so, the details thereof?

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

(a) to (c): An Indian flagged cargo vessel MSV Haji Ali (Mechanised Wooden Sailing Vessel) was reportedly struck on the starboard side while transiting off the coast of Oman near Limah on 13.05.2026. The impact resulted in a severe fire onboard, leading to the eventual total loss of the vessel. At the time of the incident, the vessel was carrying livestock and was enroute from Berbera, Somalia to Sharjah, UAE. All 14 Indian crew members were rescued safely from the sea and brought to Dibba Port, Oman, through coordinated efforts involving the concerned authorities and the Embassy of India in Muscat. All crew members were repatriated safely to India on 22.05.2026.

PM-CARES SCHEME FOR CHILDREN

2116. SHRI P. V. MIDHUN REDDY:

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

(a) whether the Government has conducted any assessment regarding implementation of the PM-CARES for Children Scheme in Andhra Pradesh, if so, the details thereof;

(b) whether the Government has reviewed access to education, health insurance and financial assistance provided to eligible children under the said Scheme, if so, the details thereof;

(c) whether the Government have proposes any long-term monitoring mechanism for rehabilitation and well-being of beneficiaries after attaining adulthood, if so, the details thereof; and

(d) the details of the steps being taken to ensure timely identification and support of eligible children under the Scheme?

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

(a) and (b): The central government formulated the PM CARES for Children scheme to support children who lost both parents or surviving parent or legal guardian or adoptive parents due to COVID-19 pandemic during the period 11.03.2020 upto 05.05.2023. The objective of the Scheme is to ensure comprehensive care and protection of children in a sustained manner and enable their well being through health insurance, empower them through education and equip them for self-sufficient existence with financial support till 23 years of age. Benefits under the Scheme have been given to 351 eligible children in the State of Andhra Pradesh. District-wise details of beneficiaries are given in the enclosed **Statement**.

Under this scheme, a pro-rata amount is credited in the post office account of each identified child in such a manner that the corpus for each child becomes Rs.10 lakhs at the time of his/her attaining 18 years of age. Children are entitled to receive monthly stipend between the age of 18 and 23 years, by investing the

corpus of Rs.10 lakhs into Monthly Income Scheme of Post Office. They are entitled to receive the amount of Rs.10 lakh on attaining the age of 23 years. Children below the age of 18 years, who are staying with their relatives, receive Rs. 4000/- per month under the Mission Vatsalya Scheme of this Ministry. The children staying in child care institutions are provided free boarding and lodging facilities.

Under the scheme, Department of School Education & Literacy, Ministry of Education is entrusted with the task of ensuring that all beneficiaries in the schooling age group are enrolled in schools. In order to facilitate admission of these children, additional seats @ 10 children per Kendriya Vidyalaya subject to maximum of 2 children per class were sanctioned in the Kendriya Vidyalayas across the country and beneficiaries are exempted from payment of fee from Class I to XII. Provisions are also made for admission in the nearest Kasturba Gandhi Balika Vidyalaya or Private Schools and beneficiaries are given benefits of the Right of Children to Free and Compulsory Education (RTE) Act, 2009.

Further, scholarship of Rs.20,000/- is provided to all school going children of class I to XII. Children are also assisted in obtaining education loan for Professional courses /Higher Education in India. All children have been given benefits under Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna (AB PM-JAY) with a health insurance cover of Rs.5 lakh. The coverage of health insurance is provided till they attain the age of 23 years.

Eligible children also avail the benefits of ‘Swanath Scholarship Scheme for Students’ which is being implemented by All India Council for Technical Education (AICTE) to study further in AICTE approved Institutions and courses. Under the scheme, Rs.50,000/- per annum is provided to each student for every year of study (i.e. maximum 4 years for first year admitted Degree students and maximum 3 years for Diploma Students) as lump sum amount towards payment of college fee, purchase of computer, stationery, books, equipment, software etc.

(c) and (d): This Ministry regularly holds review meetings with all the Line Ministries viz Ministry of Social Justice & Empowerment, D/o Higher Education, D/o School Education and Literacy, M/o Health& Family Welfare, D/o Posts etc of the Scheme to ensure its proper implementation. Additionally, the beneficiaries are monitored through portal of PM CARES for Children which is the nodal point to monitor all the benefits/issues of the beneficiaries like career progression, benefits given, grievances and their redressal etc. Regular communications are made with all the District Magistrates to meet the beneficiaries of the Scheme. It may be mentioned that DMs have been made the guardian of the children under this Scheme. Help Desk has also been set up to keep in touch with these children on a regular basis to monitor the adequate implementation of the benefits. Each child is contacted regularly, through the Help Desk, for checking on their personal, emotional, educational and health related requirements. The Department of Financial Services imparts financial literacy to the eligible beneficiaries who are

likely to exit from the scheme on attaining the age of 23 years and this Ministry remains in touch with the stakeholders for proper management of the funds.

STATEMENT

Details of the Beneficiaries in the State of Andhra Pradesh

S. No.	District	Total Beneficiaries
1	Anantapur	40
2	Chittoor	21
3	East Godavari	45
4	Guntur	24
5	Krishna	28
6	Kurnool	16
7	Prakasam	16
8	Srikakulam	9
9	Sri Potti Sriramulu Nellore	24
10	Visakhapatnam	39
11	Vizianagaram	8
12	West Godavari	56
13	Y.S.R.	25
	Total	**351**

UPGRADED AWCs IN GHAZIABAD

2117. SHRI ATUL GARG:

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

(a) whether the Government has systematically upgraded Anganwadi centers in the Ghaziabad Parliamentary Constituency, if so, the number of centres modernized with sanitation, electricity and learning materials in 2025-26;

(b) whether health monitoring camps have effectively improved the tracking of infant development, if so, the details thereof;

(c) the details of performance incentives provided to Anganwadi workers; and

(d) the future steps planned to establish localized kitchen gardens at these centres to provide fresh nutrition?

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 a Centrally Sponsored scheme. Under the Mission, a package of six services i.e Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services are provided to the eligible beneficiaries through Anganwadi Centres. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure. These services are provided to the eligible registered beneficiaries i.e children up to the age of 6 years, Pregnant Women and Lactating Mothers across the country and Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts of

States and all districts of North Eastern Region by through the platform of Anganwadi Centre.

Under Mission Saksham Anganwadi and Poshan 2.0, two lakh Anganwadi Centres (AWCs) located in Government buildings have been sanctioned as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education in the 15th Finance Commission cycle. Saksham Anganwadis are provided with 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 23,697 AWCs have been approved for upgradation as Saksham Anganwadis for the State of Uttar Pradesh including 206 AWCs to the District of Ghaziabad.

Under Mission Saksham Anagnwadi and Poshan 2.0, performance based incentive is given to Anganwadi Workers and Anganwadi Helpers on monthly basis @ ₹500 & ₹250 per month respectively for growth monitoring of at least 80% of children in 0-6 age group and for Completing at least 60% of home visits.

The Ministry releases funds to all States and UTs for procurement of Smart Phones to Anganwadi Workers (AWWs), Lady Supervisors and Block Coordinators for registration, data entry, tracking and monitoring of all beneficiaries in the Poshan Tracker application. Funds for Growth Monitoring Devices (Infantometer and Stadiometer for length and height measurement, Weighing Scale-Infant and Weighing Scale-Mother & Child for weight

measurement of the beneficiaries) are also released to all the States and UTs. An amount of ₹10,000+ GST per Smart phone and ₹8,000/- for a set of 4 GMDs is provided by the Central Government on cost-sharing basis. Growth measurement i.e., length/height & weight of all registered children is an essential component under the scheme to obtain their status as Normal, Underweight, Stunted, SAM or MAM. Poshan Tracker app has enabled the Ministry to review the implementation of the scheme on various parameters and to make course correction. It has facilitated near real time data collection for Anganwadi Services such as, opening of AWCs, daily attendance of children, ECCE activities, Growth Monitoring of children, Provision of Hot Cooked Meal (HCM) and Take-Home Ration (THR), Growth Measurement etc.

A key component of the Mission is to enable the right kind of nourishment through Poshan Vatikas or Nutri-gardens set up across the country to provide easy and affordable access to fruits, vegetables, medicinal plants and herbs. To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at AWCs.

Poshan Vatikas help to meet the important dietary diversity gap that has been repeatedly revealed in different surveys by providing different fruits, nuts, herbs, medicinal plants and vegetables round the year. The main objective of introducing the concept of Poshan Vatika is to encourage community members to cultivate local food crops in their backyards. A nutrition garden ensures an

inexpensive, regular and handy supply of fresh fruits and vegetables that are basic to good nutrition. Green vegetables and seasonal fruits contain vitamins and minerals that protect against micro-nutrient deficiencies and diseases.

PHARMACEUTICAL PRICING POLICY REFORMS

2118. SHRIMATI SANJNA JATAV:

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

(a) whether the Government is considering to introduce long pending changes sought by the pharma industry regarding the liability of drugs manufacturers in overcharging cases and other issues, if so, the details thereof;

(b) whether a new company manufacturing a drug being produced by another company and whose price has already been fixed need not apply to the department for the pricing of the drugs as it had been approved by the department for some other company, if so, the reason therefor; and

(c) whether the concept of Ease of Doing Business helped in the pharmaceutical industry, if so, the details thereof along with the benefits thereof to the public?

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

(a) to (c): Department of Pharmaceuticals, *vide* S.O. 3516(E) dated 30.06.2026 has notified amendments to some of the existing provisions of the Drugs (Prices Control) Order, 2013 which *inter alia* addresses the issues regarding liability of drugs manufacturer in overcharging cases, need for prior approval of retail price for a new drug that an existing manufacturer intends to launch etc. The amendments made vide the aforesaid notification will promote ease of doing business and incentivising innovations in the sector. The said notification is available at the web link: https://pharma-dept.gov.in/sites/default/files/13th%20Amendment%20%20S.O.%203516%20%28E%29%20dated%2030%20June%202026.pdf.

`The amendment restricts the manufacturer's overcharging liability to the quantity of stock actually overcharged by the concerned distributor, retailer, or stockist subject to compliance with the provisions made in this regard in DPCO, 2013. Further, the DPCO provision that all existing manufacturers of scheduled drugs shall individually take prior price approval for launching a formulation that it manufactured by combining an essential drug with another drug or by changing the strength or dosages or both of the essential drug has been amended. As per the amended provision, once NPPA has fixed the retail price of a new drug for a manufacturer, other existing manufacturers of the same formulation may adopt the same or lower price over the next 12 months, without obtaining prior price approval. In addition, DPCO 2013 did not provide for any specified time limit for

maintenance of records by manufacturer in respect of sales of individual active pharmaceutical ingredients or bulk drugs manufactured or imported and marketed by him, the sales of formulations units and packs etc. This provision has been amended to restrict the requirement for maintaining records to a period of seven financial years immediately preceding the current financial year. Furthermore, to incentivize innovation in the sector, Government has provided for fixing separate ceiling or retail prices for the same drug where such separate pricing is justified based on therapeutic rationale so as to encourage innovations that improve health outcomes

These amendments eliminates the need for prior approval for subsequent applications, reduces the compliance burden and allows for speedier launch of such drugs in the market facilitating availability of more effective, efficacious and/or convenient to use drugs to the users of such drugs and improves patient access, benefiting both the consumer and the manufacturer.

MENTAL HEALTH CHALLENGES

2119. DR. PRABHA MALLIKARJUN:

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

(a) whether the Government has undertaken any assessment of mental health challenges, healthcare accessibility gaps and emerging public health threats across the country, if so, the details thereof;

(b) the details of mental health institutions, District Mental Health Programme (DMHP) coverage and healthcare infrastructure created during the last five years, year-wise;

(c) whether the Government has evaluated the adequacy of healthcare facilities and specialist services available in rural and underserved regions, if so, the details thereof;

(d) the measures being taken by the Government to strengthen mental healthcare, rural healthcare infrastructure and preparedness against emerging health threats; and

(e) whether any new healthcare infrastructure, mental health services or public health programmes have been sanctioned for Karnataka, particularly in Davanagere district and if so, the details thereof?

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

(a) to (e): As per the National Mental Health Survey conducted by the Government through National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore in 12 States of the country, the prevalence of mental disorders including common mental disorders, severe mental disorders, and alcohol and substance use disorders (excluding tobacco use disorder) in adults over the age

of 18 years is about 10.6%. The treatment gap for mental disorders ranged between 70% to 92% for different disorders.

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 692, 716, 743, 767 and 767 districts during the last five years 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.

Under the tertiary care component of NMHP, under Manpower Development Scheme-A, 25 Centres of Excellence (list is given in the enclosed **Statement-I**) have been sanctioned to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions (list is given in the enclosed **Statement-II**) to strengthen 47 PG Departments in mental health specialties under Manpower Development Scheme-B.

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.

The details of health resources functioning in the country across all the States/ UTs with available resources, can be accessed at the following link of HDI 2023-24: https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf .

Besides the above, The Government has launched a “National Tele Mental Health Programme” (NTMHP) on 10th October, 2022, that functions as the digital arm of the District Mental Health Programme to provide universal access to equitable, accessible, affordable and quality mental health care through 24 x 7 tele-mental health counselling services. For this, a toll-free number (14416) has been set up across the country.

As on 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.

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.

STATEMENT-I

SCHEME – A : CENTRES OF EXCELLENCE

S. No.	State	Name of the Institute
1.	Kerala	Institute of Mental Health and Neurosciences (IMHANS), Kozhikode, Kerala
2.	Gujarat	Hospital for Mental Health, Ahmadabad
3.	Odisha	Sriram Chand Bhanj Medical College Hospital, Cuttack
4.	West Bengal	Institute of Psychiatry, Kolkata
5.	J&K	Psychiatric Diseases Hospital, Govt. Medical College, Srinagar
6.	Maharashtra	Maharashtra Institute of Mental Health, Pune
7.	Haryana	State Mental Health Institute, Pandit Bhagwat. Dayal Sharma University of Health Sciences, Rohtak
8.	Chandigarh	Government Medical College & Hospital, Chandigarh
9.	Telangana	Institute of Mental Health, Hyderabad
10.		Kakatiya Medical College, Warangal
11.	Punjab	Institute of Mental Health, Amritsar
12.	Madhya Pradesh	Gwalior Mansik Arogyashala, Gwalior
13.		MGM Medical College, Indore
14.	Goa	Institute of Psychiatry and Human Behaviour, Bambolim
15.	Karnataka	Dharwad Institute of Mental Health and Neurosciences
16.	Delhi	Dr. Ram Manohar Lohia Hospital, Delhi

S. No.	State	Name of the Institute
17.		Institute of Human Behaviour and Allied Science (IHBAS), Delhi
18.	Himachal Pradesh	Dr. Rajendra Prasad Govt. Medical College, Kangra, Tanda
19.	Rajasthan	Sardar Patel Medical College, Bikaner
20.		Swai Madho Singh Medical College, Jaipur
21.	Andhra Pradesh	Hospital for Mental Care, Vishakhapatnam
22.	West Bengal	Department of Psychiatry, Calcutta Medical College
23.	Uttar Pradesh	Institute of Medical Sciences, Banaras Hindu University, Varanasi
24.		King George Medical University, Lucknow
25.		Institute of Mental Health and Hospital, Agra

STATEMENT-II

SCHEME – B : STRENGTHENING/ ESTABLISHMENT OF PG DEPARTMENTS

(47 PG Departments in 19 Institutions)

S. No.	State	Name of the Institute
1.	Karnataka	National Institute of Mental Health and Neurological Sciences (NIMHANS), Bangalore **(2 PG Department)**
2.	Jharkhand	Ranchi Institute of Mental Health & Neuro Sciences, Ranchi **(4 PG Department)**
3.	Delhi	Dr. Ram Manohar Lohia Hospital, Delhi **(3 PG Department)**
4.	Assam	Lokpriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur **(4 PG Department)**
5.	Uttar Pradesh	Chhatrapati Shahuji Maharaj Medical University, Lucknow **(4 PG Department)**
6.	Tamil Nadu	Institute of Mental Health, Chennai **(2 PG Department)**
7.	Gujarat	Government Medical College, Surat **(1 PG Department)**
8.		Pandit Dindayal Upadhyay Medical College, Rajkot **(1 PG Department)**
9.	Rajasthan	Rabindra Nath Tagore College, Udaipur, Rajasthan **(1 PG Department)**
10.		Sardar Patel Medical College, Bikaner **(1 PG Department)**
11.	Kerala	Govt. medical College, Trivandrum **(4 PG Department)**
12.	Madhya Pradesh	Shyam Shah Medical College, Rewa, Madhya Pradesh **(1 PG Department)**
13.	Maharashtra	Indian Naval Hospital Ship Asvini **(4 PG Department)**
14.		Regional Mental Hospital, Pune **(4 PG Department)**
15.		Regional Mental Hospital, Thane **(2 PG Department)**
16.		Regional Mental Hospital, Nagpur **(2 PG Department)**

S. No.	State	Name of the Institute
17.	Jammu and Kashmir	Sher-i-Kashmir Institute of Medical Sciences, Srinagar, Jammu and Kashmir **(4 PG Department)**
18.	Himachal Pradesh	Indira Gandhi Medical College & Hospital, Shimla **(2 PG Department)**
19.	Karnataka	Karnataka Institute of Medical Sciences, Hubbali **(1 PG Department)**

ESTABLISHMENT OF FAST TRACK SPECIAL COURTS

2120. SHRIMATI SHAMBHAVI:
SHRI RAJESH VERMA:
DR. LATA WANKHEDE:
SHRI ARUN BHARTI:
SHRIMATI DAGGUBATI PURANDESWARI:

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

(a) whether the proactive establishment of Fast Track Special Courts (FTSCs) has ensured speedy justice, providing great safety and timely justice for common women and children;

(b) if so, the monumental number of pending rape and POCSO cases successfully and rapidly disposed of by these dedicated special courts during the last two financial years;

(c) whether this time-bound judicial mechanism has successfully created a massive deterrence against heinous crimes, significantly boosting the everyday safety of ordinary citizens in their neighbourhoods;

(d) the details of the immense Central financial assistance provided to State Governments to instantly operationalise these courts with sensitive, child-friendly witness examination rooms; and

(e) the future roadmap planned to mandate strict digital monitoring of these courts by the High Courts to ensure zero adjournments in cases involving vulnerable minors?

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. Initially, the Scheme was for the establishment of 1,023 FTSCs, including 389 exclusive POCSO Courts. The Scheme has been extended twice, with the last extension valid up to 31.03.2026 for establishment of 790 FTSCs. The Scheme has been temporarily extended upto 30th September, 2026. 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**. During the last two financial years, the disposal of cases by FTSCs is as under:

Financial Year	**Cases Disposed**
2024–25	84359

2025–26	62884
2026-27 (till 30.06.2026)	14371

The objective of the FTSC Scheme is to provide time-bound justice to victims by establishing FTSCs, including exclusive POCSO (ePOCSO) Courts, across the country, ensuring the timely disposal of rape and POCSO Act cases. Recently, an impact evaluation of the FTSC Scheme was carried out by NITI Aayog, which observed that the Fast Track Special Courts (FTSC) Scheme has demonstrated significant effectiveness in achieving its objectives of expeditious justice, reducing pendency, and providing a supportive environment for victims of sexual offences, particularly women and children.

(d) and (e): The funds under the FTSC Scheme are released on the pattern of Centrally Sponsored Scheme (Central share: State share :: 60:40, 90:10) to cover the cost of such court. The funds are reimbursed to the States/UTs after receipt of the expenditure statements from them. The Department has released a sum of ₹1259.51 crore to the States/UTs since its inception to ensure the smooth functioning of the courts.

As regards child-friendly infrastructure, Fast Track Special Courts have been encouraging the use of Vulnerable Witness Deposition Centres within existing court complexes to facilitate victims and to promote a child-friendly judicial environment. Further, with a view to conduct periodic training programmes for

manning and managing the VWDCs and sensitizing all stakeholders, the Supreme Court constituted a committee chaired by Justice Gita Mittal, former Chief Justice of the High Court of Jammu and Kashmir. As per the report submitted by the Committee, most of the High Courts have since adopted the Vulnerable Witness Deposition Centres (VWDC) Scheme, with training programmes conducted covering over 10,000 participants.

To strengthen the functioning of FTSCs, regular review meetings are held 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.

IMPLEMENTATION OF AB-PMJAY IN AMALAPURAM

2121. SHRI G. M. HARISH BALAYOGI:

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

(a) the details of hospitals empanelled under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Amalapuram Parliamentary

Constituency of Andhra Pradesh, indicating Government and private hospitals separately;

(b) the number of Ayushman Cards issued, beneficiaries covered, hospital admissions, claims submitted, claims settled and amount disbursed under the Scheme during the last three years in the constituency, year-wise;

(c) the details of medical specialties and treatment packages available at the empanelled hospitals in the constituency;

(d) the number of hospitals empanelled, newly added, suspended and de-empanelled under the Scheme during the last three years in the constituency along with the reasons therefor;

(e) the details of beneficiary awareness, Ayushman Card enrolment and outreach activities undertaken in the constituency during the said period; and

(f) the steps taken or proposed to be taken by the Government to strengthen the network of empanelled hospitals, improve healthcare access and expand coverage under AB-PMJAY in the said constituency?

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

(a) to (f): A total of 59 hospitals are empanelled under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the Amalapuram

Parliamentary Constituency of Andhra Pradesh, of which 11 are private hospitals and 48 are public hospitals. During the last three years, 4 new hospitals have been empanelled in the Amalapuram constituency. Further, no hospital has been suspended or de-empanelled during the said period.

The year-wise and district-wise details of Ayushman cards created in the districts under the Amalapuram constituency can be accessed at https://dashboard.nha.gov.in/public/card

The year-wise details of number of hospital admissions authorized in Amalapuram parliamentary constituency of Andhra Pradesh are as under:

Financial Year	No. of hospital admissions authorized
2023-24	25,365
2024-25	29,594
2025-26	32,767

A total of 2,635 treatment procedures across 25 specialities are available through the empanelled hospitals in the State, including the empanelled hospitals located in the constituency.

Further, several measures have been undertaken to strengthen the network of empanelled hospitals, improve access to quality healthcare services, and expand coverage under AB-PMJAY in the Amalapuram constituency. The major initiatives undertaken are as follows:

- Regular monitoring and quality assessment of empanelled network hospitals to ensure compliance with the prescribed standards and treatment protocols.
- Capacity building and periodic training programmes for hospital staff, District Coordinators, and other stakeholders to facilitate effective implementation of AB-PMJAY.
- Strengthening beneficiary awareness through Information, Education and Communication (IEC) activities, enrolment drives, health camps, and outreach programmes to increase Ayushman card generation and utilisation.
- Regular review meetings with district authorities, network hospitals, and other stakeholders to identify implementation challenges and take corrective measures for improving healthcare access and scheme performance.

ENGAGEMENT WITH COUNTRIES OF GLOBAL SOUTH

2122. SHRIMATI RACHNA BANERJEE:

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

(a) the details of initiatives undertaken by the Government to strengthen its diplomatic and economic engagement with countries of the Global South during the last three years;

(b) whether any new development assistance, capacity-building or technology-sharing programmes have been launched, if so, the details of funds allocated and utilized for such programmes; and

(c) the manner in which these initiatives are expected to enhance India’s global standing and strategic interests?

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

(a): India has undertaken significant initiatives to strengthen multilateralism and promote Global South cooperation through major multilateral platforms. During its G20 Presidency, India hosted the G20 Summit in New Delhi on 9-10 September 2023 under the theme One Earth, One Family, One Future, rooted in Vasudhaiva Kutumbakam. At India’s initiative, the African Union was admitted as a permanent member of the G20, marking a historic expansion of Global South representation in premier global governance forums. India pioneered the Voice of Global South Summit (VOGSS) as a unique platform for developing countries to share perspectives and priorities, with three editions held (January 2023, November 2023, August 2024), each seeing participation of over 100 countries from Africa, Latin America and Caribbean, Asia, and the Pacific Islands. Inputs emanating from the first VOGSS contributed to framing outcomes on matters important to the Global South during India's G20 presidency.

Notably, DAKSHIN (Development and Knowledge Sharing Initiative), formed as part of Prime Minister Narendra Modi's call at the 1st Voice of the Global South Summit (January 2023) for a Global South Centre of Excellence, has been established to promote knowledge-sharing and practical cooperation among developing countries. This is a reflection of a partnership-based approach to development cooperation.

(b): India has always been committed towards addressing the needs and aspirations of fellow developing countries and has been constructively championing the cause of holistic human-centric development of countries of the Global South. The Government of India has undertaken several steps to promote self-reliance among countries of the Global South, which include:

- Enhancing connectivity and economic inter-linkages by undertaking projects ranging from large scale infrastructure development to community related projects in various sectors, including health, housing, environment and education.
- Extending financial, budgetary and humanitarian assistance to partner countries to aid them in mitigating economic challenges and overcome crisis. Contributing towards capacity building and skill development in the Global South by offering scholarships and training programs to students and professionals.

- India continues to be a large provider of development finance to the Global South and a modal for technology deployment, including in fintech space.

(c): These initiatives have not only enabled India to strengthen relations with partner countries and put forward its viewpoint, but also shape the agenda on global issues such as reformed multilateralism, peace and security, climate change, counter-terrorism, cyber security, energy and food security. These initiatives have also been used to speak not just for India, but as the voice of peace, security and prosperity for all, particularly the Global South.

AIR POLLUTION RELATED DISEASES

2123. SHRI NAVASKANI K.:

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

(a) whether the Government has taken corrective steps to address the failure to achieve the targets set out in the National Health Policy, 2017 (to be realised before the year 2025), including expansion of public health expenditure to 2.5 percent of GDP and reduction of the mortality rate of children under the age of 5 years to 23 per 1000, if so, the details thereof;

(b) whether the Government proposes to formulate policy directives and specific targets for the subsequent planning period in the country and if so, the details thereof;

(c) the manner in which the proposed directives intend to mitigate emerging

public health challenges, including pandemic management, air pollution linked morbidities and illnesses related to ultra-processed foods;

(d) whether the objectives of 'universal digital health' as envisaged under the Global Initiative on Digital Health (GIDH) Implementation Plan 2020–2025 during India's G20 Presidency have been successfully realised and if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government to overcome existing structural barriers in this regard?

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

(a) and (b): The National Health Policy formulated in 2017 envisages to provide universal access to good quality healthcare services through increasing access, increasing affordability by lowering the cost of healthcare delivery and equity. Department of Health & Family Welfare has been making consistent efforts to increase public health spending. The budget allocation for Department of Health & Family Welfare has increased significantly from Rs. 47,353 crore in 2017-18 (BE) to Rs. 1,01,709 crore in 2026-27 (BE), which is an increase of 114.79%.

The Ministry of Health and Family Welfare (MoHFW) has taken up with States to prioritize allocation to health sector and enhance their health budgets at least by 8% of total State budget to reach the goal as envisaged.

Technical and financial support is provided to the States/UTs in NHM to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs). Approval is accorded to the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Under-5 mortality rate (U5MR) in India has declined from 45 in 2014 to 28 in 2024. India has achieved a 78% decline in the U5MR surpassing the global reduction of 61% during 1990-2023.

The Government is making sustained efforts to reduce child mortality, through the Reproductive Maternal Newborn Child Adolescent Health Plus Nutrition (RMNCAH+N) strategy under NHM, focusing on Facility Based New-born Care, Kangaroo Mother Care (KMC), Mothers' Absolute Affection (MAA), Anemia Mukt Bharat (AMB), Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) programme. Interventions include Janani Shishu Suraksha Karyakram (JSSK), implementation of the SAANS initiative for prevention and management of childhood pneumonia, the STOP Diarrhoea Campaign for promotion of ORS and Zinc therapy and Rashtriya Bal Swasthya Karyakram (RBSK) 2.0 for early screening, diagnosis and management of childhood diseases, defects, deficiencies and developmental delays.

(c): This Ministry for pandemic management has implemented the Integrated Disease Surveillance Program (IDSP), which is mandated with surveillance &

response to outbreak prone communicable diseases in all States/UTs. Any case of outbreak prone disease in the country is investigated as a part of outbreak investigation by Rapid Response Teams (RRT) at District, State and Central level. To strengthen coordination of activities for preparedness and response to public health emergencies including pandemics, State Health Department in fifteen identified States/UTs have been supported in terms of establishment of a Health Emergency Operations Centers (HEOCs). The State Governments have also been supported with PSA plants as well as booster pumps for oxygen cylinder re-filling to make hospitals self-reliant for medical oxygen.

Under the National Programme on Climate Change and Human Health (NPCCHH), National and State Action Plans on Air Pollution and Health have been developed, health advisories and IEC campaigns are disseminated, technical guidelines and capacity-building initiatives are undertaken.

With a view to promoting healthy dietary practices and mitigating illnesses related to ultra-processed foods, the Food Safety and Standards Authority of India (FSSAI) has implemented the Eat Right India movement and awareness campaigns such as 'Aaj Se Thoda Kam' to encourage reduction in fat, salt and sugar intake, promote healthy lifestyles.

(d) and (e): Ayushman Bharat Digital Mission (ABDM) aims to create an online platform enabling interoperability of health data within the health ecosystem to create longitudinal electronic health record of every citizen, make healthcare

accessible for citizens including reducing the cost of care and enabling greater efficiencies in health service delivery between public and private Health care institutions. The teleconsultation services, available at all operational Ayushman Arogya Mandirs (AAM) across the country, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care.

DEVELOPMENT OF INFRASTRUCTURE FOR PROMOTION OF HEALTH RESEARCH SCHEME

2124. SHRI B. K. PARTHASARATHI:

SHRI KESINENI SIVANATH:

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

(a) the total number of projects approved by the Government under the Development of Infrastructure for Promotion of Health Research scheme in the country since its inception, State-wise and year wise;

(b) the details of the funds allocated, released and utilised under the said scheme since its inception, State-wise and year-wise;

(c) the details regarding the physical status of approved projects and the timeline fixed for completion of the ongoing projects undertaken under the scheme; and

(d) the details of outcomes and key initiatives undertaken by the Union Government and achievements made under this scheme, State-wise, especially in Andhra Pradesh?

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

(a): As per the provisions of the Central Sector Scheme for 'Development of Infrastructure for Promotion of Health Research', projects are approved by Local Research Advisory Committees (LRACs) set up by the Multi-Disciplinary Research Units (MRUs) and Model Rural Health Research Units (MRHRUs) established under the scheme.

(b): The Development of Infrastructure for Promotion of Health Research Scheme is a Central Sector Scheme. There is no state-wise allocation of funds of the scheme. The funds are centrally allocated to the Department of Health Research and are released by the Department to the MRUs and MRHRUs for utilizing the funds for Development of Infrastructure for Promotion of Health Research.

(c): The details regarding the physical status of the approved projects and the timelines fixed for completion of the ongoing projects undertaken under the scheme are given in the enclosed **Statement – I.**

(d): Details of the outcomes achieved and the key initiatives undertaken by the Department of Health Research are given in the enclosed **Statement – II.**

STATEMENT – I

Details regarding the physical status of the approved projects

Total Approved Projects	4925
Completed Projects	1796
On-going Projects	1801
Yet to be initiated	1282
Withdrawn after initiation	46

Timelines fixed for completion of the ongoing projects

Timeline fixed	**No. of projects**
Less than 1 year	285
1 year to less than 2 years	587
2 years to less than 3 years	619
3 years and more	310
Total	1801

STATEMENT – II

Details of the outcomes achieved during the last 3 years (2023-24 to 2025-26)

MRUs		**MRHRUs**	
Research projects completed	1100	Research projects completed	158
Publications	687	Publications	140
New Technologies/ processes/Patents granted. Research used in Clinical/Public	16	Projects that led to Clinical Practice/Policy Change	14

Health Guidelines			

Key initiatives undertaken by the Department of Health Research:

1. After performance evaluation of MRUs, 08 numbers of well performing MRUs were upgraded to Centres of Research Excellence (CoRE) by injecting additional funds, manpower and laboratory equipment. CoREs are capable of conducting high quality, cutting-edge research.
2. MRUs were established in 05 Private Medical Colleges.
3. Annual Population Based Health Survey has been started under the MRHRU sub-scheme to capture key health indicators beyond National surveys like National Family Health Survey.

विदेशों में सिख धार्मिक स्थलों का संरक्षण और सुरक्षा

2125. श्री कुलदीप इंदौराः

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

(क) क्या सरकार पाकिस्तान के फारूखाबाद में स्थित लगभग 125 वर्ष पुराने गुरुद्वारा श्री गुरु सिंह सभा साहिब के एक हिस्से को गिराए जाने की घटना से अवगत है और यदि हाँ, तो सरकार द्वारा इस संबंध में क्या कदम उठाए गए हैं;

(ख) क्या भारत सरकार ने कूटनीतिक स्तर पर पाकिस्तान सरकार के साथ सिख धार्मिक और सांस्कृतिक धरोहर स्थलों की सुरक्षा और संरक्षण का मुद्दा उठाया है और यदि हाँ, तो तत्संबंधी व्यौरा क्या है:

(ग) विगत पाँच वर्षों के दौरान पाकिस्तान में सिख और अन्य अल्पसंख्यक समुदायों के धार्मिक स्थलों को नुकसान पहुंचाए जाने या उन पर अतिक्रमण से संबंधित ऐसे कितने मामलों पर सरकार ने अपनी आपत्तियां दर्ज कराई हैं; और

(घ) दुनिया भर में स्थित सिख धार्मिक और सांस्कृतिक धरोहर स्थलों के संरक्षण और सुरक्षा के लिए सरकार की नीति और कार्ययोजना क्या है?

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

(क) से (घ): सरकार पाकिस्तान के फारूकाबाद स्थित ऐतिहासिक 125 साल पुराने पवित्र गुरुद्वारा श्री गुरु सिंह सभा साहब के एक हिस्से को ढहाए जाने की घटना से अवगत है। सरकार ने इस कृत्य की कड़े शब्दों में निंदा की है और पाकिस्तान सरकार से आग्रह किया है कि वह इस मामले की शीघ्रता से जांच करे तथा ऐसा घृणित कृत्य करने वाले अपराधियों को न्याय के कटघरे में लाए।

पिछले पांच वर्षों में, सरकार ने पाकिस्तान सरकार के समक्ष अल्पसंख्यकों के खिलाफ अत्याचार की कम से कम 550 प्रमुख घटनाओं का मुद्दा उठाया है, जिनमें धार्मिक स्थलों के अनादर के 31 मामले शामिल हैं। सरकार ने पाकिस्तान सरकार से आग्रह किया है कि वह अपने अल्पसंख्यक समुदायों और उनके पूजा स्थलों की सुरक्षा, संरक्षा और भलाई सुनिश्चित करने के अपने दायित्वों का निर्वहन करे तथा पाकिस्तान में व्याप्त सांप्रदायिक हिंसा और धार्मिक असहिष्णुता के माहौल पर निर्णायक विराम लगाए।

सरकार अपने विदेशों में स्थित राजनयिक मिशनों और केंद्रों के माध्यम से सिख समुदाय सहित अल्पसंख्यक समुदायों से संबंधित मुद्दों के समाधान के लिए मेजबान सरकारों के संपर्क में रहती है। सरकार समय-समय पर संयुक्त राष्ट्र मानवाधिकार परिषद (यू.एन.एच.आर.सी.) सहित बहुपक्षीय मंचों पर भी इन मुद्दों को उठाती है।

PSK AND POPSK IN KATNI

2126. SHRI VISHNU DATT SHARMA:

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

(a) whether the Government proposes/is considering to establish a Passport Seva Kendra (PSK) or Post Office Passport Seva Kendra (POPSK) to improve access to passport services in Katni and adjoining districts, if so, the details thereof;

(b) the reasons for the non-establishment of a PSK or POPSK in Katni despite the increasing demand from students, businesspersons, professionals, workers and overseas employment aspirants;

(c) whether any time-bound plan has been formulated for establishing such a facility in Katni; and

(d) the interim measures proposed to reduce travel distance, waiting time and inconvenience faced by passport applicants from Katni and neighbouring districts?

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): Opening of Passport Offices (POs)/ Passport Seva Kendras (PSKs)/ Post Office Passport Seva Kendras (POPSKs) is an on-going activity and depends upon various factors including scalability of the present PSK/POPSK,

distance from existing POs/ PSKs/ POPSKs, increasing demand/ volume of passport applications from a particular region. The Ministry of External Affairs, in association with the Department of Posts (DoP), decided in January 2017 to open Seva Kendras at the Head Post Offices (HPO)/Post Offices (PO) in the country, called Post Office Passport Seva Kendras (POPSK) in order to expand passport services. Currently, 2 Passport Seva Kendras (PSKs) and 25 Post Office Passport Seva Kendras (POPSKs) are functional under Regional Passport Office(RPO) Bhopal in Madhya Pradesh to cater to the passport related services in the State.

Khajuraho Lok Sabha Constituency covers the entire Panna district and parts of Chhatarpur and Katni districts. POPSK Chhatarpur and POPSK Shahdol caters to the passport needs of the citizens of Katni city, where appointments are available on next working day. In addition to this, POPSK Jabalpur and POPSK Damoh are also operational in nearby districts of the Katni city to cater to the passport needs of the citizen of the region. Moreover, in June 2018, Ministry launched the ‘Apply anywhere in India’ scheme under which a passport can be applied at any PSK/POPSK in India. Also, MEA deploys Passport Mobile Van under respective RPOs, including RPOs in the State of Madhya Pradesh, for on-site passport processing in rural, tribal, remote and underserved areas.

Currently, there is no proposal under consideration of MEA for establishment of PSK or POPSK in Katni city of Madhya Pradesh.

सोनीपत और हिसार में पोषण संबंधी योजनाओं का कार्यान्वयन

2127. श्री सतपाल ब्रह्मचारी:

श्री जय प्रकाश:

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

(क) क्या हरियाणा के सोनीपत और हिसार संसदीय निर्वाचन क्षेत्रों में पोषण अभियान और समेकित बाल विकास सेवा (आईसीडीएस) के तहत आवंटित धन का पूरा और प्रभावी उपयोग नहीं किया जा रहा है;

(ख) यदि हाँ, तो विगत तीन वर्षों के दौरान उक्त संसदीय क्षेत्रों में स्वीकृत, जारी/उपयोग किए गए धन का ब्यौरा तथा आंगनवाड़ी केंद्रों की संख्या और लाभान्वित होने वाली गर्भवती/बच्चों को स्तनपान कराने वाली माताओं तथा बच्चों की संख्या का वर्ष-वार ब्यौरा क्या है;

(ग) उक्त संसदीय क्षेत्रों में आंगनवाड़ी केंद्र को मजबूत करने, कुपोषण को रोकने/ गर्भवती/बच्चों को स्तनपान कराने वाली माताओं और बच्चों को गुणवत्तापूर्ण पोषण सेवाएं प्रदान करने के लिए सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है;

(घ) निधि के कम उपयोग का ब्यौरा तथा उन्हें दूर करने के लिए सरकार द्वारा उठाए जा रहे सुधारात्मक उपायों का ब्यौरा क्या है; और

(ड.) क्या सरकार योजनाओं के प्रभावी कार्यान्वयन, पोषण संबंधी परिणामों में सुधार और फंड के समय पर उपयोग को सुनिश्चित करने के लिए कोई विशेष कार्ययोजना 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 (ङ): 15वें वित्त आयोग में, 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं, किशोरियों (14 – 18 वर्ष) के लिए पोषण संबंधी सहायता; प्रारंभिक बाल्यावस्था

देखरेख और शिक्षा [3-6 वर्ष]; आधुनिक, उन्नत सक्षम आंगनवाड़ी सहित आंगनवाड़ी अवसंरचना, पोषण अभियान और किशोरियों के लिए योजना घटकों को मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत पुनर्गठित किया गया था।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, हरियाणा सहित देश भर के आंगनवाड़ी केंद्रों के माध्यम से पात्र लाभार्थियों को छह सेवाओं का एक पैकेज अर्थात् पूरक पोषण, विद्यालय-पूर्व अनौपचारिक शिक्षा, पोषण एवं स्वास्थ्य शिक्षा, टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं प्रदान की जाती हैं। छह सेवाओं में से तीन, अर्थात टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं स्वास्थ्य से संबंधित हैं और राष्ट्रीय स्वास्थ्य मिशन एवं सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं। ये सेवाएं आंगनवाड़ी केंद्र के मंच के माध्यम से देश भर में पात्र पंजीकृत लाभार्थियों यानी 6 वर्ष तक के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं तथा राज्यों के आकांक्षी जिलों और पूर्वोत्तर क्षेत्र के सभी जिलों में 14 से 18 वर्ष के आयु वर्ग की किशोरियों को प्रदान की जाती हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, बेहतर पोषण प्रदायगी तथा प्रारंभिक बाल्यावस्था देखरेख और शिक्षा के लिए सरकारी भवनों में स्थित दो लाख आंगनवाड़ी केंद्रों को 15वें वित्त आयोग की अवधि में सक्षम आंगनवाड़ियों के रूप में उन्नयन हेतु मंजूरी दी गई है जिनमें हरियाणा राज्य के 2,804 आंगनवाड़ी केंद्र भी शामिल हैं। सक्षम आंगनवाड़ियों को एलईडी स्क्रीन, जल शोधन प्रणाली (water filtration system), पोषण वाटिका, प्रारंभिक बाल्यावस्था देखरेख तथा शिक्षा सामग्री और बिल्डिंग एज ए लर्निंग एड पेंटिंग (बाला) जैसी सुविधाएं प्रदान की जाती हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, आंगनवाड़ी केंद्रों में अवसंरचना सुविधाओं में सुधार के लिए विभिन्न कदम उठाए गए हैं। 15वें वित्त आयोग अवधि के दौरान, मनरेगा के साथ समन्वय करके 40,000 आंगनवाड़ी केंद्र बनाने की मंजूरी दी गई है।

इसके अलावा, राज्यों/संघ राज्य क्षेत्रों को विभिन्न योजनाओं जैसे सांसद स्थानीय क्षेत्र विकास योजना, ग्रामीण अवसंरचना विकास कोष, पंचायती राज संस्थाओं को वित्त आयोग अनुदान, अल्पसंख्यक कार्य मंत्रालय के बहु-क्षेत्रीय विकास कार्यक्रम इत्यादि से आंगनवाड़ी केंद्र भवनों के निर्माण के लिए निधि जुटाना जारी रखने की सलाह दी गई है।

मंत्रालय ने मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत निर्धारित संकेतकों पर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की तत्समय निगरानी और ट्रैकिंग के लिए महत्वपूर्ण निगरानी उपकरण के रूप में 'पोषण ट्रैकर' डिजिटल एप्लिकेशन शुरू किया है। पोषण ट्रैकर ऐप ने मंत्रालय को विभिन्न मापदंडों पर योजना के कार्यान्वयन की समीक्षा करने और सुधारात्मक कदम उठाने में समर्थ बनाया है। इसने आंगनवाड़ी सेवाओं जैसे आंगनवाड़ी केंद्रों का खुलना, बच्चों की दैनिक उपस्थिति, ईसीसीई कार्यकलापों, बच्चों का विकास मापन, पका हुआ गर्म भोजन और टेक-होम राशन का प्रावधान, वृद्धि माप इत्यादि के लिए लगभग तत्समय डेटा संग्रह की सुविधा प्रदान की है।

हरियाणा राज्य सहित देश भर के आंगनवाड़ी केंद्रों में लाभार्थियों, अवसंरचना सुविधाओं, सेवा प्रदायगी इत्यादि का जिलावार विवरण पोषण ट्रैकर पर https://www.poshantracker.in/statistics से प्राप्त किया जा सकता है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 एक केंद्र प्रायोजित योजना है। केंद्र सरकार योजना के तहत समग्र आयोजना और नीति के लिए जिम्मेदार है जबकि इसका दैनिक कार्यान्वयन राज्य सरकार या संघ राज्य प्रशासन के दायरे में आता है। मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत पिछले तीन वर्षों में जारी और उपयोग की गई निधि का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

मंत्रालय ने उपयोग प्रमाण पत्र (यूसी) और व्यय विवरण (एसओई) प्रस्तुत करने के लिए विशेष पोर्टल बनाया है, ताकि यह सुनिश्चित किया जा सके कि निधि के प्रभावी उपयोग की निगरानी के लिए

सभी यूसी और एसओई एक ही स्थान पर उपलब्ध हों। साथ ही, विभिन्न घटकों के तहत निधि के उपयोग की निगरानी के लिए नियमित रूप से सभी राज्यों और संघ राज्य क्षेत्रों के साथ निरंतर बातचीत/वीडियो कॉन्फ्रेंस की जाती हैं।

इसके अलावा, पारदर्शिता और जवाबदेही में सुधार के लिए, मिशन सक्षम आंगनवाड़ी और पोषण 2.0 को एसएनए स्पर्श में शामिल (onboard) किया गया है जो 'जस्ट इन टाइम' (just in time) पद्धति पर काम करता है।

विवरण

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत पिछले तीन वर्षों में जारी और उपयोग की गई निधि का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा:

(करोड़ रुपये में)

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	2023-24		2024-25		2025-26
		जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि
1	अंडमान और निकोबार द्वीप समूह	12.15	11.06	9.63	9.21	8.10
2	आंध्र प्रदेश	705.68	734.52	645.73	641.23	759.76
3	अरुणाचल प्रदेश	162.06	139.34	102.61	99.58	118.5
4	असम	2233.31	2804.16	2482.34	2605.14	1548.67
5	बिहार	1859.29	1703.55	2262.92	1659.24	905.43
6	चंडीगढ़	19.79	19.26	14.56	14.31	9.87
7	छत्तीसगढ़	579.46	664.31	733.30	730.29	518.22
8	दादरा और नगर हवेली तथा दमन एवं दीव	11.97	11.57	9.13	9.07	5.92
9	दिल्ली	161.81	135.31	160.41	152.34	150.21
10	गोवा	13.95	12.22	13.44	11.52	19.74
11	गुजरात	1126.80	658.81	601.32	598.35	699.13
12	हरियाणा	225.78	183.94	232.69	212.49	67.12
13	हिमाचल प्रदेश	301.09	146.69	313.07	311.04	328.59
14	जम्मू एवं कश्मीर	530.88	595.21	662.79	634.78	401.62
15	झारखंड	664.30	560.25	496.95	465.21	429.26
16	कर्नाटक	912.96	729.26	886.85	875.36	863.64
17	केरल	306.64	359.22	435.74	429.54	283.81
18	लद्दाख	19.62	18.06	18.89	18.49	16.41
19	लक्षद्वीप	2.88	2.73	1.35	1.24	0.82

20	मध्य प्रदेश	1123.11	1048.42	1144.54	1123.54	937.45
21	महाराष्ट्र	1699.52	1219.66	1368.84	1354.26	1405.45
22	मणिपुर	201.28	224.68	342.87	316.82	199.99
23	मेघालय	269.69	193.30	137.93	135.26	182.04
24	मिजोरम	100.27	72.19	55.29	54.26	52.69
25	नागालैंड	262.91	209.24	147.01	146.32	146.29
26	ओडिशा	968.80	891.06	948.16	906.51	911.27
27	पुद्दुचेरी	4.48	8.35	3.68	3.65	4.02
28	पंजाब	307.87	220.55	265.48	262.45	190.73
29	राजस्थान	1091.96	880.87	741.85	735.82	843.51
30	सिक्किम	33.49	23.77	18.07	18.02	18.21
31	तमिलनाडु	880.79	662.40	638.47	632.41	636.6
32	तेलंगाना	507.87	522.99	430.76	419.75	209.2
33	त्रिपुरा	244.22	211.20	153.41	145.25	154.73
34	उत्तर प्रदेश	2668.69	2510.27	2694.62	2498.26	2145.42
35	उत्तराखंड	288.24	426.34	216.33	207.52	271.05
36	पश्चिम बंगाल	1237.56	1522.40	1513.80	1497.52	1333.9

पोषण अभियान

2128. श्री राम शिरोमणि वर्माः

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

(क) क्या उत्तर प्रदेश के श्रावस्ती और बलरामपुर जैसे आकांक्षी और सीमावर्ती जिलों में महिलाओं, गर्भवती महिलाओं, बच्चों को स्तनपान कराने वाली माताओं और बच्चों में कुपोषण और एनीमिया की समस्या अभी भी गंभीर बनी हुई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार द्वारा उक्त जिलों में कुपोषण और एनीमिया की रोकथाम के लिए पोषण अभियान और अन्य योजनाओं के तहत विशेष अभियान चलाए जा रहे हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने उक्त योजनाओं के प्रभाव का कोई मूल्यांकन किया है और यदि हाँ, तो उनमें कुपोषण और एनीमिया की दर में आई कमी का ब्यौरा क्या है; और

(घ) क्या सरकार का उक्त जिलों से कुपोषण और एनीमिया को समाप्त करने के लिए कोई नई समयबद्ध कार्ययोजना लागू करने का प्रस्ताव है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): महिला एवं बाल विकास मंत्रालय ने 'मिशन सक्षम आंगनवाड़ी और पोषण 2.0' के तहत 'पोषण ट्रैकर' डिजिटल एप्लीकेशन शुरू किया है। यह आईसीटी-आधारित शासन उपकरण है जिसका उपयोग अलग-अलग पैमानों पर सभी लाभार्थियों की निगरानी और ट्रैकिंग के लिए किया जाता है। उत्तर प्रदेश के श्रावस्ती और बलरामपुर जैसे आकांक्षी जिलों में पांच वर्ष से कम आयु के बच्चों के पोषण से जुड़े आंकड़े 'पोषण ट्रैकर' के सार्वजनिक डैशबोर्ड https://www.poshantracker.in/statistics पर उपलब्ध हैं।

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण-5 (2019-21) के अनुसार उत्तर प्रदेश के श्रावस्ती एवं बलरामपुर जिलों में महिलाओं तथा बच्चों में रक्ताल्पता की व्याप्तता का विवरण निम्नानुसार है :–

संकेतक	राष्ट्रीय औसत (%)	बलरामपुर (%)	श्रावस्ती (%)
6-59 माह के बच्चे जो एनीमिक हैं (<I1.0 जी/डीएल) (%)	67.1	75.4	61.2
15-49 वर्ष की वो महिलाएं जो गर्भवती नहीं है और जिन्हें रक्ताल्पता है (<12.0 g/dl) (%)	57.2	54.8	44.6
15-49 वर्ष की गर्भवती महिलाएं जो रक्ताल्पता से पीड़ित हैं (<11.0 g/dl) (%)	52.2	38.1	41.0
15-49 वर्ष की सभी महिलाएं जो रक्ताल्पता से पीड़ित हैं (%)	57.0	53.7	44.4

उत्तर प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार कुपोषण और रक्ताल्पता की रोकथाम के लिए निम्नलिखित अभियान चलाए जा रहे हैं:

- संभव अभियान: चार महीने का एक गहन अभियान (जुलाई-सितंबर) है जो गंभीर तीव्र कुपोषण (एसएएम) से पीड़ित बच्चों की पहचान, समुदाय-आधारित प्रबंधन और रेफरल पर केंद्रित है।
- पोषण-500 पहल: मातृ, शिशु और बच्चों के अधिकतम पोषण के लिए जीवन के पहले 500 दिनों को कवर करने वाला एक मुख्य कार्यकलाप।
- "6 माह, 7 बार"कार्यनीति: नियमित रूप से गृह दौरे, देखभाल करने वालों की परामर्श, स्तनपान सहायता और समय-समय पर विकास निगरानी के माध्यम से छह माह से कम आयु के शिशुओं के लिए एक लक्षित पहल।
- पोषण माह और पोषण पखवाड़ा अभियान: बेहतर पोषण के लिए सामुदायिक भागीदारी और व्यवहार परिवर्तन को बढ़ावा देने के लिए वार्षिक राष्ट्रव्यापी जन आंदोलन अभियान चलाए गए। ये अभियान मातृ पोषण, शिशु और छोटे बच्चों की आहार प्रथाओं, विकास निगरानी, रक्ताल्पता की रोकथाम, साफ़-सफाई और स्वच्छता, पोषण जागरूकता और समुदाय-आधारित गतिविधियों और आउटरीच कार्यक्रमों के माध्यम से मुख्य विभागों के बीच समन्वय पर ध्यान केंद्रित करते हैं।
- सामाजिक सुरक्षा नेट लिंकेज: कुपोषण के मुख्य कारकों का समाधान करने के लिए कुपोषित बच्चों के परिवारों को खाद्य सुरक्षा, वॉश (जल, साफ़-सफाई और स्वच्छता) सेवाएं और आजीविका सहायता प्रदान करने वाली विभिन्न कल्याणकारी योजनाओं से जोड़ा जाता है।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत प्रजनन, मातृ, नवजात, शिशु, किशोर स्वास्थ्य एवं पोषण (आरएमएनसीएएच+एन) रणनीति को जीवन-चक्र दृष्टिकोण के आधार पर कार्यान्वित किया जा रहा है। इसके अंतर्गत देशभर में किशोरियों, गर्भवती

महिलाओं, स्तनपान कराने वाली माताओं तथा पाँच वर्ष से कम आयु के बच्चों की पोषण संबंधी आवश्यकताओं के समाधान हेतु विभिन्न कार्यकलाप किए जा रहे हैं। इनका विवरण निम्नानुसार है:

- एनीमिया मुक्त भारत कार्यक्रम के अंतर्गत सुदृढ़ संस्थागत तंत्र के माध्यम से 7×7×7 रणनीति अपनाकर सात लाभार्थी आयु वर्गों को सम्मिलित करते हुए सात प्रमुख कार्यकलापों के माध्यम से रक्ताल्पता की उच्च व्यापतता को कम करने के प्रयास किए जा रहे हैं।
- पोषण पुनर्वास केंद्र के माध्यम से चिकित्सीय जटिलताओं से ग्रस्त मध्यम एवं गंभीर तीव्र कुपोषण से पीड़ित पाँच वर्ष से कम आयु के बच्चों को भर्ती कर चिकित्सा एवं पोषण संबंधी देखभाल उपलब्ध कराई जाती है।
- 'मदर्स एब्सोल्यूट अफेक्शन' कार्यक्रम के माध्यम से स्तनपान की दर एवं कवरेज में वृद्धि को प्रोत्साहित किया जाता है।
- लैक्टेशन प्रबंधन केंद्रों के माध्यम से नवजात गहन चिकित्सा इकाइयों तथा विशेष नवजात देखभाल इकाइयों में भर्ती बीमार, समयपूर्व जन्मे तथा कम जन्म भार वाले शिशुओं के पोषण हेतु सुरक्षित एवं पाश्चुरीकृत दाता मानव दुग्ध की उपलब्धता सुनिश्चित की जाती है।
- राष्ट्रीय कृमि मुक्ति दिवस के अंतर्गत मृदा जनित कृमि संक्रमण को कम करने के उद्देश्य से एल्बेंडाजोल की गोलियां प्रदान की जाती हैं।
- ग्राम स्वास्थ्य, स्वच्छता एवं पोषण दिवस का आयोजन मातृ एवं शिशु स्वास्थ्य सेवाएं उपलब्ध कराने तथा पोषण सहित मातृ एवं शिशु देखभाल के संबंध में जन-जागरूकता बढ़ाने के उद्देश्य से किया जाता है।

वर्ष 2021 में विश्व बैंक द्वारा बच्चों में बौनेपन तथा महिलाओं में रक्ताल्पता के सर्वाधिक भार वाले 11 प्राथमिकता वाले राज्यों में पोषण अभियान पर एक सर्वेक्षण किया गया। इस सर्वेक्षण में सेवाओं के वितरण तथा पोषण संबंधी व्यवहारों—दोनों में सकारात्मक परिणाम प्राप्त हुए।

इसके अतिरिक्त, वर्ष 2020 में नीति आयोग द्वारा पोषण अभियान का तृतीय-पक्ष मूल्यांकन एवं प्रभाव आकलन किया गया और देश में कुपोषण की समस्या से निपटने के लिए इसकी प्रासंगिकता को संतोषजनक पाया गया। इसके उपरांत, वर्ष 2025 में भारत सरकार के विकास निगरानी एवं मूल्यांकन कार्यालय, नीति आयोग द्वारा मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 का परिणाम-आधारित मूल्यांकन अध्ययन भी किया गया। अध्ययन से प्राप्त साक्ष्यों से यह परिलक्षित हुआ कि वर्तमान स्वरूप में मिशन पोषण 2.0, पूर्ववर्ती कार्यक्रमों के अनुभवों पर आधारित तालमेलयुक्त एवं सुदृढ़ दृष्टिकोण अपनाते हुए, कुपोषण से समग्र रूप से निपटने तथा बाल विकास को प्रोत्साहित करने के लिए सरकार का नवीनतम एवं व्यापक प्रयास है।

न्यायालयों में चेक बाउंस के मामले

2129. श्री अशोक कुमार रावत :

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

(क) राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी) के अनुसार, दिल्ली के जिला न्यायालयों और विशेषकर पटियाला हाउस कोर्ट (नई दिल्ली जिला) में परक्राम्य लिखत अधिनियम की धारा 138 के तहत लंबित चेक बाउंस मामलों की कुल संख्या कितनी है ;

(ख) अधिनियम की धारा 143 के तहत छह महीने के भीतर इसके त्वरित निपटान के विधायी आदेश के बावजूद, पटियाला हाउस कोर्ट में चेक बाउंस के एक मामले के अंतिम निपटान के लिए आवश्यक सुनवाइयों की औसत संख्या क्या है ;

(ग) क्या सरकार ने उक्त अदालत में कुल पंजीकृत मामलों में से ऐसे लंबित मामलों के प्रतिशत के संबंध में कोई डेटा तैयार किया है जिनमें तीन या अधिक सुनवाइयां पहले ही पूरी हो चुकी हैं;

(घ) वर्तमान वर्ष के दौरान पटियाला हाउस कोर्ट्स की डिजिटल एन.आई. अधिनियम अदालतों में प्रति माह सूचीबद्ध होने वाले मामलों की औसत संख्या और हर महीने निपटाए जाने वाले मामलों का प्रतिशत क्या है ; और

(ङ) क्या सरकार इन डिजिटल एन.आई. अधिनियम अदालतों के न्यायाधीशों के हाल ही में राउज एवेन्यू कोर्ट कॉम्प्लेक्स में हुए स्थानांतरण के बाद मामलों की मासिक निपटान दर पर पड़ने वाले प्रभाव से अवगत है ?

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

(क): राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पर उपलब्ध डाटा के अनुसार, 27.07.2026 की स्थिति के अनुसार, दिल्ली के जिला न्यायालयों में विशिष्टितया पटियाला हाउस न्यायालय (नई दिल्ली जिला) में परक्राम्य लिखत अधिनियम की धारा 138 के अधीन चेक बाउंस के लंबित मामलों की कुल संख्या संलग्न **विवरण** में दी गई है।

(ख): उपलब्ध सूचना के अनुसार, पटियाला हाउस न्यायालय में लगभग 30-40 सुनवाइयां चेक बाउंस के मामलों के अंतिम निपटान के लिए अपेक्षित हैं।

(ग): सभी प्रकार के लंबित मामलों से संबंधित डाटा राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पर मामला-वार के साथ-साथ आर्डर शीट सहित उपलब्ध है।

(घ): माननीय उच्च न्यायालय दिल्ली ने अपने आदेश सं.46/डीएचसी/जीएजेड.-आईआईबी/जी-7/VI.ई.2(ए)/2025, तारीख 18 नवंबर, 2025 के द्वारा डिजिटल परक्राम्य लिखित अधिनियम न्यायालय जो राउज़ एवेन्यू न्यायालय परिसर में पटियाला हाउस न्यायालय की अधिकारिता के अधीन

कार्यात्मक थे, को समाप्त कर दिया है । लंबित मामले न्यायिक मजिस्ट्रेट प्रथम वर्ग के भौतिक न्यायालयों में अंतरित कर दिए गए हैं।

(ङ): मामलों का निपटान अनन्य रुप से न्यायपालिका के कार्यक्षेत्र में आता है । इसके अतिरिक्त, डिजिटल परक्राम्य लिखत अधिनियम न्यायालयों के न्यायाधीशों का राउज़ एवेन्यू न्यायालय परिसर में स्थानांतरण के अनुसरण में मामलों के निपटान की दर पर समाघात का अध्ययन नहीं किया गया है।

विवरण

दिनांक 27.07.2026 की स्थिति के अनुसार, दिल्ली के जिला न्यायालयों में विशिष्टितया पटियाला हाउस न्यायालय (नई दिल्ली जिला) में परक्राम्य लिखत अधिनियम की धारा 138 के अधीन चेक बाउंस के लंबित मामलों की कुल संख्या:

क्र. सं.	दिल्ली के जिला न्यायालय	चेक बाउंस के लंबित मामलों की संख्या
1.	केंद्रीय (तीस हज़ारी न्यायालय परिसर)	48061
2.	पूर्व (कड़कड़डूमा न्यायालय परिसर)	16844
3.	नई दिल्ली (पटियाला हाउस न्यायालय परिसर)	94663
4.	उत्तर (रोहिणी न्यायालय परिसर)	16199
5.	उत्तर पूर्व (कड़कड़डूमा न्यायालय परिसर)	6844
6.	उत्तर पश्चिम (रोहिणी न्यायालय परिसर)	28483
7.	शहादरा (कड़कड़डूमा न्यायालय परिसर)	13705
8.	साउथ (साकेत न्यायालय परिसर)	28612
9.	दक्षिण पूर्व (साकेत न्यायालय परिसर)	53269
10.	दक्षिण पश्चिम (द्वारका न्यायालय परिसर)	113898
11.	पश्चिम (तीस हज़ारी न्यायालय परिसर)	21502
	कुल	**442080**

स्रोत: राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी)

COMPETENCY EXAMINATION IN MMD, GOA

2130. CAPTAIN VIRIATO FERNANDES:

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

(a) whether there are any plans of the Government to start competency examination for Nautical & Engineering in Mercantile Marine Department (MMD) Goa, if so, the steps taken towards it's implementation; and

(b) whether there is any plan to depute Principal Surveyor in MMD, Goa?

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

(a) and (b): No. At present, there is no plan to start the Certificate of Competency examination in Mercantile Marine Department, Goa. Candidates can avail the examination facilities at other approved MMDs (The details are given in the enclosed **Statement**). Presently there is no post for Principal Surveyor at MMD, Goa.

STATEMENT

MMDs - SEAFARERS COMPETENCY EXAMINATION IN INDIA

1. MMD, Mumbai
2. MMD, Kolkata
3. MMD, Chennai
4. MMD, Kochi
5. MMD, Kandla
6. MMD, Noida
7. MMD, Visakhapatnam

SAKSHAM ANGANWADI AND POSHAN 2.0 IN KARNATAKA

2131. SHRI M. MALLESH BABU:

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

(a) the details of Saksham Anganwadi and POSHAN 2.0 being implemented in Karnataka, including the objectives, components and targets under the scheme;

(b) the details of funds allocated, released and utilised under the scheme in Karnataka, district-wise including the Kolar Parliamentary Constituency during the last five years;

(c) the number of Anganwadi Centres (AWCs) upgraded/strengthened, beneficiaries covered under supplementary nutrition and children and pregnant and lactating women provided growth monitoring and early childhood care and education services in Karnataka, district-wise including the said Constituency; and

(d) whether the Government proposes to establish new Anganwadi Centres (AWCs), modernise existing centres with smart infrastructure, digital growth monitoring devices and improved nutrition services in Kolar Parliamentary Constituency and if so, the details thereof?

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

(a) to (d): In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mothers, Adolescent Girls (14 – 18 years); Early Childhood Care and Education [3-6 years]; Anganwadi infrastructure including modern, upgraded Saksham Anganwadi, Poshan Abhiyaan and Scheme for Adolescent Girls were reorganised under Mission Saksham Anganwadi and Poshan 2.0.

Under Mission Saksham Anganwadi and Poshan 2.0, a new strategy has been developed for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services i.e Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services are provided to the eligible beneficiaries through Anganwadi Centres across the country including State of Karnataka. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure. These services are provided to the eligible registered beneficiaries

i.e children up to the age of 6 years, Pregnant Women and Lactating Mothers across the country and Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts of States and all districts of North Eastern Region by through the platform of Anganwadi Centre.

The details of funds released and utilized under Mission Saksham Anganwadi and Poshan 2.0 to the State of Karnataka is as under:

(Rs in crore)

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**
1003.70	984.62	765.87	885.65*	912.96	729.26	886.85	875.36	863.64

(*Includes expenditure from previous year balances)

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 Anganwadis 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 17,732 Anganwadi Centres have been approved for upgradation as Saksham Anganwadis in the State of Karnataka.

The district wise information on beneficiaries, supplementary nutrition and other parameters across the country including State of Karnataka is available on

the Poshan Tracker public dashboard at the link: https://www.poshantracker.in/statistics.

Under PM-JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan), a total of 2,500 Anganwadi Centres (AWCs) have been sanctioned for construction in PVTG (Particularly Vulnerable Tribal Groups) areas out of which 23 AWCs has been sanctioned for construction to the State of Karnataka.

Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJGUA) launched by the Ministry of Tribal Affairs (MoTA) focusses on convergence, outreach and saturation in tribal majority villages. Under DAGJUA, 875 AWCs have been sanctioned for construction out of which 164 have been sanctioned to the State of Karnataka.

The Ministry has introduced ‘Poshan Tracker’ digital application as an important governance tool for real time monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators under Mission Saksham Anganwadi and Poshan 2.0. Poshan Tracker app has enabled the Ministry to review the implementation of the scheme on various parameters and to make course correction. It has facilitated near real time data collection for Anganwadi Services such as, opening of AWCs, daily attendance of children, ECCE activities, Growth Monitoring of children, Provision of Hot Cooked Meal (HCM) and Take-Home Ration (THR), Growth Measurement etc.

The Ministry releases funds to all States and UTs for procurement of Smart Phones to Anganwadi Workers (AWWs), Lady Supervisors and Block Coordinators for registration, data entry, tracking and monitoring of all beneficiaries in the Poshan Tracker application. Funds for Growth Monitoring Devices (Infantometer and Stadiometer for length and height measurement, Weighing Scale-Infant and Weighing Scale-Mother & Child for weight measurement of the beneficiaries) are also released to all the States and UTs.

RISING RATES OF CAESAREAN DELIVERIES

2132. DR. BACHHAV SHOBHA DINESH:

SUSHRI PRANITI SUSHILKUMAR SHINDE:

ADV. GOWAAL KAGADA PADAVI:

SHRI VISHALDADA PRAKASHBAPU PATIL:

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

(a) whether the Government has taken cognizance of the consistently high and rising rates of caesarean section deliveries in private healthcare institutions, significantly exceeding the benchmark recommended by the World Health Organisation, if so, the details thereof;

(b) the details of the data on caesarean and normal deliveries reported over the last five years with specific reference in the country, State/UT-wise, particularly in 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 elective caesarean procedures;

(d) if so, the details thereof; and

(e) the details of the regulatory, monitoring and corrective measures instituted to discourage medically unnecessary caesarean deliveries and safeguard maternal and neonatal health outcomes in this regard?

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

(a) and (b): The rate of caesarean section deliveries in private healthcare institutions and the details of caesarian section and total deliveries reported over the last five years, State/UT-wise, including Maharashtra, are provided at the link given below:

https://www.nfhsiips.in/nfhsuser/assets/National%20Family%20Health%20Survey%20(NFHS-6)%202023-2024%20Fact%20Sheets.pdf

(c) and (d): 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.

(e): 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 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) instituted to ensure the availability of well-trained human resource.

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 to improve access to healthcare facilities and promote institutional delivery.

FRAMEWORK FOR AYUSH INSTITUTIONS

2133. SHRI K. E. PRAKASH:

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

(a) whether the Government has finalised the framework and selection criteria for establishing integrated AYUSH institutions and Centres of Excellence under its ongoing expansion initiatives and if so, the details thereof;

(b) whether any proposals have been received from States including Tamil Nadu for establishment or strengthening of such Institutions and the current status thereof;

(c) whether objective criteria such as existing AYUSH infrastructure, research capacity, healthcare accessibility and regional balance have been prescribed for selection of locations and if so, the details thereof; and

(d) the details of financial assistance, research facilities, infrastructure support and integrated healthcare services proposed under these initiatives along with the timeline for their implementation?

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

(a) to (c): Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and having the provision of financial support to States/UTs for establishment of 50/30/10 bedded Integrated Ayush Hospitals (IAHs) as per the proposals received through State Annual Action Plans (SAAPs). In this regard as per the criteria mentioned in the NAM guidelines, State/UT Governments have to furnish the Detailed Project Report (DPR), Land ownership rights and commitment of creation of regular posts for the proposed IAH along with the SAAPs.

Ministry of Ayush is also implementing the Central Sector Scheme, namely AYURSWASTHYA, which has Centre of Excellence (CoE) component vide which the financial assistance is provided to the eligible organizations/institutions across the country in accordance with the provisions contained in the Scheme Guidelines.

As per the NAM guideline funding of different activities is provided on demand basis as per the proposals received through SAAPs. The selection of locations

for Ayush hospitals are being done by respective State Government as per their felt need.

(d): At IAH, health services are provided to the beneficiaries through more than one Ayush stream in an integrative way and financial support is being provided for infrastructure as well as Human Resource for smooth functioning of facility. Since implementation of the NAM scheme comes under the purview of respective State/UT Governments, timeline for implementation of activities are monitored by them. The details of financial assistance for approved IAHs in States/UTs including Tamil Nadu along with their current status is given in the enclosed **Statement.** Further, 01 proposal received from The Ayurvedic Trust, Tamil Nadu was supported with financial assistance of Rs.73.00 lakhs under CoE component in the year 2025-26.

STATEMENT

The details of financial assistance of approved IAHs in States/UTs including Tamil Nadu and their current status:

S. No.	State/UT	Location (District)	System of medicine	No. of Beds	Funds Sanctioned Allocated (Rs. In Lakhs)	Status
1	Andaman & Nicobar Island	Junglighat, Port Blair (South Andaman)	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	224.95	Functional
2	Andhra Pradesh	Kakinada	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	1500.00	Construction Completed
		Visakhapatnam	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	958.16	Construction Completed
3	Arunachal Pradesh	Bhalukpong (West Kameng)	Ayurveda, Homoeopathy and Yoga	50	1168.40	Under construction
		Likabali (Lower Siang)	Ayurveda, Homoeopathy and Yoga	50	975.00	Under construction
		Yingkiong (Upper Siang)	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	586.17	Under construction
		Seppa (East Kameng)	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	530.00	Under construction
		Ziro (Lower Subansiri)	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	230.00	Under construction

4	Assam	Dudhnoi (Goalpara)	Ayurveda	50	1073.80	Functional
		Majuli	Ayurveda	50	1362.93	Functional
		Kokrajhar	Ayurveda and Homoeopathy	50	100.00	Under Construction
		Baksa	Ayurveda and Homoeopathy	50	672.15	Under Construction
		Morigaon	Ayurveda and Homoeopathy	50	104.85	Under Construction
		Kaliabor (Nagaon)	Ayurveda and Homoeopathy	50	100.00	Under Construction
		Diphu (Karbi Anglong)	Ayurveda and Homoeopathy	30	25.00	Construction not started
		Bajali	Ayurveda and Homoeopathy	10	470.00	Under Construction
5	Bihar	Nawab Mazil, (Patna)	Ayurveda, Homoeopathy, Unani and Yoga	50	902.70	Construction Completed
6	Chandigarh	Sector -34, (Chandigarh)	Ayurveda and Homoeopathy	50	648.53	Functional
7	Chhattisgarh	Janjgir-Champa	Ayurveda, Homoeopathy and Unani	10	255.50	Functional
		Mahasamund	Ayurveda, Homoeopathy and Unani	10	255.50	Functional
		Koria	Ayurveda, Homoeopathy and Unani	10	255.50	Under Construction
		Korba	Ayurveda, Homoeopathy and Unani	10	255.50	Functional
		Kanker (Uttar Bastar Kanker)	Ayurveda, Homoeopathy and Unani	10	255.50	Functional
		Narayanpur	Ayurveda, Homoeopathy and Unani	10	255.50	Under Construction
		Bijapur	Ayurveda, Homoeopathy and Unani	10	255.50	Functional

		Dantewada (Dakshin Bastar)	Ayurveda, Homoeopathy and Unani	10	255.50	Functional
		Dalli Rajhara (Balod)	Ayurveda	30	215.50	Functional
		Surajpur	Ayurveda, Homoeopathy and Unani	10	100.00	Functional
8	Dadra Nagar Haveli and Daman & Diu	Silvasa (Dadra and Nagar Haveli)	Ayurveda	50	1500.00	Under Construction
9	Goa	Velguem (North Goa)	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	944.00	Under Construction
		Margao (South Goa)	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	1955.42	Construction Completed
10	Gujarat	Surat	Ayurveda, Homoeopathy and Yoga	50	1350.00	Functional
		Atkot	Ayurveda, Homoeopathy and Yoga	30	600.00	Construction not started
11	Haryana	Hisar	Ayurveda, Homoeopathy, Unani and Yoga	50	675.34	Functional
12	Himachal Pradesh	Kullu	Ayurveda, Sowa Rigpa, Homoeopathy and Yoga & Naturopathy	50	1456.22	Under construction
		Mandi	Ayurveda, Sowa Rigpa, Homoeopathy and Yoga & Naturopathy	50	25.00	Construction not started
		Dharamshala (Kangra)	Ayurveda, Sowa Rigpa,	50	500.00	Under construction

			Homoeopathy and Yoga & Naturopathy			
13	Jammu & Kashmir	Kishtwar	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	500.00	Under construction
		Kupwara	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	729.39	Under construction
		Bilawar (Kathua)	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	735.21	Under construction
		Kulgam	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	925.56	Functional
		Samba	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	667.05	Under construction
		Gadi Garh	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	10	100.00	Construction not started
		Bandipayeen	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	10	125.00	Under construction
14	Jharkhand	Itki, Ranchi	Ayurveda & Homoeopathy	50	1500.00	Under construction
		Gumla	Ayurveda & Homoeopathy	10	750.00	Under construction
		Bokaro	Ayurveda & Homoeopathy	10	750.00	Construction Completed
		Deoghar	Ayurveda & Homoeopathy	10	750.00	Under construction
		Palamu	Ayurveda &	10	750.00	Under

			Homoeopathy			construction
		Dumka	Ayurveda & Homoeopathy	10	750.00	Construction Completed
		Jamshedpur	Ayurveda & Homoeopathy	50	1500.00	Construction Completed
15	Karnataka	Gadag	Ayurveda & Homoeopathy	50	976.88	Functional
		Mangalore	Ayurveda & Homoeopathy	50	919.92	Functional
		Thrithahalli	Ayurveda & Homoeopathy	10	389.34	Under construction
16	Kerala	Chalakuddy, ThrissurDistt.	Ayurveda, Homoeopathy, Siddha and Yoga & Naturopathy	50	1124.72	Functional
		Mattannur, Kannur	Ayurveda, Homoeopathy, Siddha and Yoga & Naturopathy	50	1148.75	Functional
		Adoor, Pathanamthitta	Homoeopathy and Yoga & Naturopathy	10	150.00	Under construction
		Attapadi	Ayurveda, Homoeopathy, Siddha and Yoga & Naturopathy	50	15.00	Under construction
		Kottarakara-Kollam	Ayurveda, Siddha and Yoga & Naturopathy	30	333.87	Under construction
		Wayanad	Ayurveda & Yoga	30	125.00	Under construction
		Idukki	Homeopathy & Yoga	30	125.00	Under construction
		Aranmula, Ranni, Pathanamthitta	Ayurveda & Yoga	30	35.00	Under construction
		Varkala	Yoga &	50	225.00	Under

			Naturopathy			construction
		Kappukad, Thiruvanthapuram	Ayurveda, Siddha & Yoga	50	37.50	Under construction
17	Lakshdweep	Deen Dayal Upadhyay, Kavaratti	Ayurveda, Homoeopathy and Unani	30	227.30	Functional
18	Maharashtra	Nandurbar	Ayurveda, Homoeopathy and Unani	30	648.03	Functional
		Sindhudurg	Ayurveda, Homoeopathy and Unani	30	845.43	Functional
		Pune	Ayurveda, Homoeopathy and Unani	30	648.03	Functional
		Dharashiv, (Osmanabad)	Ayurveda, Homoeopathy, Yoga & Unani	50	416.53	Under construction
		Ahmed Nagar	Ayurveda, Homoeopathy and Unani	30	648.03	Functional
		Jalgaon	Ayurveda, Homoeopathy, Yoga & Unani	30	414.20	Under construction
		Jalna	Ayurveda, Homoeopathy, Yoga & Unani	50	655.60	Under construction
		Thane	Ayurveda, Homoeopathy, Yoga & Unani	50	452.87	Construction not started
		Nagpur	Ayurveda, Homoeopathy, Yoga & Unani	50	361.37	Under construction
		Gondia	Ayurveda, Homoeopathy, Yoga & Unani	50	187.50	Construction not started
		Chhatrapati Sambhaji Nagar	Ayurveda, Homoeopathy, Yoga & Unani	50	187.50	Construction not started
		Buldhana	Ayurveda,	50	187.50	Construction

			Homoeopathy, Yoga & Unani			not started
		Gadchiroli	Ayurveda, Homoeopathy, Yoga & Unani	30	131.25	Construction not started
		Wardha	Ayurveda, Homoeopathy, Yoga & Unani	30	131.25	Construction not started
19	Manipur	Moreh, Tengnoupal	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	664.50	Functional
		Churancandpur	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	660.00	Construction Completed
		Kwakeithel Konjeng Leikai	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	393.59	Functional
		Keirao AC, Imphal East District	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	677.30	Functional
		Chandel	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	387.50	Under construction
		Jiribam	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	287.50	Under construction
		Kangpokpi	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	287.50	Under construction
		Bishnupur	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	387.50	Under construction

		Noney	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	287.50	Under construction
		Thoubal	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	387.50	Under construction
		Senapati	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	237.50	Under construction
20	Madhya Pradesh	Bhopal	Ayurveda and Yoga	50	800.00	Functional
		Indore	Ayurveda, Homoeopathy and Yoga	50	998.98	Construction Completed
		Narsinghpur	Ayurveda, Unani, Homoeopathy and Yoga	50	576.92	Functional
		Amarkantak	Ayurveda, Unani, Homoeopathy	50	753.38	Construction Completed
		Mandleshwar (Khargaon Disstt.)	Ayurveda, Unani, Homoeopathy and Yoga	50	674.75	Construction Completed
		Balaghat	Ayurveda, Unani, and Homoeopathy	50	652.00	Under construction
		Sehore	Ayurveda, Unani, and Homoeopathy	50	937.50	Construction Completed
		Gunna	Ayurveda, Unani, and Homoeopathy	50	250.00	Under construction
		Panna	Ayurveda, Unani, and Homoeopathy	50	449.45	Under construction

		Bhind	Ayurveda, Unani, and Homoeopathy	50	250.00	Under construction
		Barwani	Ayurveda, Unani, and Homoeopathy	30	325.00	Under construction
		Sujalpur	Ayurveda, Unani, and Homoeopathy	50	400.00	Under construction
		Sheopur	Ayurveda, Unani, and Homoeopathy	50	400.00	Under construction
		Ujjain	Ayurveda & Yoga	50	200.00	Under construction
		Khajuraho (Chhatarpur)	Ayurveda & Yoga	50	200.00	Under construction
		Orachha (Naiwari)	Ayurveda & Yoga	10	25.00	Under construction
		Chanderi (Ashok nagar)	Ayurveda & Yoga	10	25.00	Under construction
		Datia	Ayurveda & Yoga	10	25.00	Under construction
21	Meghalaya	Sohra (Cherapunje), CHC, East Khasi Hills	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	1044.64	Functional
		Umtrew Village, Ri Bhoi District,	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	1073.63	Under construction
		Mookyndur Jowai, West Jaintia Hills Dist)	Homoeopathy, Yoga, Ayurveda	30	350.00	Under construction
		Ampati, (South West Garo Hills District)	Ayurveda, Homoeopathy and Yoga & Naturopathy	10	150.00	Under construction
22	Mizoram	Kulikawn, (Aizawl)	Ayurveda, and Homoeopathy	50	780.72	Under construction
		Keifang, (Saitul)	Ayurveda, and	10	550.00	Under

			Homoeopathy			construction
23	Nagaland	Noklak, Tuensang District	Ayurveda, Homoeopathy and Yoga	30	911.04	Functional
		Razha, Chedema	Ayurveda, Homoeopathy and Yoga	50	925.00	Functional
		Sapangya (Chungtia)	Ayurveda, Homoeopathy and Yoga	50	731.96	Under construction
		Yachem, Longleng	Ayurveda, Homoeopathy and Yoga	30	499.63	Under construction
		Kiphire	Homeopathy	30	37.50	Construction not started
		Tizit,	Ayurveda, Homoeopathy	30	15.00	Construction not started
		Akuhaito, Zunheboto	Ayurveda, Homoeopathy	30	15.00	Construction not started
24	Odisha	Dhenkanal	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	800.00	Construction Completed
		Behrampur	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	800.00	Construction Completed
		Balasore	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	400.00	Under Construction
25	Puducherry	Villianur	Ayurveda, Homoeopathy and Siddha	50	1064.57	Functional
		Yanam	Ayurveda, Homoeopathy and Siddha	50	1097.75	Under Construction
		Karaikal	Ayurveda, Homoeopathy and Siddha	30	300.00	Under Construction

26	Punjab	Dyalpur Sodhin Zirakpur (Initially at Mohali)	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	650.00	Under construction
		Dunneke, Moga (Initially at Tarn taran)	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	755.00	Functional
27	Rajasthan	Dudu jaipur	Ayurveda, Homoeopathy and Unani,	30	298.70	Under Construction
		bundi	Ayurveda, Homoeopathy and Unani,	30	142.57	Under Construction
		Bhilwara	Ayurveda, Homoeopathy and Unani,	50	622.54	Functional
		Ajmer	Ayurveda, Homoeopathy and Unani,	50	614.07	Functional
		Churu	Ayurveda, Homoeopathy and Unani,	50	544.39	Functional
		Bikaner	Ayurveda, Homoeopathy and Unani,	50	545.29	Functional
		Pratap Nagar, Jaipur	Ayurveda, Homoeopathy and Unani,	50	768.69	Functional
		Sikar	Ayurveda, Homoeopathy and Unani,	50	680.29	Functional
		Sawaimadhopur	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	639.23	Under Construction
		Bharatpur	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	569.00	Under Construction

		Kithana	Ayurveda, Homoeopathy and Unani	30	250.00	Construction not started
		Bhilwara (Asind)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Bhilwara (Bijoliya)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Karauli (Mandrayal)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Alwar (Behror)	Ayurveda, Homoeopathy and Unani	10	107.26	Under Construction
		Alwar (Neemrana)	Ayurveda, Homoeopathy and Unani	10	92.45	Under Construction
		Jodhpur (Shekhala)	Ayurveda, Homoeopathy and Unani	10	76.15	Under Construction
		Dausa (Nangal Raja Watan)	Ayurveda, Homoeopathy and Unani	10	61.10	Under Construction
		Jaipur - A (Paota)	Ayurveda, Homoeopathy and Unani	10	87.00	Under Construction
		Sikar (Dhod)	Ayurveda, Homoeopathy and Unani	10	98.77	Under Construction
		Sikar (Shreemadhopur)	Ayurveda, Homoeopathy and Unani	10	69.29	Under Construction
		Barmer (Gida)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Jalore (Bagoda)	Ayurveda, Homoeopathy and Unani	10	66.61	Under Construction
		Baran	Ayurveda,	10	62.77	Under

		(Kishanganj)	Homoeopathy and Unani			Construction
		Jhalawar (Bakani)	Ayurveda, Homoeopathy and Unani	10	62.82	Under Construction
		Kota (Sultanpur)	Ayurveda, Homoeopathy and Unani	10	72.80	Under Construction
		Pali (Rohat)	Ayurveda, Homoeopathy and Unani	10	61.45	Under Construction
		Ajmer (Masuda)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Ajmer (Pisangan)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Dhoulpur (Saipau)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Bharatpur (Sewer)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Nagaur (Kheenvasar)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Sri Ganganagar (Rai Singh Nagar)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Construction
		Dungarpur (Dovda)	Ayurveda, Homoeopathy and Unani	10	58.05	Under Construction
		Pratapgarh (Arnod)	Ayurveda, Homoeopathy and Unani	10	57.55	Under Construction
		Ajmer (Sarwar)	Ayurveda, Homoeopathy and Unani	10	38.80	Under Construction
		Alwar (Ramgarh)	Ayurveda, Homoeopathy	10	12.29	Under Construction

			and Unani			
		Barmer (Kalyanpur)	Ayurveda, Homoeopathy and Unani	10	29.91	Under Construction
		Barmer(Barmer Rural)	Ayurveda, Homoeopathy and Unani	10	12.98	Under Construction
		Barmer (Panyla Kalan)	Ayurveda, Homoeopathy and Unani	10	26.96	Under Construction
		Bhilwara (Karaida)	Ayurveda, Homoeopathy and Unani	10	2.82	Under Construction
		Dungarpur(Galiyakoat)	Ayurveda, Homoeopathy and Unani	10	18.19	Under Construction
		Jhunhunu (Alsisar)	Ayurveda, Homoeopathy and Unani	10	13.66	Under Construction
		Jhunhunu (Buhana)	Ayurveda, Homoeopathy and Unani	10	15.95	Under Construction
		Jodhpur (Peepad Sahar)	Ayurveda, Homoeopathy and Unani	10	36.59	Under Construction
		Jodhpr (Chamu)	Ayurveda, Homoeopathy and Unani	10	14.57	Under Construction
		Karauli (Masalpur)	Ayurveda, Homoeopathy and Unani	10	29.42	Under Construction
		Sikar (Ajitgarh)	Ayurveda, Homoeopathy and Unani	10	33.69	Under Construction
		Tonk(Piplu)	Ayurveda, Homoeopathy and Unani	10	32.18	Under Construction
		Udaipur (Jaysamnad)	Ayurveda, Homoeopathy and Unani	10	52.80	Under Construction

28	Sikkim	Kyongsa, Gyalshing, West Sikkim	Ayurveda, Homoeopathy Yoga & Naturopathy	50	959.46	Functional
		NIT, Deorali	Sowa-Rigpa	30	1016.10	Construction Completed
		Near wellness park (Gantok)	Ayurveda, Homoeopathy Yoga & Naturopathy & Sowa-Rigpa	30	90.89	Under Construction
29	Tamil Nadu	Theni	Siddha, Yoga & Naturopathy	50	733.33	Functional
		Thiruvannamalai	Siddha, Yoga & Naturopathy	50	733.33	Functional
		Pudukkottai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	400.00	Under Construction
		Namakkal	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	250.00	Functional
		AAGHIM Campus, Chennai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	1100.00	Under Construction
		Kottar, Nagercoil	Ayurveda	30	525.00	Under Construction
30	Telangana	Siddipet	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	1011.66	Functional
		Vikarabad	Ayurveda, Homoeopathy and Unani,	50	1011.66	Construction Completed

			Siddha, Yoga & Naturopathy			
		Jayashankar Bhupalapally,	Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy	50	1011.66	Construction Completed
		Karimnagar	Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy	50	750.00	Construction not started
31	Tripura	Paradise Chowmuhani, Agartala	Ayurveda, Homoeopathy and Yoga & Naturopathy	50	819.33	Functional
		South Sabroom	Ayurveda, Homoeopathy and Yoga	50	622.26	Functional
32	Uttar Pradesh	Jaunpur	Ayurveda, Unani, Homoeopathy and Yoga	30	565.58	Under construction
		Bulandshahr (initially at Kushi Nagar)	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Bilhaur, Kanpur Nagar	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		West Katli, Lucknow	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Bhadrasi, Varanasi	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Nawab Ganj, Baraily	Ayurveda, Unani,	50	900.00	Functional

			Homoeopathy and Yoga			
		Basti	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Sirathu Kaushambi	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Sonbhadra	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Orai Jalaun	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Sant kabir Nagar,	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Deoria	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Lalitpur	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Amethi	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Kanpur Dehat	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Firozpur, Ballia District	Ayurveda, Unani,	50	900.00	Functional

			Homoeopathy and Yoga			
		Raebareli	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Baghpat	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Fatehpur	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Shravasti	Ayurveda, Unani, Homoeopathy and Yoga	50	899.99	Under construction
		Unnao	Ayurveda, Unani, Homoeopathy and Yoga	50	899.99	Functional
		Hardoi	Ayurveda, Unani, Homoeopathy and Yoga	50	1373.07	Under construction
		Gorakhpur	Ayurveda, Unani, Homoeopathy and Yoga	50	1369.38	Under construction
		Sambhal	Ayurveda, Unani, Homoeopathy and Yoga	50	1165.00	Under construction
		Mirzapur	Ayurveda, Unani, Homoeopathy and Yoga	50	966.05	Under construction
33	Uttrakhand	Haldwani	Ayurveda and Homoeopathy	50	556.61	Functional

		Jakhnidhar, Tehri	Ayurveda and Homoeopathy	50	1377.41	Under construction
		Tanakpur, Champawat	Ayurveda and Homoeopathy	50	1200.00	Under construction
		Kotdwar, Pauri	Ayurveda, Unani, Homoeopathy and Yoga	50	700.00	Under construction
		Pathri ,Haridwar	Ayurveda, Unani, Homoeopathy and Yoga	10	692.50	Construction Completed
		Bheemtal, Nainital	Ayurveda, Unani, Homoeopathy and Yoga	10	635.14	Under construction
		Piran Kaliya, Haridwar	Unani	50	200.00	Construction not started
34	West Bengal	Topsikhata, District Alipurduar.	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Paschim District Midnapur	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional

COASTAL AND INLAND WATER TRANSPORT IN TAMIL NADU

2134. DR. RANI SRIKUMAR:

SHRI C. N. ANNADURAI:

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

(a) whether the Government has undertaken any assessment of the potential for expansion of coastal passenger transport, ferry services and inland water transport in Tamil Nadu during the last three years;

(b) if so, the details thereof along with the studies conducted to identify locations and recommendations made for improving coastal and inland water connectivity in the said State;

(c) whether the Government proposes to develop new coastal passenger ferry routes, modern ferry terminals and multimodal water transport infrastructure in the said State and if so, the details thereof, district-wise; and

(d) whether the Government has taken steps to promote safe, affordable and environmentally sustainable water transport, tourism and employment opportunities through such projects in Tamil Nadu and if so, the details thereof?

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

(a) and (b): No such study has been conducted by the Government of India.

(c): Under the Sagarmala scheme of the Ministry of Ports, Shipping and Waterways (MoPSW), the following 4 projects worth Rs. 42 crore have been undertaken in the state of Tamil Nadu:

I. Upgradation of Nagapattinam Port infrastructure for the passenger ferry service from Nagapattinam (India) to Kankesanthurai (Sri Lanka)

II. Creation of berthing facilities for the tourist vessels at Agni Theertham

III. Creation of additional berthing facilities for the tourist vessels at Pamban Approaches, Mandapam.

IV. Development of Passenger jetty at Kanyakumari

(d): The details of development of cargo / river cruise tourism planned for five National Waterways in Tamil Nadu are given in the enclosed **Statement**.

STATEMENT

Details of development of cargo/river cruise tourism planned for five National Waterways (NWs) in Tamil Nadu:

(a) Buckingham Canal (constituent of NW-4): Jetty for river cruise tourism circuits are as follows:

I. Mahabalipuram to Ediyur Bridge

II. Cooum River Portion of Buckingham Canal near Marina Beach

III. Pulicat Lake

IV. Ennore Port to ETPS for Cargo movement

(b) Bhavani River (NW-20): Jetty for river cruise tourism at Bhavani – Sangameswar Temple.

(c) Kaveri-Kollidam River (NW-55): Jetty for river cruise tourism near Chidambaram.

(d) Pazhyar River (NW-77): Jetty near Kanyakumari for river cruise tourism.

(e) Ponniyar River (NW-80): Jetty for river cruise movement.

LAND ALLOCATION FOR AIIMS IN ASSAM

2135. MD. RAKIBUL HUSSAIN:

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

(a) whether the Government is aware that land had earlier been allotted at Raha in Nagaon district, Assam for establishing an institution similar to the All India Institute of Medical Sciences in the Middle Assam region, if so, the details thereof;

(b) whether the proposed AIIMS project was subsequently established at the All India Institute of Medical Sciences, Guwahati and if so, the reasons for not developing the institute on the land allotted at Raha; and

(c) the present status of the land allotted at Raha for the proposed project and whether the Union Government proposes to establish any major healthcare institution or medical infrastructure there in view of the healthcare needs of Middle Assam in Assam, 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): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), an AIIMS has been established at Village Jalah, Kamrup District, Guwahati in Assam. The site selected for establishment of new AIIMS takes into account various factors such as availability of contiguous encumbrance-free land, connectivity, patient convenience, proximity to other healthcare institutions, accessibility to educational facilities and civic amenities etc.

(c): No. The land at Raha in Nagaon district, Assam has not been allotted to Government of India.

FINANCIAL FRAUD CASES

2136. SHRI BAJRANG MANOHAR SONWANE:

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

(a) whether the Government is aware of instances of fraud committed against depositors by cooperative credit societies, multi-State cooperative societies and financial institutions in Beed District of Maharashtra as well as in other parts of the country;

(b) if so, the details of the measures taken to ensure speedy justice to the affected depositors, including the establishment of special courts and expediting the disposal of such cases;

(c) the details of the action taken in coordination with State Governments and the concerned agencies to recover the money of the depositors and initiate strict action against the accused; and

(d) the additional measures proposed to safeguard the interests of depositors and prevent the recurrence of such financial frauds in future?

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): Cooperative Societies registered under the provisions of the Multi-State Cooperative Societies (MSCS) Act, 2002, function as autonomous cooperative organisations and are accountable to their members. In Beed district of Maharashtra, 47 multi-State Cooperative Credit and Thrift Societies are registered under the MSCS Act, 2002. Out of these, 5 societies are presently under liquidation after winding up orders issued by the Central Registrar as per provisions of the Act. Liquidators have been appointed as per provisions of the Act for realization of the assets of the societies, settlement of liabilities and distribution of the available assets among eligible creditors and members in accordance with law.

(b): The MSCS Act, 2002 provides for provisions related to inquiry, inspection, winding up of societies, appointment of liquidators, offences, penalties and cognizance of offences. Whenever a complaint discloses the commission of cognizable offences such as fraud, cheating or criminal breach of trust under the applicable laws, the matter is referred to the concerned State Police, Economic Offences Wing (EOW), Central Bureau of Investigation (CBI) or other competent investigating agencies, as the case may be, for investigation and prosecution in accordance with law.

(c): Recovery of the assets and realization of dues of societies under liquidation are undertaken by the Liquidator in accordance with the provisions of MSCS Act, 2002 and the applicable rules. Investigation and prosecution in criminal matters

are undertaken by the competent investigating agencies and courts under the applicable criminal laws. The Office of the Central Registrar extends necessary cooperation by furnishing records, documents and other information whenever sought by the investigating agencies or courts.

(d): To safeguard the rights of depositor/members of multi-State Cooperative Societies, various measures have been introduced through Multi-State Cooperative Societies (MSCS) (Amendment) Act & Rules, 2023, including:

(i) Co-operative Ombudsman has been appointed by Central Government to provide a mechanism to address grievances of members and Information Officer has been appointment by multi-State cooperative societies to improve transparency.

(ii) Audit and accounting framework has been strengthened through introduction of concurrent audit, determination of uniform accounting and auditing standards and laying of audit reports of Apex multi-State cooperative societies in the Parliament.

(iii) Measures to improve governance and transparency, including disclosure of non-unanimous Board decisions in annual reports, additional grounds for disqualification of directors and restrictions on directors from participating in matters where they or their relatives have a conflict of interest have been introduced.

(iv) Prudential norms (liquidity, exposure, etc.) for multi-State Cooperative Societies engaged in the business of thrift and credit have been determined and provisions relating to investment of funds to ensure safer investments have been redefined.

(v) Regulatory oversight has been strengthened by empowering the Central Registrar to conduct inquiry into fraudulent or unlawful functioning.

(vi) Provision has been introduced for winding up of societies where registration was obtained through fraud or misrepresentation, after following due process.

(vii) Measures have been introduced to protect the collective interests of societies, including increasing the minimum period of expulsion of expelled members from one year to three years.

SHIPBUILDING PROJECTS

2137. SHRI PRAVEEN PATEL:
SHRI VIJAY KUMAR DUBEY:
SHRIMATI KAMLESH JANGDE:
SHRI MANOJ TIWARI:
SHRI DILIP SAIKIA:
SHRI LUMBARAM CHOUDHARY:
SHRI KOTA SRINIVASA POOJARY:
SHRI KRISHNA PRASAD TENNETI:
SHRI BIBHU PRASAD TARAI:

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

(a) the progress of the ongoing domestic shipbuilding projects of Cochin Shipyard Limited (CSL) and its subsidiaries, including the TSHD dredger, Kochi water metro ferries, IWAI vessels and Bollard Pull Tugs;

(b) the status of international shipbuilding orders secured from Germany, Cyprus, Netherlands, UK, and Norway;

(c) the status of defence shipbuilding projects, including ASW corvettes and Next Generation Missile Vessels for the Indian Navy; and

(d) the steps taken to leverage 'Make in India' and the Shipbuilding Financial Assistance Scheme to strengthen CSL's shipbuilding capacity?

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

(a) to (c): The number of vessels and total order value of current shipbuilding projects of Cochin shipyard and its subsidiaries in domestic, international and defence domains are 40 vessels with order value ₹3,690 crore, 38 vessels with order value ₹9,868 crore and 14 vessels with order value ₹16,217 crore respectively. These projects include various stages of construction such as design and engineering, hull fabrication and advanced stage after launching of the vessel.

(d): The steps taken by Government of India to strengthen 'Make in India' in shipbuilding, which is applicable to all shipyards in India including Cochin Shipyard Limited are given below:

i. The Government of India has introduced the Shipbuilding Financial Assistance Scheme (SBFAS) with a total outlay of ₹ 24,736 crore to enhance the cost competitiveness of Indian shipyards. It also includes a ship-breaking credit note scheme with an outlay of ₹ 4,001 crore under which ship owners receive 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.

ii. The Maritime Development Fund (MDF), with a total corpus of ₹ 25,000 Crores, has been established to strengthen long-term financing for shipbuilding. It comprises a Maritime Investment Fund of ₹ 20,000 Crores and an Interest Incentivisation Fund of Rs. 5,000 Crores.

iii. The Shipbuilding Development Scheme (SbDS) with an outlay of ₹ 19,989 Crores which aims to expand domestic shipbuilding capacity to 4.5 million Gross Tonnage annually while supporting greenfield shipbuilding clusters.

iv. In September 2025, the Government accorded infrastructure status to large shipbuilding projects, enabling access to long-tenor, low-cost financing. Further, Ministry of Ports, Shipping and Waterways has aggregated demand for more than 400 vessels to be mainly constructed domestically over the next decade, providing order visibility to Indian yards.

v. The public procurement framework mandates that all government and PSU vessel orders valued up to ₹ 200 crore must be placed with Indian shipyards. In addition, the RoFR policy gives priority to Indian-built, followed by Indian-flagged and Indian-owned vessels in all PSU and government tenders, thereby strengthening domestic shipbuilding demand.

गैर-संचारी रोगों के कारण मृत्यु

2138. डॉ. संबित पात्रा:

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

(क) क्या यह सच है कि भारत में सर्वाधिक मृत्यु गैर-संचारी रोगों के कारण होती है और इस संबंध में हृदय संबंधी बीमारियां मृत्यु का एक प्रमुख कारण हैं;

(ख) आयुर्वेद, सिद्ध, योग आदि जैसी चिकित्सा की पारम्परिक पद्धतियों के माध्यम से हृदय संबंधी बीमारियों की रोकथाम और उपचार को आम जनता के बीच इसे लोकप्रिय बनाने के लिए सरकार द्वारा क्या उपाय किए गए हैं;

(ग) हृदय संबंधी बीमारियों की रोकथाम और उपचार के लिए आवश्यक आयुष औषधियों की पर्याप्त उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा क्या सुधारात्मक उपाय किए गए हैं;

(घ) क्या सरकार ने ओडिशा और भारत के अष्टलक्ष्मी क्षेत्र अर्थात् पूर्वोत्तर राज्यों में हृदय संबंधी बीमारियों की रोकथाम और उपचार के लिए कोई विशिष्ट कार्य-योजना तैयार की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या सरकार का देश में राज्य/संघ राज्यक्षेत्र-वार, विशेष रूप से ओडिशा और पूर्वोत्तर राज्यों में भारतीय पारम्परिक चिकित्सा पद्धति में उपयोग की जाने वाली औषधियों के उत्पादन को

बढ़ावा देने के लिए कोई नीति बनाने का विचार है?

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

(क): अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) ने साक्ष्य-आधारित आयुर्वेद उपचार उपलब्ध कराने वाले समर्पित विशेषज्ञ क्लीनिकों के माध्यम से गैर-संचारी रोगों (एनसीडी) के प्रबंधन को प्राथमिकता दी है। इसके अतिरिक्त, संस्थान ने गैर-संचारी रोगों (संतर्पणोत्थ विकारों) पर केंद्रित अनेक अनुसंधान पहलें की हैं, जिनमें स्नातकोत्तर शोध-प्रबंध, डॉक्टोरल अनुसंधान, इंट्राम्यूरल तथा सहयोगात्मक अनुसंधान परियोजनाएँ शामिल हैं। इन पहलों का उद्देश्य इन रोगों की रोकथाम, प्रबंधन तथा समन्वित उपचार के लिए वैज्ञानिक साक्ष्य विकसित करना है।

(ख): आयुष मंत्रालय के अधीन राष्ट्रीय संस्थानों/अनुसंधान परिषदों तथा केंद्रीय सरकारी स्वास्थ्य योजना (सीजीएचएस) द्वारा किए गए उपाय निम्नलिखित हैं:

i. अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) ने एआईआईए अस्पताल में गैर-संचारी रोगों (एनसीडी) के प्रबंधन हेतु विशेषीकृत निवारक देखभाल क्लीनिक स्थापित किए हैं। इसके अतिरिक्त, संस्थान एक समर्पित योग क्लीनिक का संचालन करता है, जहाँ बाह्य रोगियों (ओपीडी) एवं भर्ती रोगियों (आईपीडी) दोनों के लिए योग-आधारित उपचारात्मक सेवाएँ प्रदान की जाती हैं, जिनका विशेष उद्देश्य गैर-संचारी रोगों की रोकथाम एवं प्रबंधन है। इसके अलावा, एआईआईए स्वस्थ जीवनशैली को बढ़ावा देने तथा रोगियों एवं आमजन में गैर-संचारी रोगों की रोकथाम एवं प्रबंधन के संबंध में जागरूकता बढ़ाने के लिए नियमित रूप से जनस्वास्थ्य संपर्क कार्यक्रम, स्वास्थ्य शिविर, जागरूकता अभियान तथा शैक्षिक गतिविधियों का आयोजन करता है।

ii. आयुर्वेद के राष्ट्रीय संस्थान, अर्थात् पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएएच) ने भी निम्नलिखित कदम उठाए हैं— (i) कायचिकित्सा विभाग में निःशुल्क परामर्श सहित नियमित ओपीडी

एवं आईपीडी सेवाएँ, (ii) नियमित योग प्रदर्शन सत्र, (iii) आहार संबंधी परामर्श, तथा (iv) हृदय संबंधी रोगों सहित दीर्घकालिक रोगों के लिए निवारक, स्वास्थ्य संवर्धन एवं पारंपरिक चिकित्सा प्रणालियों के माध्यम से प्रबंधन के संबंध में गाँवों, विद्यालयों, सरकारी विभागों, सैन्य प्रतिष्ठानों, सामुदायिक स्थलों तथा अनाथालयों में विभिन्न स्वास्थ्य शिविरों का आयोजन।

iii. राष्ट्रीय आयुर्वेद संस्थान (एनआईए) द्वारा भी निवारक हृदय रोग ओपीडी का संचालन किया जा रहा है तथा हृदय संबंधी रोगों से संबंधित स्वास्थ्य शिविरों का आयोजन किया जा रहा है।

iv. केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस) ने जीवनशैली संबंधी एवं गैर-संचारी रोगों की रोकथाम में अपने उपचारात्मक हस्तक्षेपों तथा आहार विनियमन, सिद्धर योगम्, कायकर्पम् चिकित्सा एवं व्यक्ति-विशिष्ट जीवनशैली संबंधी उपायों पर विशेष बल देकर उल्लेखनीय भूमिका निभाई है। शरीर के संरचनात्मक स्वरूप का मूल्यांकन जो रोगों के निदान के लिए आधारभूत साधन के रूप में कार्य करता है, रोकथाम, रोग-पूर्वानुमान तथा उपचार पद्धति के निर्धारण के लिए सीसीआरएस द्वारा सिद्ध उडल इयल इन्वेन्टरी विकसित की गई है। इसके अतिरिक्त, गैर-संचारी रोग ओपीडी तथा योगम् ओपीडी सेवाओं के माध्यम से आमजन को विशेषीकृत उपचार उपलब्ध कराया जा रहा है।

v. केंद्रीय सरकारी स्वास्थ्य योजना (सीजीएचएस) अपने आयुष आरोग्य केंद्रों के माध्यम से स्वास्थ्य देख-रेख सेवाएँ प्रदान करती है, जहाँ आयुर्वेद, यूनानी, सिद्ध तथा होम्योपैथी के योग्य चिकित्सकों द्वारा संबंधित चिकित्सा पद्धतियों के अनुसार परामर्श, निवारक स्वास्थ्य देखभाल संबंधी सलाह तथा उपचार उपलब्ध कराया जाता है। दिल्ली में सीजीएचएस के आयुष आरोग्य केंद्रों के माध्यम से योग सेवाएँ भी प्रदान की जाती हैं, जहाँ योग प्रशिक्षक हृदय-वाहिका संबंधी रोगों सहित जीवनशैली संबंधी विकारों की रोकथाम एवं प्रबंधन के लिए योग-आधारित हस्तक्षेपों सहित स्वस्थ जीवनशैली अपनाने को प्रोत्साहित करते हैं। आयुष आरोग्य केंद्रों में नियमित परामर्श के दौरान सीजीएचएस लाभार्थियों को स्वास्थ्य शिक्षा तथा जीवनशैली में आवश्यक परिवर्तन संबंधी परामर्श भी प्रदान किया जाता है।

(ग): आयुर्वेद के राष्ट्रीय संस्थान, अर्थात् अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएएच) तथा राष्ट्रीय आयुर्वेद संस्थान (एनआईए) द्वारा हृदय रोगों सहित विभिन्न रोगों के लिए परामर्श सेवाएँ प्रदान की जाती हैं तथा संबंधित अस्पताल में औषधियों की उपलब्धता के आधार पर रोगियों को निःशुल्क आयुर्वेदिक औषधियाँ उपलब्ध कराई जाती हैं। इसके अतिरिक्त, नियमित रोगी देखभाल के साथ-साथ एआईआईए फार्मेसी द्वारा स्नातकोत्तर, डॉक्टोरल, संकाय द्वारा संचालित तथा सहयोगात्मक अनुसंधान गतिविधियों के समर्थन हेतु, आवश्यकता-आधारित औषधीय योगों, स्वामित्वाधीन आयुर्वेदिक औषधियों तथा नवीन औषधि मात्रा-रूपों का विकास और विनिर्माण भी किया जाता है।

सीजीएचएस द्वारा हृदय संबंधी रोगों की रोकथाम एवं प्रबंधन में प्रयुक्त आयुष औषधियों सहित अन्य आयुष औषधियों की उपलब्धता, एक केंद्रीकृत खरीद एवं आपूर्ति प्रणाली के माध्यम से सुनिश्चित की जाती है। इन औषधियों की खरीद, सीजीएचएस के खरीद संबंधी दिशानिर्देशों के अनुसार अनुमोदित एवं लाइसेंसधारी निर्माताओं से की जाती है तथा इन्हें लाभार्थियों को वितरण हेतु सीजीएचएस के आयुष आरोग्य केंद्रों को उपलब्ध कराया जाता है। इसके अतिरिक्त, यदि चिकित्सक द्वारा लिखी गई कोई आयुष औषधि सीजीएचएस के आयुष आरोग्य केंद्र में उपलब्ध नहीं होती है, तो उसे अधिकृत स्थानीय औषधि विक्रेता (ऑथराइज्ड लोकल केमिस्ट–एएलसी) व्यवस्था के माध्यम से भी प्राप्त किया जा सकता है, जैसा कि एलोपैथी चिकित्सा प्रणाली के अंतर्गत भी प्रावधान है।

(घ) और (ङ): वर्तमान में इस संबंध में कोई प्रस्ताव विचाराधीन नहीं है।

उमानाथ सिंह राजकीय मेडिकल कॉलेज, जौनपुर

2139. श्री बाबू सिंह कुशवाहा:

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

(क) उत्तर प्रदेश के उमानाथ सिंह राजकीय मेडिकल कॉलेज, जौनपुर में सुपर-स्पेशलिटी चिकित्सा सुविधाओं की उपलब्धता और अत्याधुनिक उपकरणों की उपलब्धता की वर्तमान स्थिति का ब्यौरा क्या है;

(ख) क्या सरकार इस मेडिकल कॉलेज को उत्कृष्ट चिकित्सा सुविधाओं, वित्तीय स्वायत्तता और एम्स जैसी सुविधाओं के साथ एक क्षेत्रीय रेफरल हब के रूप में विकसित करने के किसी प्रस्ताव पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) विगत तीन वर्षों के दौरान केंद्रीय स्वास्थ्य योजनाओं के अंतर्गत उक्त संस्थान को प्रदान की गई वित्तीय सहायता का मद-वार ब्यौरा क्या है;

(घ) क्या पूर्वांचल के मरीजों को दिल्ली और लखनऊ रेफर करने से बचने के लिए उक्त मेडिकल कॉलेज में क्रिटिकल केयर ब्लॉक और इमरजेंसी ट्रॉमा सेंटर को जल्द से जल्द चालू किए जाने की संभावना है; और

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

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

(क) से (ङ): 'जन स्वास्थ्य' और 'अस्पताल' राज्य के विषय हैं, जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है।

उमानथ सिंह सरकारी मेडिकल कॉलेज, जौनपुर द्वारा प्रदान की गई जानकारी के अनुसार, संस्थान में कोई सुपर-स्पेशलिटी विभाग स्थापित नहीं है और इस संबंध में ऐसा कोई प्रस्ताव भी नहीं है। इसके अतिरिक्त, जैसा कि सूचित किया गया है, प्रधानमंत्री – आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत कॉलेज में 100-बिस्तरों वाला अस्पताल क्रिटिकल केयर ब्लॉक का निर्माण किया जा रहा है। अनुमोदित ई-टेंडर लागत 25.63 करोड़ रुपये में से अब तक

13.72 करोड़ रु. की राशि निर्गत/उपयोग की जा चुकी है। निर्माण कार्य की वास्तविक प्रगति 61 प्रतिशत है, जबकि निर्गत राशि के सापेक्ष वित्तीय प्रगति 100 प्रतिशत है। वर्तमान में आपातकालीन ट्रॉमा सेंटर की स्थापना का कोई प्रस्ताव नहीं है।

IMPORT PRICE OF UREA

2140. SHRIMATI MALA ROY:

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

(a) the details of the stock position of Urea and DAP during the last five years, along with the details at end of the month of June every year, year-wise; and

(b) the import price and quantity of Urea and DAP imported during the last five years, year-wise?

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

(a): The year-wise closing stock position of Urea and DAP at the end of March and June for the period from 2021–22 to 2025–26 is given in the enclosed **Statement**.

(b): The details of total fertilizer subsidy disbursed on Imported P&K and Urea fertilizers during the last five years i.e. 2021-22 to 2025-26, are as under:

(Figures in Rs. Crore)

Financial Year	Subsidy Scheme	Expenditure

2021–22	Imported P&K	20,794.80
	Import of Urea	50,250.40
2022–23	Imported P&K	36,032.56
	Import of Urea	41,365.60
2023–24	Imported P&K	28,929.57
	Import of Urea	28,193.94
2024–25	Imported P&K	18,800.00
	Import of Urea	21,000.00
2025-26	Imported P&K	33,999.99
	Import of Urea	47,956.24

Further, the details regarding imports of Urea and DAP for the last five years (from F.Y. 2021-22 to 2025-26) are as under:

Import of Urea and DAP from 2021-22 to 2025-26		
Qty. in LMT		
Year	**Urea**	**As Reported by the Companies**
		DAP
2021-22	91.36	54.62
2022-23	75.80	65.83
2023-24	70.42	55.67
2024-25	56.47	45.69
2025-26	103.50	61.94

STATEMENT

YEAR WISE & MONTH OF JUNE CLOSING STOCK OF FERTILIZERS POSITION FROM 2021-22 to 2025-26

ALL INDIA

Fig. in LMT

S. No.	YEAR	UREA		DAP	
		CLOSING STOCK AS ON JUNE	CLOSING STOCK AS ON MARCH	CLOSING STOCK AS ON JUNE	CLOSING STOCK AS ON MARCH
1	2025-26	61.44	54.22	13.20	20.93
2	2024-25	103.05	55.96	19.18	9.15
3	2023-24	76.86	79.66	30.95	17.69
4	2022-23	66.28	58.56	17.97	25.62
5	2021-22	65.66	47.95	18.29	7.84

Source: dbtfert.nic.in

SHORTAGE OF DOCTORS

2141. DR. RAJ KUMAR CHABBEWAL:

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

(a) whether the Government is aware that the country is facing a critical shortage of doctors with reportedly just 7 doctors per 10,000 people which is one of the lowest in the world;

(b) if so, the details thereof, State/UT-wise along with the reasons therefor;

(c) whether the Government is taking any measures to augment the number of doctors and healthcare professionals in the various medical institutions under its control in the country;

(d) if so, the details thereof, State/UT-wise, particularly in the State of Punjab; and

(e) if not, the reasons therefor?

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

(a) to (e): As per the Indian Medical Register (IMR), there are currently 15,35,155 registered allopathic doctors and 7,51,768 registered practitioners in the AYUSH system of medicine. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:778.

The Government has taken various measures to improve the availability of doctors and healthcare professionals in the country which include: -

- Under the Centrally Sponsored Scheme (CSS) for the Establishment of New Medical Colleges attached to Existing District/Referral Hospitals, 157 medical colleges have been approved across the country, of which 139 are functional. Under this Scheme, 03 medical colleges have been approved in Punjab at SAS Nagar (Mohali), Kapurthala, and Hoshiarpur.

  Further, under the Scheme for Upgradation of Existing State Government/Central Government Medical Colleges to Increase MBBS Seats in the Country, the Government of India has approved the addition of 100 MBBS seats in 02 medical colleges in the State at a total approved cost of Rs. 120 crore. The entire Central share of Rs. 72 crore has been released to the State Government of Punjab.

- The Family Adoption Programme (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 supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.

- Under District Residency Program of National Medical Commission (NMC), second/third year PG students of medical colleges are posted in district hospitals.
- Honorarium to Gynaecologists/Emergency Obstetric Care (EmoC) trained, Paediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- Hard area allowance is provided to specialist doctors for serving in rural and remote areas and for their residential quarters.
- Under the National Health Mission, states are allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.

AVAILABILITY OF ESSENTIAL MEDICINES

2142. SHRI SANJAY DINA PATIL:

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

(a) whether the Government has made any assessment regarding the availability, affordability and accessibility of essential medicines particularly through Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJKs) and other public distribution mechanisms in Mumbai during the last three years, if so, the details thereof;

(b) the details of Janaushadhi Kendras functioning, medicines supplied, beneficiaries covered and financial assistance provided under the scheme in Mumbai, during the said period;

(c) whether the Government has identified shortages, supply-chain constraints or operational challenges affecting uninterrupted availability of affordable medicines in Mumbai, if so, the details thereof; and

(d) the measures taken or proposed to be taken to expand the Janaushadhi network, strengthen pharmaceutical logistics, ensure availability of quality generic medicines and improve affordable healthcare access for the residents of Mumbai?

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): Pharmaceuticals & Medical Devices Bureau of India (PMBI), the implementing agency of the Pradhan Mantri Bhartiya Janaushadhi Pariyojna (PMBJP), continuously monitors the availability of medicines including essential medicines at Jan Aushadhi Kendras, (JAKs) through an IT-enabled supply chain management system, regular review of stock positions, demand forecasting and timely replenishment including those operating in Mumbai.

As per information provided by Ministry of Health and Family Welfare (MoH&FW), to ensure availability of essential drugs and reduce the Out-of-Pocket

Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under National Health Mission (NHM). Under this, financial support is provided to States / Union Territories for provision of free essential medicines in public health facilities based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

MoH&FW has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities:

i. Sub Health Centre Ayushman Arogya Mandir (SHC-AAMs) - 113
ii. Primary Health Centre Ayushman Arogya Mandirs (PHC-AAMs) - 179
iii. Community Health Centers (CHCs) - 301
iv. Sub-District Hospital - 318
v. District Hospital (DHs) - 381

Support under the scheme is available for procurement of drugs and strengthening /setting up robust systems of procurement, Quality Assurance, supply chain management and warehousing, prescription audit, grievance redressal, dissemination of Standard Treatment guidelines and establishment of IT enabled platform DVDMS (Drugs & Vaccine Distribution Management System) for monitoring the real status of procurement and availability of essential medicines. To facilitate the monitoring of supply chain management activity at National level, a Central Dashboard has been developed.

Also, under NHM, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes including FDSI.

(b): As on 30.06.2026, a total of 20,149 Jan Aushadhi Kendras (JAKs) have been opened across the country of which, 763 JAKs have been opened in the State of Maharashtra. Further, the details of Janaushadhi Kendras functioning under the scheme in Mumbai, during the last three financial years (from F.Y. 2023-24 to 2025-26), is as under:

Sl. No.	**Financial Year**	**No. of new JAKs opened**	**No. of JAKs functioning cumulatively**
1	2023-24	11	73
2	2024-25	10	83
3	2025-26	16	99
4	2026-27 (Till 30.06.2026)	6	105

The product basket under the Pradhan Mantri Bhartiya Janaushadhi Pariyojna has 2,110 medicines and 315 surgicals, medical consumables and devices, covering all major therapeutic groups, such as cardiovascular, anti-cancer, anti-diabetic, anti-infectives, anti-allergic and gastro-intestinal medicines and nutraceuticals. Almost all generic medicines included in the National List of Essential Medicines, except lab reagents and vaccines, are part of this product basket.

Separate data on the number of beneficiaries availing medicines from JAKs in Mumbai is not maintained. JAKs are retail outlets selling medicines directly to

the customers. The footfall of the citizens at JAKs depends upon the requirement of the citizens and prescriptions received from the doctors. However, an estimated 15 lakh citizens visit the JAKs located across the entire country on a daily basis.

Under PMBJP, normal incentive based on monthly purchase and onetime special incentive to special category applicants are being provided. In last three Financial Years Rs. 0.53 Crore have been disbursed to the JAK located in Mumbai, as per the guidelines of PMBJP.

(c) and (d): No Sir, no specific shortages, supply-chain constraints or operational challenges affecting the uninterrupted availability of affordable medicines in Mumbai have been identified. Continuous monitoring and appropriate corrective measures are undertaken to minimize stock shortage and ensure availability of essential medicines across the country including Mumbai.

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.

नए मेडिकल कॉलेजों की प्रगति

2143. श्री कौशलेन्द्र कुमारः

श्री दिनेश चंद्र यादवः

श्री संजय उत्तमराव देशमुखः

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

(क) क्या सरकार देश भर के प्रत्येक जिले में राज्य/संघ राज्यक्षेत्र-वार मेडिकल कॉलेज स्थापित करने के लिए कार्य कर रही है;

(ख) यदि हां, तो स्वीकृत, निर्माणाधीन और कार्यशील मेडिकल कॉलेजों का ब्यौरा क्या है;

(ग) वर्ष 2024-25 के केंद्रीय बजट में की गई घोषणा के अनुसार संपूर्ण बिहार में स्थापित किए जा रहे नए मेडिकल कॉलेजों का ब्यौरा क्या है;

(घ) उक्त प्रत्येक मेडिकल कॉलेज की स्थान-वार वर्तमान स्थिति का ब्यौरा क्या है;

(ङ) उक्त सभी मेडिकल कॉलेजों पर अब तक उपयोग की गई/व्यय की गई कुल धनराशि का स्थान-वार ब्यौरा क्या है; और

(च) क्या उक्त सभी मेडिकल कॉलेजों के निर्माण या उनकी स्थापना से जुड़ी परियोजनाओं को पूरा करने के लिए कोई विशिष्ट लक्ष्य समय-सीमा निर्धारित की गई 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 (च): स्वास्थ्य और परिवार कल्याण मंत्रालय मौजूदा *जिला/रेफरल अस्पतालों से संबद्ध नए चिकित्सा महाविद्यालयों की स्थापना'* हेतु एक केंद्र प्रायोजित योजना का संचालन करता है जिसमें अल्पसेवित क्षेत्रों तथा आकांक्षी जिलों को प्राथमिकता दी जाती है, जहां कोई सरकारी अथवा निजी चिकित्सा महाविद्यालय नहीं है। केंद्र और राज्य सरकारों के बीच व्यय वहन का अनुपात पूर्वोत्तर एवं विशेष श्रेणी के राज्यों के लिए 90:10 तथा अन्य राज्यों के लिए 60:40 है। इस योजना के अंतर्गत देशभर में तीन चरणों में कुल 157 चिकित्सा महाविद्यालयों को स्वीकृति प्रदान की गई है। जिसमें बिहार राज्य के पूर्णिया, सारण (छपरा), समस्तीपुर, सीतामढ़ी, झंझारपुर, सिवान, बक्सर तथा जमुई में 08 चिकित्सा महाविद्यालय शामिल हैं, जिनकी कुल स्वीकृत लागत ₹1,628 करोड़ है। केंद्र सरकार के अंश के रूप में ₹1,090.20 करोड़ की संपूर्ण राशि राज्य सरकार को जारी की जा चुकी है। इस योजना के क्रियान्वयन की समय-सीमा वर्ष 2027-28 तक है। इसके अतिरिक्त, योजना के दिशा-निर्देशों के अनुसार, योजना के अंतर्गत स्वीकृत चिकित्सा महाविद्यालयों की योजना बनाना, निर्माण कार्य निष्पादित करना तथा उन्हें कार्यशील करना राज्य सरकार की जिम्मेदारी है।

COLLEGIUM RECOMMENDATION ON JUDICIAL APPOINTMENTS

2144. SHRI RADHAKRISHNA:

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

(a) the number of High Court judge appointments recommended by the Collegium during each of the last five years, court-wise;

(b) the average time taken between Collegium recommendation and Central Government notification of appointment, court-wise;

(c) the number of recommendations pending beyond six months as on date, court-wise; and

(d) the reasons for delay in such pending cases, where communicated?

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

(a) to (d): The 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. 608 Judges have been appointed to the High Courts in last the five years.

DEPENDENCY ON IMPORT OF FERTILIZERS RAW MATERIALS

2145. DR. MALLU RAVI:

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

(a) whether the Government has made any assessment regarding the Impact of recent geopolitical tensions and disruptions in global fertilizer supply chains on fertilizer subsidy requirement, import costs and domestic fertilizer availability of the country, if so, the details thereof;

(b) whether the Government has reviewed the adequacy of the Budget allocation for fertilizer subsidy in view of reports of a sharp increase in global prices of urea, DAP, ammonia and other key inputs, if so, the details thereof;

(c) whether the Government has made any assessment regarding the dependence on imported fertilizers and raw materials, and the likely impact on fertilizer availability of the country during the Kharif and Rabi seasons, if so, the details thereof, State-wise including Telangana; and

(d) whether the Government proposes to accelerate domestic production, diversify import sources, build strategic fertilizer reserves and promote nano and alternative fertilizers to reduce import dependence and subsidy burden, if so, the details thereof?

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

(a): The 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.

(b): 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.

(c): India meets its fertilizer requirement through domestic production and imports. Imports are undertaken to bridge the gap between domestic production and consumption. India's estimated import dependence on fertilizers, natural gas, ammonia, phosphoric acid, rock phosphate, sulphur and potash, is as given below:

S. No	**Fertilisers/Feedstock/Raw Materials/ Intermediates**	**India' import dependence (%)**
1	Urea	25-26
2	DAP	60-65
3	NP/NPKs	20-25
4	Natural Gas	70-80
5	Ammonia (for DAP/NP/NPKs)	70-75
6	Phosphoric acid	50-55
7	Rock Phosphate	85-90
8	Sulphur	50-70
9	Potash (Muriate of Potash)	100

The Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all State Governments, assesses the State-wise and month-wise requirement of fertilizers before the commencement of each cropping season. Based on this, the Department of Fertilizers allocates adequate quantities of fertilizers to States through a monthly supply plan and continuously monitors availability. 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). The gap between demand and domestic production for Urea and other fertilizers is met through imports, which are finalized well in advance to ensure timely availability. State Governments are regularly advised to coordinate with manufacturers and importers for streamlining supplies through timely placement of indents, and the Government regularly coordinates with the Ministry of Railways for giving sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States. Distribution within States at the district level is handled by the concerned State Government. Accordingly, the availability of fertilizers has remained adequate across all States/UTs, including Telangana, during Rabi 2025-26 and the ongoing Kharif 2026 season (01.04.2026 to 26.07.2026). Details of requirement, availability, sales and closing stocks of the fertilizers in the States/ UTs during the said period is given in the enclosed **Statement**.

(d): Government has undertaken measures to diversify import sources by exploring procurement opportunities from various countries through engagement with Indian Missions abroad, aimed at strengthening the fertilizer supply chain and reducing vulnerabilities arising from global market disruptions.

The Government has taken the following steps to accelerate domestic production and promote alternative fertilizers:

Urea:

- Government had announced the New Investment Policy (NIP)-2012 and its 2014 amendment to facilitate fresh investment in the Urea sector. Total 6 new urea units have been set up under NIP-2012 (4 through Joint Venture Companies of nominated PSUs and 2 by private companies. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). 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.
- An exclusive policy for the revival of Talcher unit of FCIL through Joint Venture Company 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.

- Government has 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 Reassessed Capacity. 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, Cabinet Committee on Economic Affairs (CCEA) approved National Investment Policy for Urea-2026 for Aatmanirbhar Bharat for making fresh investments in Urea Sector.

P&K Fertilizers:

- The Government has implemented the Nutrient Based Subsidy (NBS) Scheme with effect from 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 or 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, 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, as on date.
- 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.

Alternate Fertilizers: Nano and Green Ammonia

(i) Nano Fertilizers

A. 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 Urea is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- 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 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.

B. 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

C. 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.

(ii) Green Ammonia

The Government is encouraging domestic production and procurement of Green Ammonia under the National Green Hydrogen Mission. Under the National Green Hydrogen Mission, the Strategic Interventions for Green Hydrogen Transition (SIGHT) scheme focuses on demand aggregation and procurement of Green Ammonia for the fertilizer sector, under which a provision has been made for procurement of approximately 7 LMT per annum of Green Ammonia by the Fertilizer companies for production of DAP/NPK fertilizers. Green Ammonia

Supply Agreements (GASA) has been signed on 30th March 2026 between fertilizers companies and Solar Energy Corporation of India Limited (SECI) for 10 years. The supply of Green Ammonia to fertilizer Companies will begin after 3 years from the date of signing of GASA. As per the signed agreement, differential amount between the cost of Green Ammonia and Grey Ammonia will be borne by the Department of Fertilizers.

STATEMENT

The state wise requirement, availability and sales of fertilizers during the ongoing kharif 2026 (from 01.04.26 to 26.07.26):

fig. in LMT

		UREA				DAP				MOP				NPKS			
S.No	**State**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 26.07.26**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 26.07.26**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 26.07.26**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 26.07.26**
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	3.64	6.64	2.80	3.84	0.78	1.73	0.84	0.89	0.39	0.73	0.32	0.42	2.10	6.65	2.70	3.96
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	1.32	2.12	1.71	0.41	0.20	0.41	0.27	0.14	0.14	0.43	0.20	0.22	0.14	0.28	0.11	0.18
5	Bihar	4.62	8.15	3.56	4.60	1.59	2.29	0.92	1.37	0.84	0.83	0.13	0.70	1.88	3.28	0.75	2.53
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	5.88	7.48	5.20	2.28	2.49	1.98	1.45	0.53	0.63	0.82	0.52	0.30	2.00	2.30	1.61	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	0.09	0.08	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	0.01	0.00
12	Gujarat	6.20	8.55	5.93	2.62	2.54	2.28	1.64	0.65	0.31	0.41	0.21	0.20	3.42	4.26	2.35	1.91
13	Haryana	6.38	9.89	7.77	2.13	1.30	1.63	1.20	0.44	0.42	0.38	0.14	0.24	0.33	0.43	0.16	0.27
14	Himachal Pradesh	0.17	0.42	0.28	0.15	0.01	0.03	0.01	0.02	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	Jammu and kashmir	0.60	1.15	0.78	0.36	0.18	0.29	0.19	0.10	0.08	0.15	0.11	0.04	0.01	0.06	0.02	0.04

16	Jharkhand	1.44	2.15	1.09	1.06	0.43	0.41	0.25	0.16	0.04	0.06	0.01	0.05	0.53	0.60	0.28	0.31
17	Karnataka	6.58	8.93	4.85	4.08	2.76	3.27	2.38	0.89	1.33	1.60	0.80	0.81	7.61	12.42	7.13	5.30
18	Kerala	0.32	0.66	0.41	0.25	0.07	0.18	0.10	0.08	0.22	0.44	0.30	0.15	0.52	0.59	0.34	0.26
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	0.00	0.00	0.00	0.00
20	Madhya Pradesh	10.42	14.99	9.65	5.34	3.34	3.37	2.30	1.07	0.78	0.61	0.28	0.33	4.38	6.78	3.67	3.12
21	Maharashtra	10.32	14.56	9.35	5.21	3.47	3.70	2.69	1.01	0.88	1.83	0.89	0.94	11.96	21.74	12.19	9.55
22	Manipur	0.11	0.18	0.12	0.06	0.02	0.02	0.01	0.01	0.00	0.00	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	0.02	0.01	0.00	0.01	0.02	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	0.00	0.00	0.00	0.00
26	Odisha	2.97	4.29	1.93	2.36	1.33	1.60	0.91	0.70	0.59	0.79	0.24	0.55	1.82	2.28	0.94	1.34
27	Puducherry	0.04	0.06	0.04	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	12.10	15.47	12.29	3.18	1.55	2.45	1.37	1.08	0.58	0.64	0.22	0.42	0.49	0.50	0.19	0.31
29	Rajasthan	6.42	10.97	7.65	3.32	3.07	2.66	1.99	0.66	0.05	0.14	0.05	0.09	0.74	1.39	0.67	0.72
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	2.72	4.66	3.01	1.65	0.80	1.10	0.59	0.51	0.61	0.72	0.41	0.31	2.72	3.86	2.04	1.82
32	Telangana	7.26	7.88	4.27	3.61	2.04	1.93	1.62	0.31	0.57	0.54	0.15	0.39	7.18	7.68	4.49	3.18
33	Tripura	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	Uttarakhand	0.71	0.96	0.74	0.22	0.15	0.30	0.15	0.15	0.04	0.05	0.01	0.05	0.12	0.04	0.02	0.02
35	Uttar Pradesh	25.04	35.11	19.97	15.14	5.29	8.80	3.88	4.93	1.51	1.38	0.24	1.13	2.09	6.42	1.41	5.02
36	West Bengal	3.45	7.48	3.48	4.00	0.83	1.38	0.60	0.79	0.81	1.52	0.41	1.11	2.13	5.76	1.91	3.86
	All India	118.81	173.06	107.07	66.01	34.28	41.90	25.40	16.50	10.86	14.14	5.65	8.51	52.34	87.57	43.09	44.48

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

STATE WISE REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE RABI 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	0.01	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	2.20	3.78	2.89	1.00	1.35	0.96	9.50	12.61	9.14
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
4	Assam	1.65	2.79	2.26	0.28	0.68	0.45	0.36	0.51	0.28	0.35	0.36	0.21
5	Bihar	13.50	17.37	14.59	3.90	6.13	4.66	1.50	1.83	1.40	3.50	5.69	3.58
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	2.88	5.17	2.56	1.00	2.16	1.11	0.50	0.64	0.14	0.60	2.15	0.38
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	0.15	0.15	0.11	0.03	0.03	0.02	0.01	0.00	0.00	0.02	0.00	0.00
11	Goa	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01
12	Gujarat	13.90	15.91	13.94	2.90	3.41	2.91	0.64	0.77	0.56	4.50	5.83	3.93
13	Haryana	11.60	14.77	11.88	2.70	3.35	2.70	0.30	0.38	0.14	1.20	0.52	0.25
14	Himachal Pradesh	0.33	0.59	0.44	0.01	0.03	0.02	0.04	0.03	0.02	0.26	0.26	0.17
15	Jammu and kashmir	0.68	1.33	0.69	0.24	0.41	0.22	0.13	0.24	0.09	0.02	0.04	0.01
16	Jharkhand	1.20	1.81	1.30	0.25	0.67	0.47	0.02	0.04	0.02	0.30	0.51	0.25
17	Karnataka	7.60	10.48	7.78	1.98	4.19	2.49	0.97	1.76	0.98	7.20	13.52	7.67
18	Kerala	0.62	0.71	0.55	0.08	0.20	0.11	0.50	0.60	0.40	0.61	0.95	0.61
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	23.00	28.90	24.17	7.50	7.62	6.00	1.00	1.02	0.58	11.50	8.63	5.09
21	Maharashtra	11.25	16.65	11.55	2.60	4.96	2.71	1.50	1.78	0.96	12.00	23.14	10.84
22	Manipur	0.09	0.12	0.07	0.01	0.03	0.02	0.05	0.02	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
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

25	Nagaland	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
26	Odisha	1.90	3.65	1.96	0.75	1.46	0.82	0.25	0.57	0.21	0.90	1.63	0.81
27	Puducherry	0.08	0.08	0.07	0.01	0.01	0.01	0.01	0.01	0.01	0.05	0.08	0.05
28	Punjab	15.00	19.43	15.45	4.50	5.77	4.30	0.60	0.70	0.29	1.50	1.01	0.63
29	Rajasthan	15.00	20.73	16.85	3.33	4.57	3.76	0.10	0.15	0.10	1.50	1.85	1.17
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	6.50	7.74	6.37	1.55	2.16	1.60	1.80	1.39	1.06	5.14	7.17	4.82
32	Telangana	10.40	12.01	11.15	1.45	2.55	2.00	0.65	0.93	0.60	7.00	9.47	5.78
33	Tripura	0.10	0.15	0.08	0.01	0.03	0.01	0.03	0.03	0.01	0.02	0.03	0.02
34	Uttarakhand	1.01	1.34	1.06	0.15	0.44	0.26	0.05	0.06	0.02	0.20	0.12	0.08
35	Uttar Pradesh	40.00	51.51	40.14	14.00	17.60	12.55	1.50	2.25	1.26	7.50	11.16	6.37
36	West Bengal	8.20	12.43	8.76	1.99	3.19	2.37	2.20	2.54	1.53	7.00	10.66	7.01
	All India	196.06	257.59	203.39	53.43	75.41	54.47	15.69	19.63	11.62	82.38	117.43	68.88

BENEFICIARIES UNDER WOMEN AND CHILD DEVELOPMENT SCHEMES

2146. DR. ALOK KUMAR SUMAN:

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

(a) whether all eligible women and children have been covered under the flagship schemes of the Ministry, including nutrition and child development programmes, if so, the details thereof;

(b) the details of the progress made in providing benefits under these schemes during the last three years, State-wise; and

(c) the details of the timeline for achieving 100 per cent coverage of all eligible beneficiaries in the country?

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

(a) to (c): Various schemes implemented by the Ministry of Women & Child Development for safety, nutrition and holistic development of women and children all over the country have been reviewed and clubbed into three Umbrella Missions, viz. (1) Mission Saksham Anganwadi & Poshan 2.0 for improving nutrition & health indicators (2) Mission Shakti, for safety, protection and empowerment of women; and (3) Mission Vatsalya, for protection, care and welfare of children in difficult circumstances. Details of the schemes are as under:

(i) Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0): To address the challenges of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme

for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). It is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. The Mission is being implemented in all States and UTs in the country. This Mission is a universal self-selecting umbrella scheme open to all eligible beneficiaries.

Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services i.e Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services are provided to the eligible beneficiaries through Anganwadi Centres across the country. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure. These services are provided to the eligible registered beneficiaries i.e children up to the age of 6 years, Pregnant Women and Lactating Mothers across the country and Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts of States and all districts of North Eastern Region through the platform of Anganwadi Centre.Poshan tracker data on number of beneficiaries and other information related to anganwadi services are available at the following link: https://www.poshantracker.in/statistics.

(ii) Mission Shakti: The 'Mission Shakti' aims at strengthening interventions for women safety, security and empowerment. It seeks to focus on proposing strategies for improving convergence across Ministries/ Departments and at different levels of governance. Mission Shakti comprises of two sub-schemes 'Sambal' and 'Samarthya' for safety and security of women and empowerment of women respectively.

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

- **One Stop Centres (OSCs)-** One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women.
- **Women Helpline (WHL)-** Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services all across the country.
- **Beti Bachao Beti Padhao (BBBP)-** Beti Bachao Beti Padhao (BBBP) Scheme was launched on 22nd January 2015 to help address Child Sex Ratio

(CSR) and related issues of empowerment of girls and women over a life cycle continuum. Beti Bachao Beti Padhao (BBBP) scheme has transformed from policy initiative into national movement by mobilizing various stakeholders, including government agencies, media civil society and general public.

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

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

- **Pradhan Mantri Matru Vandana Yojana (PMMVY)-** Pradhan Mantri Matru Vandana Yojana (PMMVY) is being implemented w.e.f. 01.01.2017 across 35 States and UTs in the country (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.

- **Shakti Sadan-** Under the overarching 'Mission Shakti', erstwhile schemes of 'Swadhar Greh' for women in difficult circumstances and 'Ujjawala Home' for Prevention of Trafficking, have been merged w. e. f. 01.04.2022 and known as 'Shakti Sadan Scheme', which is an Integrated Relief and Rehabilitation Home-for women in distressful situations including trafficked women. It aims at creating a safe and enabling environment for the women in such difficult situations, to enable them to overcome the adverse circumstances.
- **Sakhi Niwas-** The Sakhi Niwas Scheme (Working Women Hostel) is a demand driven centrally sponsored scheme, under which funds are released directly to the States/UTs for implementation of the scheme and aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and even rural areas where employment opportunity for women exist.
- **Palna-** Palna Scheme is implemented with the aim of expanding the outreach of crèches to ensure that women everywhere have the opportunity to work and do not drop out from workforce because of care responsibilities. Palna aims to provide day-care crèche facilities to the children (06 months – 06 years).

- **SANKALP: Hub for Empowerment of Women (HEW) -** The SANKALP: HEW (Hub for Empowerment of Women) which functions as a Project Monitoring Unit (PMU) for all components of Mission Shakti. It serves as a single window system to bridge the information and knowledge gap regarding schemes and facilities available for women as well as guide them to avail the benefits and entitlements.

Under the aforesaid schemes of Mission Shakti, PMMVY is a flagship scheme under which benefits amounting to **Rs. 21,118 crores** have been extended to approximately **4.54 crore** women across the country since inception of the scheme (01.01.2017) till 20.07.2026. State/UT-wise details of the beneficiaries paid under PMMVY during the last three financial years are given in the enclosed **Statement-I**.

The eligibility criteria for determining socially and economically disadvantaged sections of society for availing benefits under the PMMVY Scheme is as below:

i. Women belonging to scheduled castes and Scheduled Tribes.
ii. Women who are partially (40%) or fully disabled (Divjangjan)
iii. Women holder of BPL ration Card
iv. Women Beneficiaries under Pradhan Mantri Jan Aarogya Yojana (PMJAY) under Ayushman Bharat
v. Women holding E-shram card

vi. Women farmers who are beneficiaries under Kishan Samman Nidhi

vii. Women holding MGNREGA Job Card

viii. Women whose net family income is less than Rs. 8 Lakh per annum

ix. Pregnant and Lactating AWWs/ AWHs/ASHAs

x. Women holding ration card under the National Food Security Act, 2013 (NFSA)

xi. Any other category as may be prescribed by the Central Government

Further, all pregnant women and lactating mothers, aged between the group of 18 years and 7 month – 55 years, in regular employment with the central Government or State Government or public Sector Undertaking or those who are in receipt of similar benefits under any law for the time being in force shall not be entitled to benefits under PMMVY. All the eligible beneficiaries may get themselves registered under the PMMVY Scheme by visiting their nearest Anganwadi Centre/Health Facility.

(iii) Mission Vatsalya: 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 (JJBs), District Child Protection Units. It also provides for establishment of Child Care Institutions (CCIs).

This 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. 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 and After Care.

The 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).

The State/UT-wise details of beneficiaries under Mission Vatsalya during the last three financial years are given in the enclosed **Statement-II**.

STATEMENT-I

The State/UT-wise details of the beneficiaries paid under PMMVY during the last three financial years:

S. No	State	2023-24	2024-25	2025-26
1	ANDAMAN AND NICOBAR ISLANDS	856	1,404	2,053
2	ANDHRA PRADESH	1,50,288	3,19,909	1,91,681

3	ARUNACHAL PRADESH	1,399	4,906	6,033
4	ASSAM	1,60,353	2,83,378	2,34,773
5	BIHAR	1,30,880	8,02,894	3,63,606
6	CHANDIGARH	3,038	4,307	4,855
7	CHHATTISGARH	83,540	4,11,354	3,29,011
8	DELHI	42,130	1,11,333	89,096
9	GOA	1,501	8,743	5,381
10	GUJARAT	1,63,492	4,89,543	3,33,927
11	HARYANA	12,624	1,50,086	2,29,887
12	HIMACHAL PRADESH	9,839	58,012	93,438
13	JAMMU AND KASHMIR	13,012	1,41,120	1,80,082
14	JHARKHAND	64,824	2,59,665	2,69,794
15	KARNATAKA	1,64,345	7,30,921	6,97,073
16	KERALA	77,498	2,45,141	2,00,702
17	LADAKH	1,400	2,511	2,620
18	LAKSHADWEEP	531	994	1,061
19	MADHYA PRADESH	4,18,306	13,00,068	8,75,478
20	MAHARASHTRA	93,891	5,39,959	10,28,986
21	MANIPUR	7,739	19,813	12,431
22	MEGHALAYA	3,818	16,691	10,708
23	MIZORAM	2,423	3,772	12,650
24	NAGALAND	2,785	9,274	9,268
25	ODISHA	-	-	1,41,113
26	PUDUCHERRY	243	12,918	6,807
27	PUNJAB	83,304	2,04,552	1,05,174
28	RAJASTHAN	1,86,182	9,16,684	6,17,061
29	SIKKIM	898	3,069	4,904
30	TAMIL NADU	2,86,823	5,50,556	5,03,289
31	THE DADRA AND NAGAR HAVELI AND	2,848	8,610	5,672

	DAMAN AND DIU			
32	TRIPURA	7,690	42,422	39,441
33	UTTAR PRADESH	2,77,011	3,08,121	4,49,899
34	UTTARAKHAND	48,451	1,17,636	71,564
35	WEST BENGAL	-	-	-

Note: *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.*

STATEMENT-II

The State/UT-wise details of beneficiaries under MISSION VATSALYA during the last three financial years:

S.No	States & UTs	Beneficiaries under Institutional Care			Beneficiaries under Non-Institutional Care		
		FY 2023-24	FY 2024-25	FY 2025-26	FY 2023-24	FY 2024-25	FY 2025-26
1	Andhra Pradesh	1546	2152	2284	10000	14187	14187
2	Arunachal Pradesh	206	420	222	1719	1318	1318
3	Assam	1241	1615	2036	1919	2400	2400
4	Bihar	2227	2958	3228	4001	6001	6001
5	Chhattisgarh	1843	1876	1714	1137	1550	1550
6	Goa	461	519	405	62	93	93
7	Gujarat	3195	2393	2987	450	472	466
8	Haryana	963	946	960	643	880	880
9	Himachal Pradesh	926	1390	1312	1352	2028	2028
10	Jammu and Kashmir	1104	1385	1870	4024	5092	5092
11	Jharkhand	1238	1995	1765	4629	6793	6793
12	Karnataka	3110	4587	2853	12449	18673	18673
13	Kerala	776	1345	1370	1455	2182	2182
14	Madhya Pradesh	2597	2303	2392	13715	20572	20572
15	Maharashtra	3495	3667	4185	21680	32520	32520

16	Manipur	2295	2296	2555	1288	1932	1932
17	Meghalaya	1031	990	993	1083	1285	1285
18	Mizoram	1172	1348	1742	1516	2011	2011
19	Nagaland	562	621	663	779	789	789
20	Odisha	4431	4627	7311	3697	5545	5545
21	Punjab	533	506	543	4150	2483	2483
22	Rajasthan	2733	3958	4629	933	475	359
23	Sikkim	468	660	725	460	427	427
24	Tamil Nadu	10118	12438	11217	5411	8116	8116
25	Telangana	2243	2485	2465	4858	7287	7287
26	Tripura	948	1085	1235	1373	2059	2059
27	Uttar Pradesh	3226	5420	5125	10000	15000	15000
28	Uttarakhand	589	868	909	1817	1631	1631
29	West Bengal	4744	7615	7725	2750	4125	4125
30	Andaman & Nicobar	274	263	264	1	0	25
31	Chandigarh	222	344	370	309	350	350
32	Dadra & Nagar Haveli and Daman & Diu	36	64	58	984	929	815
33	Ladakh	84	77	96	411	482	482
34	Lakshadweep	0	0	0	0	0	20
35	National Capital Territory of Delhi	1216	1012	1630	635	952	846
36	Puducherry	739	654	673	171	256	256
	Total	**62592**	**76882**	**80511**	**121861**	**170895**	**170598**

STATUS OF GOVERNMENT MEDICAL FACILITIES AND HEALTH CENTRES

2147. SUSHRI PRANITI SUSHILKUMAR SHINDE:

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

(a) the current status of Government medical facilities and health centres across the country, including Primary Health Centres (PHCs), Community Health Centres (CHCs) and district hospitals, along with details of infrastructure and human resource availability;

(b) whether the Government has identified key issues affecting the functioning of these facilities, including shortage of medical personnel, inadequate infrastructure, lack of essential medicines and overcrowding, if so, the details thereof;

(c) the steps taken by the Government to address these challenges, including recruitment drives, infrastructure upgradation, digital health initiatives and strengthening of supply chains for medicines and equipment in the country; and

(d) whether any recent assessment audit has been conducted by the Government to evaluate the quality of services and patient outcomes in Government health facilities, if so, the details thereof along with the corrective measures proposed to be taken by the Government in this regard?

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

(a) to (d): ‘Public Health’ & ‘Hospitals’ are State subject and the primary responsibility lies with respective State/UT. However, Central Government through the National Health Mission (NHM) provides technical and financial support to States/UTs to strengthen public healthcare system based on the proposals received in the form of Program Implementation Plans (PIPs). 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 medical facilities and health centre across the country, including Primary Health Centre (PHCs), Community Health Centre (CHCs), District Hospitals and Human Resource, can be accessed at the following link of HDI 2023-24;

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

The details of funds approved under the National Health Mission (NHM) for building infrastructure projects in the States/UTs during the last four years are as follows:

(in crore)

2025-26	2024-25	2023-24	2022-23
4249.15	4222.23	4688.49	5471.98

However, under NHM, following types of incentives and honorarium are also provided to overcome the shortages of healthcare personnel:

- 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.

The Swasth Bharat Portal is a single window to access multiple national health programmes through one integrated platform. The portal reduces the need to access and manage multiple programme applications separately, thereby saving time and minimizing duplicate data entry and enhancing efficiency of service providers.

To ensure availability of essential drugs and reduce the Out of Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under NHM. This includes financial support to States/UTs for 113 drugs at AAM-SHCs, 179 at AAM-PHCs, 301 at CHCs, 318 at SDHs and 381 drugs at DHs.

Under NHM, the performance of various health programmes 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.

DE-EMPANELMENT OF PM-JAY HOSPITAL IN KERALA

2148. DR. SHASHI THAROOR:

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

(a) the details of reasons for the voluntary de-empanelment of hospitals under the AB-PMJAY in Kerala during the last three years, including the number of hospitals de-empanelled on account of administrative, financial, operational or other reasons, category-wise;

(b) whether the Union Government has undertaken any assessment of the impact of such de-empanelment on the availability of cashless treatment under the AB-PMJAY in Kerala, particularly in districts where the number of empanelled hospitals has declined; and

(c) the measures taken/proposed to be taken by the Union Government to improve the retention of private hospitals under the AB-PMJAY in Kerala including measures relating to claim settlement, package rates and administrative processes?

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

(a) to (c): Under, Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) hospital empanelment is a continuous process and is undertaken based on the requirements and availability of healthcare providers meeting the criteria within a given State/UT as per empanelment guidelines of National Health Authority (NHA). The empanelment of private hospitals under the scheme is entirely voluntary. As on 30.06.2026, a total of 545 hospitals, comprising 363 private and 182 public hospitals, are empanelled under AB-PMJAY in the State of Kerala.

During the last three years (April 2023 to March 2026), a total of 240 hospitals were de-empanelled from the scheme in the State of Kerala. Of these, 174 hospitals were temporarily empanelled during the COVID-19 pandemic and were subsequently de-empanelled after discontinuing their services following the pandemic. The remaining 66 hospitals were de-empanelled due to administrative, operational, or other reasons.

NHA, in coordination with the State Health Agency (SHA), Kerala, has undertaken various measures to increase the number of empanelled hospitals under the scheme. These measures include regular review meetings to identify gaps in hospital empanelment, targeted engagement with private healthcare providers and hospital associations, and outreach to encourage empanelment of eligible hospitals, particularly in remote and underserved areas. In addition to expanding the empanelled hospital network, NHA regularly analyses the

utilisation pattern of the scheme in the State to assess the availability and accessibility of healthcare services.

As on 30.06.2026, a total of 81.90 lakh hospital admissions have been authorised under AB-PMJAY in Kerala, of which approximately 37% have been availed treatment in private empanelled hospitals.

Under AB-PMJAY, settlement of claims is a regular process and claims are settled by respective SHA as per claim adjudication guidelines issued by NHA. For timely settlement of claims, the permissible turnaround time is within 15 days of claim submission for intra-state hospitals (hospitals located within the State) and within 30 days of claim submission in case of portability claims (hospitals located outside the State).

NHA conducts regular review meetings with the State Health Agency, Kerala, to review hospital empanelment, claims processing, fund utilisation, and other operational and administrative issues to ensure the effective implementation of AB-PMJAY.

ECHS FACILITIES IN MANGALURU

2149. CAPTAIN BRIJESH CHOWTA:

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

(a) the number of beneficiaries registered under the Ex-Servicemen Contributory Health Scheme (ECHS) in Dakshina Kannada district and the category, authorised manpower and medical facilities available therein;

(b) the sanctioned strength and the actual strength of Medical Officers, Specialists, Paramedical Staff and other staff at the said ECHS Polyclinic, category-wise;

(c) the number of hospitals, diagnostic centres, eye care centres and dental facilities empanelled under ECHS in Mangaluru, specialty-wise, along with the number of applications for empanelment that are presently pending under consideration;

(d) whether the Government has assessed the need for upgrading the ECHS Polyclinic at Mangaluru and expanding the availability of specialist services and empanelled hospital coverage in Dakshina Kannada for ECHS beneficiaries; and

(e) if so, the details thereof including the action taken/proposed to be taken by the Government in this regard along with the timeline likely to be taken for implementation?

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

(a) to (e): The total ECHS beneficiary base of Dakshina Kannada district is 5,980, including dependents. ECHS Polyclinic, Mangaluru is functioning as a Type 'D' Polyclinic. The authorised strength of 15 is filled up through contractual personnel as per laid down policy.

There are nine empanelled hospitals providing heathcare services including dental, eye care and various diagnostic services to ECHS beneficiaries in Dakshina Kannada district.

ECHS Polyclinic, Mangaluru has a Daily Average Sick Report of 63. The requirement for upgradation of polyclinics are reviewed periodically based on the beneficiary strength and the Daily Average Sick Report.

ADOPTION OF NEW TECHNOLOGIES

2150. DR. BYREDDY SHABARI:

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

(a) the estimated annual requirement, domestic production, imports and import dependence of major fertilisers during the last five years, year-wise;

(b) whether the Government has made any assessment regarding the role of modern agricultural technologies and practices in improving fertiliser-use efficiency and reducing chemical fertiliser consumption and, if so, the details thereof;

(c) whether the Government, in coordination with the Ministry of Agriculture and Farmers' Welfare, promotes the adoption of technologies such as precision farming, fertigation, nano fertilisers and other nutrient-efficient practices and, if so, the details thereof, including their adoption status;

(d) the measures taken to reduce import dependence on fertilisers through improved nutrient- use efficiency and balanced fertiliser application; and

(e) whether the Government has fixed any targets for improving fertiliser-use efficiency and reducing import dependence 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): 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 the fertilizers viz. Urea, DAP, MOP and NPKS, in the country, has remained adequate during the ongoing Kharif 2026 season i.e. from 01.04.2026 to 27.07.2026. The information regarding requirement, availability, sales and closing stock of these fertilizers during the said period is as under:

ALL INDIA
FERTILIZER AVAILABILITY POSITION DURING ONGOING KHARIF 2026 (FROM 01.04.26 TO 27.07.2026)
Fig. in LMT

S.No	Product	Pro-Rata Requirement	Availability	DBT Sales	CLOSING STOCK AS ON 27.07.2026
1	**UREA**	120.16	174.47	108.95	65.52
2	**DAP**	34.67	42.36	25.84	16.52
3	**MOP**	10.97	14.21	5.72	8.51
4	**NPKS**	52.89	88.01	43.70	44.31

Further, there is also a closing stock of 21.23 LMT of indigenously produced SSP in the country which is used as a substitute of DAP for providing Phosphatic or 'P' nutrient to the soil.

Moreover, the information regarding requirement, availability and sales of Urea, DAP, MOP and NPKs fertilizers in the country during last 5 years is given in the enclosed **Statement**.

Further, the information regarding imports of Urea, DAP, MOP and NPKs fertilizers in the country during last 5 years is as under:

IMPORTS OF UREA, DAP, MOP & NPKS IN THE COUNTRY IN LAST 5 YEARS				
Fig in LMT				
Year	**Urea**	**DAP**	**MOP**	**NPK**
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

The information regarding production of Urea, DAP and NPKs fertilizers in the country during last 5 years is as under:

PRODUCTION OF UREA, DAP & NPKS IN THE COUNTRY IN LAST 5 YEARS
Fig. in LMT

YEAR	UREA	DAP	NPKs
2021-22	250.72	42.22	89.67
2022-23	284.94	43.51	100.4
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			

(b) to (e): The Government is promoting Integrated Nutrient Management (INM), which advocates the judicious and scientific integration of organic sources, chemical fertilizers, and biological inputs for efficient and sustainable nutrient management. INM aims to meet the nutrient requirements of crops in an economical and environmentally sustainable manner while maintaining long-term soil fertility. It also promotes crop rotation, crop residue management, and diversified farming systems to improve nutrient use efficiency and enhance soil health. To promote balanced nutrient management and sustainable agriculture, the Government is implementing the following major initiatives:

(i) Soil Health & Fertility Scheme: 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 laboratory analysis of 12 parameters—pH, Electrical Conductivity (EC), Organic Carbon (OC), available Nitrogen (N), Phosphorus (P), Potassium (K), Sulphur (S), and the micronutrients Zinc (Zn), Iron (Fe), Copper (Cu),

Manganese (Mn), and Boron (B). Based on the test results, the SHC provides crop-wise fertilizer recommendations, thereby promoting balanced and efficient nutrient management. The card is issued once every three years, enabling farmers to use fertilizers judiciously, maintain soil fertility, enhance crop productivity, reduce cultivation costs, and promote sustainable agriculture. So far, 26.07 crore Soil Health Cards have been generated and issued to farmers.

(ii) Per Drop More Crop (PDMC): Implemented since 2015-16, the scheme promotes water-use efficiency through micro-irrigation technologies such as drip and sprinkler irrigation systems. Under the scheme, about 110 lakh hectares have been brought under micro-irrigation.

(iii) Rainfed Area Development (RAD): Implemented since 2014-15, the scheme promotes Integrated Farming System (IFS) models developed by ICAR, integrating agriculture with horticulture, livestock, fisheries, apiculture, and other allied activities. Since inception, 9.32 lakh hectares have been brought under Integrated Farming Systems, benefiting 15.28 lakh farmers.

(iv) Agroforestry: Under the motto "Har Medh Par Ped", the Government promotes tree plantation on farm boundaries to enhance farmers' income and ecological sustainability. Since the launch of the scheme in 2016, 1,725 nurseries have been established and 1,594.48 lakh saplings have been raised.

(v) National Mission on Natural Farming (NMNF): Approved by the Union Cabinet on 25 November 2024, NMNF is a standalone Centrally Sponsored

Scheme aimed at promoting chemical-free, nature-based farming practices using on-farm inputs under which 10.32 lakh hectares of area is covered and 20.93 lakh farmers have been registered.

(vi) Paramparagat Krishi Vikas Yojana (PKVY): Implemented since 2015-16, PKVY promotes organic farming by providing end-to-end support covering production, processing, certification, and marketing. So far, 18.84 lakh hectares have been brought under organic farming, 33.94 lakh farmers have been benefited.

(vii) Mission Organic Value Chain Development for North Eastern Region (MOVCDNER): Since 2015-16, the scheme has been promoting organic farming and value chain development in the North Eastern States with 100% Central assistance. So far, 2.36 lakh hectares have been brought under organic farming, 2.70 lakh farmers have benefited.

(viii) Promotion of Nano Fertilizers: To improve nutrient use efficiency and reduce nutrient losses, the Government is promoting the use of nano fertilizers through awareness campaigns, drone-based spraying, battery operated sprayers, and trained village-level entrepreneurs.

Further, the states reported 1.98 lakh ha area covered under Green Manure. Also The Government of India has already instructed the Government of all States/ UT to promote ammonium sulphate as an alternate fertilizer.

Besides, the Government of India has launched the National Mission on Natural Farming in the country on 25th November 2024. Natural Farming 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. Natural Farming is an important step towards improving soil health and restoring ecosystems and reducing input cost to the farmer to achieve greater climate resilience. Natural Farming recognizes the interdependence of the natural ecosystem amongst soil, water, microbiome, plants, animals, climate and human requirements. The overall financial outlay is Rs. 2481 crore (Central share of Rs. 1584 crore & States' share Rs. 897 crore) till 15th Finance Commission period (March 2026). Under the Mission, there is a provision for an Output Based Incentive of Rs. 4000/- per acre, per year to a farmer for 2 years (up to 1 acre per farmer). The incentive support is for farmers to practice Natural Farming, to train more farmers, upkeep of livestock, preparation of natural farming inputs including purchase of mixing & storage containers or purchase of inputs from Bio-input Resource Centers (BRCs) etc.

During the FY 2025-26, 18,893 clusters have been formed covering an area of 10.32 lakh hectares and involving 20.93 lakh farmers under the Mission. To support technology dissemination and on-ground implementation, 33,257 Krishi Sakhis/Community Resource Persons (CRPs) have been trained and 7,601 Bio-Input Resource Centres (BRCs) have been established for ensuring

availability of natural farming inputs at the local level. Further, 33.89 lakh farmers have been made aware about natural farming and 18.13 lakh Soil samples have been collected under the mission. Against a budget allocation of 725.00 crore for the financial year 2025-26, a total of 599.68 crore has been utilized / incurred expenditure. More than 22.47 lakh farmers have been registered under the Natural Farming Certification System (NFCS), out of which more than 14.43 lakh farmers have been certified.

Paramparagat Krishi Vikas Yojana (PKVY) and Mission Organic Value Chain Development for North Eastern Region (MOVCDNER) Organic farming is being promoted through Paramparagat Krishi Vikas Yojana (PKVY) in the States/UTs and Mission Organic Value Chain Development for North Eastern Region (MOVCDNER) for the North Eastern States since 2015-16. Both schemes stress on end-to-end support to farmers engaged in organic farming i.e. from production to processing, certification and marketing. Primary focus of the schemes is to form organic clusters, with preference to small and marginal farmers, to create a supply chain. Both the schemes are implemented through States /UT Governments. Under PKVY, assistance of Rs. 31,500 per ha is provided over 3 years for promotion of organic farming. Out of this, assistance of Rs. 15,000 per ha is provided to farmers through Direct Benefit Transfer for on-farm /off -farm organic inputs. Under MOVCDNER, assistance of Rs. 46,500/ha is provided over 3 years for creation of Farmers Producer Organization, support to

farmers for organic inputs etc. Out of this, assistance @ Rs. 32,500/ ha is provided to farmers for off farm /on-farm organic inputs under the scheme including Rs. 15,000 as Direct Benefit Transfer to the farmers.

Achievements of PKVY Scheme since its inception (as on 30.06.2026):

- 18.93 lakh hectares area has been covered.
- 33.63 lakh farmers benefited from the scheme.
- Since 2015-16, a total of Rs. 2811.36 crore (central share) has been released under PKVY Scheme (as of 30.06.2026).

Achievements of MOVCDNER Scheme since its inception (as on 30.06.2026):

- 2.36 lakh hectares brought under organic farming.
- 2.74 lakh farmers benefited.
- Since 2015-16, a total of Rs. 1548.62 crore (central share) has been released under MOVCDNER scheme (as of 30.06.2026).

In addition, Under Market Development Assistance (MDA) Scheme (FY 2023-24 to 2025-26) Rs. 1500/MT is being provided to CBG plants/Fertilizer Marketing Companies for promotion of organic soil carbon enhancers, viz., Fermented Organic Manure (FOM)/Liquid Fermented Organic Manure (LFOM) and organic fertilizer, viz., Phosphate Rich Organic Manure (PROM) produced at CBG plants under GOBARdhan initiative. This initiative of the Government is expected to

address the imbalanced use of chemical fertilizers thereby reducing chemical fertilizer use.

Moreover, the Government is not implementing any special scheme to promote the use of Nano Urea and Nano DAP in the country. However, 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 Urea is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.

- 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 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.

STATEMENT

ALL INDIA YEAR WISE FERTILIZERS POSITION FROM 2021-22 to 2025-26

Fig. in LMT

S. No	YEAR	UREA			DAP			MOP			NPKS		
		Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales
1	2025-26	381.45	450.79	396.60	110.42	121.72	100.80	26.82	30.58	22.56	158.49	198.97	150.37
2	2024-25	364.01	443.83	387.92	111.92	105.14	96.29	22.21	30.85	22.02	151.29	183.72	149.72
3	2023-24	356.08	437.47	357.81	110.18	127.42	109.73	27.62	22.74	16.45	126.31	156.51	116.80
4	2022-23	359.19	415.82	357.26	114.20	130.93	105.31	34.17	19.55	16.32	120.69	138.15	107.31
5	2021-22	356.53	389.68	341.73	123.90	100.49	92.64	37.10	27.06	23.93	122.74	135.74	121.37

1. Primary Indicator of comfortable availability: Availability > Requirement

2. Secondary Indicator of comfortable availability: Availability > Sales

ETHYL ALCOHOL IN DRUGS

2151. SHRI V. K. SREEKANDAN:

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

(a) whether the Government has amended the rules to strictly regulate drugs formulations containing high level of alcohol in the country, if so, the details thereof;

(b) whether it is also a fact that the Government has removed licensing requirements for formulations containing more than 12% of ethyl alcohol;

(c) whether it is also a fact that some of these formulations contain highly potent\ concentrations of ethyl alcohol, in certain cases up to 80 to 90% v/v making them susceptible to misuse for intoxication, if so, the details thereof; and

(d) whether it is also true that the Government has received urgent regulatory references and complaints from various State Governments in this regard, if so, the details thereof?

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

(a) to (d): The Government received a representation from State Drugs Controller, Uttar Pradesh, stating the need for suitable amendments under the Drugs and

Cosmetics Act, 1940 and Rules, 1945 to prevent misuse of tinctures/ alcoholic preparations.

The said matter was deliberated in 61st Drugs Consultative Committee (DCC) meeting held on 01.06.2023 and thereafter, in 90th meeting of Drugs Technical Advisory Board (DTAB) held on 25.01.2024. Subsequently, the Government has amended the Drugs Rules, 1945 vide notification G.S.R. 607(E) dated 08.07.2026. As per the said notification, all formulations containing more than 12% v/v ethyl alcohol, packed and sold in packings or bottles exceeding 30 mL, shall no longer be covered under the exemption provided to them under Schedule K of the Drugs Rules, 1945.

Consequently, all such oral formulations are now covered under Schedule H1 of the Drugs Rules, 1945, which mandates their sale against the prescription of a Registered Medical Practitioner, stricter record-keeping and requires to obtain the requisite licenses under the said rules. The said amendment shall come into force after six months of publication of these rules in the official gazette.

OUT-OF-POCKET EXPENDITURE ON CANCER AND CARDIAC TREATMENT

2152. SHRI MOHIBBULLAH:
SHRI PUSHPENDRA SAROJ:
ADV. PRIYA SAROJ:
SHRI ANAND BHADAURIA:

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

(a) whether the Government has assessed the impact of out-of-pocket expenditure on cancer and cardiac treatment, particularly on low-income and rural households, if so, the details thereof;

(b) the measures taken by the Government to improve the affordability and availability of essential medicines and consumables for cancer and cardiac care under Central Government programmes;

(c) the details of the Government's assessment regarding the contribution of medicines, consumables and diagnostics to out-of-pocket expenditure on such treatment;

(d) the mechanism in place to monitor compliance with pricing and procurement guidelines for medicines and consumables under Central health schemes; and

(e) the steps taken/proposed to be taken by the Government to reduce the financial burden of cancer and cardiac treatment on patients?

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

(a): As per the National Health Account Estimates, the share of Out-Of-Pocket Expenditure (OOPE) in Total Health Expenditure (THE) has significantly decreased from 62.6% in 2014-15 to 39.4% in 2021-22.

(b) to (d): To improve the affordability and availability of essential medicines, under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), quality generic medicines, including medicines used in the treatment of cancer and cardiovascular diseases, are made available at affordable prices through Jan Aushadhi Kendras across the country. 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 National Health Mission (NHM), National Free Drugs Initiative and Free Diagnostic Services ensure essential medicines and diagnostics at public health facilities, reducing out-of-pocket expenses. Anti-cancer drugs are included in the Essential Drugs List at District Hospitals under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCDs).

The prices of essential medicines are regulated by the National Pharmaceutical Pricing Authority (NPPA). NPPA has fixed ceiling prices of scheduled formulations included in the National List of Essential Medicines (NLEM) and retail prices of new drugs. As on 31.12.2025, ceiling prices of 131 anti-cancer scheduled formulations are under price control, resulting in an average reduction of around 21% in ceiling prices and estimated annual savings of about ₹294 crore to patients. NPPA has also fixed 54 retail prices in the anti-cancer therapeutic category, comprising 31 anti-cancer drugs, 22 anti-neoplastic

drugs and 1 immuno-suppressive drug.

(e): The Ministry of Health and Family Welfare has taken following steps to reduces the financial burden of cancer and cardiac treatment on patients:-

- National Health Mission (NHM) provides financial and technical assistance to States and Union Territories with a focus on strengthening infrastructure, human resources, early diagnosis, referrals, treatment, and awareness for NCD prevention. Under the programme, 770 District NCD Clinics, 233 Cardiac Care Units, 524 Day Care Cancer Centres (DCCCs), and 6,410 NCD clinics at Community Health Centres have been set up.
- Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), population-based screening for common Non-Communicable Diseases (NCDs) is undertaken for all individuals aged 30 years and above for diabetes, hypertension and the three common cancers (oral, breast and cervical) as part of Comprehensive Primary Health Care through Ayushman Arogya Mandirs and other public health facilities.
- 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) have been set up in different parts of the country to provide advanced health care.
- The National Cancer Institute (NCI) at Jhajjar, with 1,460 patient care beds and advanced diagnostic and treatment facilities and the second campus of

Chittaranjan National Cancer Institute in Kolkata, with 460 beds have been set up by the Government to provide super-specialty care.

- Treatment of NCDs is also available under Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB PMJAY). This scheme provides for ₹5 lakh per family annually for secondary and tertiary care, benefiting 55 crore people.
- One-time financial assistance upto ₹15 lakh is provided under the Health Minister's Cancer Patient Fund (HMCPF) for treatment of poor patients living below poverty lines and suffering from cancer.

PSK IN JAMUI

2153. SHRI ARUN BHARTI:

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

(a) the number of passports issued to the residents of Jamui during the last year through the nearest Passport Seva Kendra (PSK);

(b) the steps taken to streamline the application and verification process for the citizens of the district;

(c) the measures for providing assistance to the families of migrant workers from the district who are stranded abroad;

(d) the efforts made by Government for conducting skill-development workshops for potential overseas migrant workers;

(e) the status of the 'Pravasi Bharatiya' outreach program in the region;

(f) whether the coordination with the state police is done by the Ministry to ensure timely police verification, if so, the details thereof; and

(g) the timeline for establishing a Passport Seva Laghu Kendra in the district headquarters?

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): Total number of passports issued to applicants of Jamui district from the Post Office Passport Seva Kendra (POPSK) Jamui during the years 2025 and 2026 (till 21.07.2026) are 2555 and 1838 respectively.

(b): To provide improved and smooth passport services in the country, including the applicants residing in Jamui district of Bihar, the Ministry has taken several steps. The upgraded Passport Seva Programme (PSP V2.0) introduces a digitally enabled passport ecosystem with several innovative enhancements to improve accuracy, transparency and convenience for applicants. The platform incorporates facial recognition and biometric matching to strengthen identity verification and speed up processing. PSP V2.0 leverages emerging technologies, including SMS/email alerts, data analytics and report generation. Process automation supports document validation to prevent forgery, reduce manual errors and lower operational costs. New digital tools introduced under

PSP V2.0 have significantly improved the passport application and grievance-redressal experience by making the process faster, transparent and more user-friendly. Moreover, in June 2018, Ministry had launched the 'Apply anywhere in India' scheme under which a passport can be applied at any PSK/POPSK in India. Also, MEA deploys Passport Mobile Van under respective RPO for on-site passport processing in rural, tribal, remote and underserved areas.

(c): Safety and security of the Indian diaspora is one of the foremost priorities of the Government of India. Various welfare initiative including Pravasi Bharatiya Bima Yojana (PBBY), Pre-departure Orientation Training (PDOT) have been initiated by the Government for welfare of Indian nationals including migrant workers. Indian Missions/Posts utilize the Indian Community Welfare Fund (ICWF) from time to time to provide financial and legal assistance to Indian national in distress abroad on a means-tested basis. The grievances of the Indian diaspora members are responded through telephone calls, walk-ins, emails, social media, 24x7 emergency helplines, Consular Camps, Open Houses, the MADAD Portal and CPGRAMS. To offer direct assistance and counseling to Indian workers overseas, Pravasi Bharatiya Sahayata Kendras (PBSKs) have been established in key locations such as New Delhi, Dubai, Riyadh, Jeddah, London and Kuala Lumpur. MoUs/Agreements such as Migration and Mobility Partnership Agreements (MMPAs), Labour Mobility and Labour Welfare Agreements have also been signed with the partner countries for establishing

robust frameworks for migrant workers welfare and protection and legal migration and for preventing irregular migration.

(d): PDOT programmes are aimed at enhancing the soft skills of Indian migrant workers largely going for work abroad especially in the Gulf region and Malyasia, in terms of culture, language, tradition and local rules and regulations of the destination country. One day-long PDOT training also sensitizes migrant workers about pathways to safe and legal migration and various government programmes for their welfare and protection.

PDOT curriculum content has been standardized all over the country. Comprehensive PDOT Manuals for Master Trainers have been developed in seven languages i.e. Hindi, English, Bangla, Malayalam, Punjabi, Tamil and Telugu. Besides, the Ministry has compiled 13 country specific Handbooks for emigrant workers on UAE, Saudi Arabia, Oman, Kuwait, Qatar, Bahrain, Iran, Mauritius, Germany, Australia, Denmark, Portugal and Italy. The Ministry launched online PDOT in April 2021 to reach out to prospective emigrants who live far away from PDOT centers. As on 31 May 2026, PDOT Training has been imparted to 2,48,818 prospective emigrants.

(e): MEA strives to holistically engage with the Indian diaspora community through specific schemes and programmes. Ministry organizes the Pravasi Bharatiya Divas (PBD) in India biennially when it invites Indian diaspora community members from all around the world. Ministry also conducts the Know

India Programme to engage with the younger generation of the Indian diaspora comprising of both NRIs and PIOs through a two-week programme in India in two age-based categories, providing them an opportunity to reconnect with their roots while experiencing India's rich cultural heritage and contemporary achievements. Besides, this Ministry offers 150 scholarships to the children of the Indian diaspora to facilitate their academic pursuits in Undergraduate Courses in Indian educational institutes under its Scholarship Programme for Diaspora Children Scheme (SPDC). This Ministry also extends financial support to the large and diverse Indian diaspora overseas to organize programmes in foreign lands aimed towards protecting and promoting their Indian cultural heritage and identity.

(f): Police Verification has been an integral part of the Passport Issuance process. In January 2016, the Ministry launched ‘Passport Seva Police App’ (erstwhile mPassport Police App) for Android/iOS for use by State/UT police personnel tasked with conducting police verification, enabling them for an expeditious submission of PVR digitally directly from the Police Station itself. 25 States/UTs covering more than 9444 Police Stations across the country have already launched Passport Police Seva App.

(g): A POPSK is already functional at Jamui district in Jamui Lok Sabha Constituency in Bihar and currently, there is no proposal under consideration of Ministry of External Affairs for establishment of Passport Seva Kendra in district headquarters of Jamui.

आईसीडीएस योजना

2154. डॉ. मन्ना लाल रावतः

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

(क) देश में समेकित बाल विकास सेवाओं के अंतर्गत लाभान्वित लाभार्थियों की संख्या, राज्य/संघ राज्य क्षेत्र-वार, विशेष रूप से राजस्थान में, जिला-वार क्या है;

(ख) उक्त योजना के तहत अब तक उपयोग की गई निधि का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा क्या है; और

(ग) सरकार द्वारा उक्त योजना को सुदृढ़ और प्रभावी बनाने के लिए उठाए जा रहे कदमों का जिला-वार, विशेष रूप से उदयपुर जिले में ब्यौरा क्या है?

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

(क): राजस्थान राज्य सहित मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत शामिल लाभार्थियों की जिला-वार संख्या पोषण ट्रैकर सार्वजनिक डैशबोर्ड के लिंक https://www.poshantracker.in/statistics पर उपलब्ध है।

(ख): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत जारी और उपयोग की गई निधियों का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 एक केंद्र प्रायोजित योजना है।इस मिशन के अंतर्गत, आंगनवाड़ी केंद्रों के माध्यम से पात्र लाभार्थियों को छह सेवाओं का एक पैकेज अर्थात पूरक पोषण (एसएनपी), विद्यालय-पूर्व गैर-औपचारिक शिक्षा, पोषण एवं स्वास्थ्य शिक्षा, टीकाकरण, स्वास्थ्य जांच तथा रेफरल सेवाएँ प्रदान की जाती हैं। छह सेवाओं में से तीन सेवाएँ अर्थात टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएँ स्वास्थ्य से संबंधित हैं और इन्हें राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) एवं सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान किया जाता है। ये सेवाएँ देश भर में आंगनवाड़ी

केंद्र के माध्यम से पात्र पंजीकृत लाभार्थियों अर्थात 6 वर्ष तक की आयु के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं तथा राज्यों के आकांक्षी जिलों और पूर्वोत्तर क्षेत्र के सभी जिलों में 14 से 18 वर्ष की आयु वर्ग के किशोरियों को प्रदान की जाती हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत, महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (मनरेगा) के साथ तालमेल करके आंगनवाड़ी केंद्र भवन बनाने का प्रावधान है।

इसके अतिरिक्त, राज्यों/संघ राज्य क्षेत्रों (यूटी) को विभिन्न योजनाओं जैसे सांसद स्थानीय क्षेत्र विकास योजना (एमपीएलएडीएस), ग्रामीण अवसंरचना विकास कोष (आरआईडीएफ), पंचायती राज संस्थाओं को वित्त आयोग अनुदान, अल्पसंख्यक कार्य मंत्रालय के बहु-क्षेत्रीय विकास कार्यक्रम (एमएसडीपी) इत्यादि से आंगनवाड़ी केंद्र भवनों के निर्माण के लिए निधि जुटाना जारी रखने की भी सलाह दी गई है।

पीएम-जनमन (प्रधानमंत्री जनजाति आदिवासी न्याय महा अभियान) के तहत, पीवीटीजी (विशेष रूप से कमजोर जनजातीय समूहों) वाले इलाकों में कुल 2,500 आंगनवाड़ी केंद्रों के निर्माण को मंज़ूरी दी गई है, जिनमें से 51 आंगनवाड़ी केंद्र राजस्थान में बनाने की मंज़ूरी दी गई है।

जनजातीय कार्य मंत्रालय द्वारा शुरू किए गए 'धरती आबा जनजातीय ग्राम उत्कर्ष अभियान' (डीएजीजेयूए) का मुख्य उद्देश्य जनजातीय बहुल गांवों में योजनाओं में तालमेल करना, पहुंच बढ़ाना और सभी सुविधाएं उपलब्ध कराना है। डीएजीजेयूए के तहत, 875 आंगनवाड़ी केंद्रों के निर्माण की मंज़ूरी दी गई है; इनमें से राजस्थान राज्य के लिए 135 आंगनवाड़ी केंद्रों को मंज़ूरी दी गई है, जिनमें उदयपुर ज़िले के 27 आंगनवाड़ी केंद्र भी शामिल हैं।

राज्यों और संघ राज्य क्षेत्रों को निर्देश दिए गए हैं कि राज्यों और संघ राज्य क्षेत्रों को जिन आंगनवाड़ी केंद्रों के पास पर्याप्त अवसंरचना सुविधा उपलब्ध नहीं है और किराये के भवनों में संचालित हैं, उन्हें निकटवर्ती प्राथमिक विद्यालयों में स्थापित किया जाए जहां स्थान उपलब्ध हैं। सरकारी

प्राइमरी स्कूलों में आंगनवाड़ी केंद्रों को स्थापित करने के लिए शिक्षा मंत्रालय के साथ मिलकर संयुक्त रुप से दिशानिर्देश जारी किए गए हैं।

इसके अलावा, आंगनवाड़ी केंद्रों में अवसंरचना सुविधाओं में सुधार करने के उद्देश्य से पेयजल सुविधाएं उपलब्ध कराने हेतु @17,000/- रुपये और शौचालयों के निर्माण हेतु @36,000/- रुपये की निधि राज्यों और संघ राज्य क्षेत्रों को प्रदान की जाती है। देशभर में कुल 1,58,966 एडब्ल्यू में पेयजल सुविधाएं उपलब्ध कराने की स्वीकृति प्रदान की गई है जिनमें राजस्थान राज्य के 11,665 एडब्ल्यू भी शामिल हैं और कुल 1,42,522 एडब्ल्यू में शौचालयों के निर्माण की स्वीकृति प्रदान की गई है।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत, बेहतर पोषण प्रदायगी तथा प्रारंभिक बाल्यावस्था देखभाल एवं शिक्षा की सुविधा प्रदान करने के उद्देश्य से सरकारी भवनों में स्थित दो लाख आंगनवाड़ी केंद्रों (एडब्ल्यूसी) को 15वें वित्त आयोग की अवधि के दौरान सक्षम आंगनवाड़ी के रूप में उन्नत करने की स्वीकृति प्रदान की गई है। सक्षम आंगनवाड़ी केंद्रों को एलईडी स्क्रीन, जल शोधन प्रणाली, पोषण वाटिका, प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा (ईसीसीई) सामग्री और बिल्डिंग एज लर्निंग ऐड(बाला) पेंटिंग जैसी आधारभूत सुविधाएँ उपलब्ध कराई जाती हैं। राजस्थान राज्य मेंकुल 3,514 आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी के रूप में उन्नयन हेतु स्वीकृति दी गई है, जिसमें उदयपुर जिले के 106 आंगनवाड़ी केंद्र (एडब्ल्यूसी) भी शामिल हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत, कुपोषण में कमी लाने तथा सामुदायिक जुटाव, आउटरीच, व्यवहार परिवर्तन और जागरुकता प्रसार जैसे क्रियाकलापों के माध्यम से बेहतर स्वास्थ्य, तंन्दुरुस्ती और प्रतिरक्षा के लिए एक नई कार्यनीति तैयार की गई है। इसमें मातृ पोषण, शिशु एवं छोटे बच्चों के आहार संबंधी मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएमए) को दूर करने तथा आयुष पद्धतियों के माध्यम से तंदुरूस्ती पर विशेष ध्यान दिया जाता है, ताकि ठिगनेपन, दुबलापन और कम वजन की व्यापकता को कम किया जा सके।

'पोषण ट्रैकर' डिजिटल एप्लिकेशन को मार्च 2021 में एक आईसीटी आधारित निगरानी उपकरण के रूप में शुरू किया गया है, जिसका उद्देश्य परिभाषित संकेतकों के आधार पर आंगनवाड़ी केंद्रों (एडब्ल्यूसी), के सभी क्रियाकलापों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की तत्समय (रियल टाईम) निगरानी और ट्रैकिंग करना है। इसने आंगनवाड़ी सेवाओं के लगभग तत्समय (रियल टाईम) डेटा संग्रह को सुविधाजनक बनाया है। इस योजना के अंतर्गत प्रदान किए जा रहे लाभों (पूरक पोषण) की वास्तविक/निर्धारित लाभार्थी तक पहुंच सुनिश्चित करने के लिए; लाभों के दोहराव और दुरूप्रयोग के जोखिम को समाप्त करने तथा योजना को अधिक पारदर्शी बनाने के उद्देश्य से, मंत्रालय ने अगस्त 2024 में चेहरे की पहचान प्रणाली (एफआरएस) शुरू की। एफआरएस को आंध्र प्रदेश, गुजरात, हरियाणा, ओडिशा, उत्तर प्रदेश और चंडीगढ़ सहित 6 राज्यों और संघ राज्य क्षेत्रों में प्रायोगिक रूप में शुरू किया गया। इसके बाद, दिसंबर 2024 में एफआरएस को संपूर्ण भारत में शुरू किया गया, जिसमें एफआरएस के बिना टीएचआर वितरित करने का विकल्प भी रखा गया। एफआरएस के लिए लाभार्थियों के ऑनबोर्डिंग की पूरी प्रक्रिया को क्रमिक रूप से पूरा किया गया। चेहरे की पहचान प्रणाली (एफआरएस) यह सुनिश्चित कर रही है कि लाभ केवल उन्हीं निर्धारित और सत्यापित लाभार्थियों को प्रदान किया जाए जो पोषण ट्रैकर एप्लिकेशन में पंजीकृत हैं।

इसके अलावा, इस ऐप में नॉमिनी मॉड्यूल शुरू किया गया है ताकि लाभार्थियों अर्थात गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को टेक-होम राशन (टीएचआर) निर्बाध रूप से मिलता रहे यदि किसी कारणवश पंजीकृत लाभार्थी एफआरएस के माध्यम से अपना टीएचआर प्राप्त करने के लिए आंगनवाड़ी केंद्र नहीं जा पाती है, तो वह अपनी ओर से टीएचआर प्राप्त करने के लिए किसी व्यक्ति को नामित कर सकती है। इसके अलावा, आधार आधारित ट्रैकिंग ने लाभार्थियों की उचित पहचान, लाभ के दुरूप्रयोग की रोकथाम और फर्जी प्रविष्टियों को समाप्त करने में सहायता की है।

पोषण ट्रैकर ऐप ने मंत्रालय और राज्यों एवं संघ राज्य क्षेत्रों को बच्चों के स्वास्थ्य और पोषण की स्थिति सहित विभिन्न मानदंडों पर योजना के कार्यान्वयन की समीक्षा करने और आवश्यक सुधारात्मक कदम उठाने में समर्थ बनाया है।

विवरण

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत जारी और उपयोग की गई निधियों का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा:

(करोड़ रुपए में)

क्रम सं	राज्य एवं संघ राज्य क्षेत्र	2023-24		2024-25		2025-26
		जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि
1	अंडमान व नोकोबार द्वीप समूह	12.15	11.06	9.63	9.21	8.10
2	आंध्र प्रदेश	705.68	734.52	645.73	641.23	759.76
3	अरुणाचल प्रदेश	162.06	139.34	102.61	99.58	118.5
4	असम	2233.31	2804.16	2482.34	2605.14	1548.67
5	बिहार	1859.29	1703.55	2262.92	1659.24	905.43
6	चंडीगढ़	19.79	19.26	14.56	14.31	9.87
7	छत्तीसगढ़	579.46	664.31	733.30	730.29	518.22
8	दादरा एवं नगर हवेली और दमन एवं दीव	11.97	11.57	9.13	9.07	5.92
9	दिल्ली	161.81	135.31	160.41	152.34	150.21
10	गोवा	13.95	12.22	13.44	11.52	19.74
11	गुजरात	1126.80	658.81	601.32	598.35	699.13
12	हरियाणा	225.78	183.94	232.69	212.49	67.12
13	हिमाचल प्रदेश	301.09	146.69	313.07	311.04	328.59
14	जम्मू एवं कश्मीर	530.88	595.21	662.79	634.78	401.62
15	झारखंड	664.30	560.25	496.95	465.21	429.26
16	कर्नाटक	912.96	729.26	886.85	875.36	863.64

17	केरल	306.64	359.22	435.74	429.54	283.81
18	लद्दाख	19.62	18.06	18.89	18.49	16.41
19	लक्षद्वीप	2.88	2.73	1.35	1.24	0.82
20	मध्य प्रदेश	1123.11	1048.42	1144.54	1123.54	937.45
21	महाराष्ट्र	1699.52	1219.66	1368.84	1354.26	1405.45
22	मणिपुर	201.28	224.68	342.87	316.82	199.99
23	मेघालय	269.69	193.30	137.93	135.26	182.04
24	मिजोरम	100.27	72.19	55.29	54.26	52.69
25	नागालैंड	262.91	209.24	147.01	146.32	146.29
26	ओडिशा	968.80	891.06	948.16	906.51	911.27
27	पुदुचेरी	4.48	8.35	3.68	3.65	4.02
28	पंजाब	307.87	220.55	265.48	262.45	190.73
29	राजस्थान	1091.96	880.87	741.85	735.82	843.51
30	सिक्किम	33.49	23.77	18.07	18.02	18.21
31	तमिलनाडु	880.79	662.40	638.47	632.41	636.6
32	तेलंगाना	507.87	522.99	430.76	419.75	209.2
33	त्रिपुरा	244.22	211.20	153.41	145.25	154.73
34	उत्तर प्रदेश	2668.69	2510.27	2694.62	2498.26	2145.42
35	उत्तराखंड	288.24	426.34	216.33	207.52	271.05
36	**पश्चिम बंगाल**	1237.56	1522.40	1513.80	1497.52	1333.9

* इसमें पिछले वर्षों की शेष राशि से किया गया व्यय शामिल है।

वैश्विक पासपोर्ट सूचकांक

2155. श्री रविन्द्र वसंतराव चव्हाण:

श्री मनीश तिवारी:

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

(क) क्या सरकार ने वैश्विक पासपोर्ट गतिशीलता रैंकिंग में भारत के स्थान में गिरावट और भारतीय पासपोर्ट-धारकों के लिए उपलब्ध वीजा-मुक्त गंतव्यों की अपेक्षाकृत सीमित संख्या को दर्शाने वाली रिपोर्टों का संज्ञान लिया है;

(ख) पिछले पांच वर्षों के दौरान उन देशों की संख्या और ब्यौरा क्या है जिनके साथ भारत ने वीजा-मुक्त, आगमन पर वीजा या अन्य यात्रा सुविधा समझौते किए हैं;

(ग) क्या सरकार ने वीजा ओवर-स्टे की चिंताओं, पासपोर्ट सुरक्षा, आव्रजन प्रक्रियाओं और द्विपक्षीय राजनयिक जुड़ाव सहित भारतीय पासपोर्ट-धारकों की वैश्विक गतिशीलता को प्रभावित करने वाले कारकों का आकलन किया है और यदि हाँ, तो तत्संबंधी निष्कर्ष क्या हैं:

(घ) भारतीय नागरिकों के लिए वीजा-मुक्त यात्रा के अवसरों का विस्तार करने, पासपोर्ट सुरक्षा और अंतर्राष्ट्रीय स्वीकार्यता को मजबूत करने तथा विदेशी देशों के साथ अतिरिक्त गतिशीलता और यात्रा सुविधा समझौतों पर बातचीत करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं; और

(ङ) क्या सरकार का लक्ष्य अगले पांच वर्षों में भारतीय पासपोर्ट की वैश्विक रैंकिंग और यात्रा सुविधाओं में काफी सुधार करना है और यदि हाँ, तो इस उद्देश्य के लिए निर्धारित रणनीति, लक्ष्य और समय-सीमा क्या है?

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

(क) से (ङ): सरकार कुछ ऐसी रेटिंगों से अवगत है जो कुछ निजी संस्थानों द्वारा उनके द्वारा एकतरफा तय किए गए मानकों के आधार पर प्रकाशित की जाती हैं। पासपोर्ट को रैंक करने के लिए सार्वभौमिक रूप से स्वीकार्य मानदंडों के अभाव में, वैश्विक स्तर पर पासपोर्ट के लिए रैंकिंग प्रणाली नहीं है जिसे मानक के रूप में स्वीकार किया जा सके। भारत सरकार वीजा मुक्त यात्रा, वीजा-ऑन-अराइवल और ई-वीजा सुविधाओं के माध्यम से दुनिया भर में भारतीय नागरिकों की यात्रा आसान बनाने के लिए अन्य देशों के साथ निरंतर प्रयास कर रही है। इस दिशा में, आज की तिथि तक, 27 देश वीजा मुक्त प्रवेश प्रदान करते हैं, 47 देश वीजा-ऑन-अराइवल सुविधा प्रदान करते हैं और 66 देश भारतीय पासपोर्ट धारकों को ई-वीजा सुविधा प्रदान करते हैं। विवरण विदेश मंत्रालय की वेबसाइट पर उपलब्ध हैं: https://www.mea.gov.in/VFFIN.htm।

वीजा जारी करना किसी देश का संप्रभु मामला है और वीजा मुक्त प्रवेश/वीजा-ऑन-अराइवल सुविधा द्विपक्षीय संबंधों के साथ-साथ पारस्परिकता के सिद्धांत सहित विभिन्न कारकों पर निर्भर करती है। इसे ध्यान में रखते हुए भारत सरकार अन्य देशों से वीजा नीतियों पर नियमित बातचीत करती है, जिसका उद्देश्य भारतीय नागरिकों के लिए यात्रा को आसान बनाना है, जिसमें वीजा मुक्त यात्रा के अवसर, आवाजाही और यात्रा सुविधा, वीजा ओवरस्टे संबंधी चिंताएं, पासपोर्ट सुरक्षा और आव्रजन प्रक्रियाएं शामिल हैं। यह द्विपक्षीय तंत्र के माध्यम से, जैसे कि कोंसली बातचीत के साथ-साथ आधिकारिक और उच्च-स्तरीय दौरे करके किया जाता है।

भारत सरकार ने भारतीय पासपोर्ट को नवीनतम अंतरराष्ट्रीय दिशा-निर्देशों के साथ संरेखित करने के लिए निरंतर प्रयास किए हैं। इलेक्ट्रॉनिक यात्रा दस्तावेजों पर अद्यतन सुरक्षा सुविधाएँ अंतर्राष्ट्रीय नागर विमानन संगठन (आईसीएओ) के दिशा-निर्देशों का अनुपालन करती हैं।

हिमाचल प्रदेश में पीएम-श्री एयर एम्बुलेंस सेवा

2156. डॉ. राजीव भारद्वाजः

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

(क) क्या सरकार का हिमाचल प्रदेश में पीएम-श्री एयर एम्बुलेंस सेवा (पीएम-एसएएएस) शुरू करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ख) क्या आयुष्मान भारत कार्डधारकों को यह सेवा निःशुल्क प्रदान किए जाने की संभावना 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)**:** 'जन स्वास्थ्य' तथा 'अस्पताल' राज्य के विषय हैं। अतः जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ बनाने, जिसमें विशेष रूप से आपातकालीन परिचर्या नेटवर्क हेतु पर्याप्त रूप से सुसज्जित एम्बुलेंसों की उपलब्धता सुनिश्चित करना भी शामिल है, का प्राथमिक उत्तरदायित्व संबंधित राज्य/संघ राज्य क्षेत्र के सरकारों का है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत स्वास्थ्य और परिवार कल्याण मंत्रालय, राज्यों/संघ राज्य क्षेत्रों द्वारा उनकी कार्यक्रम कार्यान्वयन योजनाओं में प्रस्तुत आवश्यकताओं तथा उपलब्ध समग्र संसाधन-सीमा के अनुरूप, जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए, जिसमें एम्बुलेंस सेवाएं भी शामिल हैं, तकनीकी एवं वित्तीय सहायता प्रदान करता है।

हिमाचल प्रदेश सरकार द्वारा उपलब्ध कराई गई जानकारी के अनुसार, राज्य में राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत पीएम श्री एम्बुलेंस सेवा प्रारंभ करने का कोई प्रस्ताव नहीं है तथा राष्ट्रीय एम्बुलेंस सेवाओं के अंतर्गत इस प्रकार का कोई घटक शामिल नहीं है।

TREATMENT FOR CHRONIC AND LIFE-THREATENING DISEASES

2157. SHRI A. MANI:

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

(a) whether the Government has assessed the financial burden of treatment for chronic and life-threatening diseases such as cancer, neurological disorders, kidney failure and cardiac ailments on economically weaker sections and middle-class families in Tamil Nadu, particularly in Dharmapuri district, if so, the details thereof;

(b) the details of Government hospitals, including tertiary care institutions, in Tamil Nadu providing free or subsidised treatment for such diseases along with the number of beneficiaries from Dharmapuri during the last three years, year-wise;

(c) whether the Government proposes to expand financial assistance under Central health schemes to reduce out-of-pocket expenditure for patients in Tamil Nadu, especially those from Dharmapuri, if so, the details thereof; and

(d) the steps taken and proposed to be taken by the Government to improve access to affordable diagnostics, medicines and specialised treatment facilities for chronic diseases in underserved districts, including Dharmapuri?

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

(a) to (d): Health is a state subject, hence, the responsibility for improving the healthcare facilities lies with the respective State/UT Governments. However, the Ministry of Health and Family Welfare provides technical and financial support to the States / UTs to strengthen the public health care system, based on the proposals received in the form of Program Implementation Plans (PIPs) under National Health Mission Scheme (NHM).

Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), the Department of Health & Family Welfare implements the Strengthening of Tertiary Care Cancer Facilities Scheme to augment tertiary cancer care infrastructure across the country. Under the Scheme, 19 State Cancer Institutes (SCIs) and 20 Tertiary Care Cancer Centres (TCCCs) have been approved. In the State of Tamilnadu, Cancer Institute (RCC), Adyar, Chennai has been approved as a State Cancer Institute (SCI).

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 38 Day Care Cancer Centres (DCCCs) have been approved in the State of Tamil Nadu.

As informed by the Government of Tamil Nadu, the State is implementing various measures to improve access to affordable and quality healthcare in rural and underserved districts, including Dharmapuri, by strengthening public health infrastructure, digital health initiatives and telemedicine under the National Health Mission (NHM), PM-ABHIM and 15th Finance Commission Health Grants. It is also implementing initiatives such as free diagnostic services, population-based and organised cancer screening, home-based healthcare, and financial protection through the Chief Minister's Comprehensive Health Insurance Scheme (CMHIS) to reduce out-of-pocket expenditure.

The Central Government supplements these efforts through the NHM by providing technical and financial support to strengthen public healthcare systems. Treatment for major NCDs, including cancer, is covered under Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), which provides health coverage of ₹5 lakh per family per year for secondary and tertiary hospitalization. Affordable medicines are made available through the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) and AMRIT Pharmacies. In addition, free drugs and diagnostics are provided under NHM, and anti-cancer drugs are included in the Essential Drugs List at District and Sub-Divisional Hospitals under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).

AYUSH WELLNESS CENTRES UNDER NAM

2158. SHRI SHAHU SHAHAJI CHHATRAPATI:

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

(a) the details of the AYUSH wellness centres established under the National AYUSH Mission across the country, State/UT-wise;

(b) the details of the Ayurveda, Homoeopathy and Unani dispensaries currently operational in this regard;

(c) the details of the herbal garden development and medicinal plant cultivation in this regard;and

(d) the total number of AYUSH treatment beneficiaries registered under the National AYUSH Mission?

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

(a) and (b): Under National Ayush Mission (NAM), as per the proposals submitted by State/UT Governments through State Annual Action Plans (SAAPs), Ministry of Ayush has approved operationalization of 12500 units of Ayush Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] by upgrading existing Ayush dispensaries and Sub health Centres across the country. The State/UT-wise and stream-wise list of operational AAM (Ayush) including Ayurveda, Homoeopathy and Unani dispensaries is given in the

enclosed **Statement**.

(c): As per the provision of exiting guidelines, the State/UT Governments have been supported for establishment of herbal garden in the premises of AAM (Ayush) or with in available place in catchment areas. An indicative list of herbal plants for AAM (Ayush) is readily available in the Ayush Health and Wellness Centres Operational Guidelines. (details are available on: https://nam.ayush.gov.in/pdf/AYUSH-HWC_OpGL_English ea13ba40e2d6aa88044320d0f5ee3275.pdf). Further, liberty has been given to States/UTs to make modifications in the list as per the regional suitability.

(d): Under NAM, as reported by the State/UT Governments, a total of 46,59,98,878 beneficiaries were benefitted through AAM (Ayush) during the five-year period from 2021 to 2025.

STATEMENT

The State/UT-wise and stream-wise list of AAM (Ayush) including Ayurveda, Homoeopathy and Unani dispensaries:

State / UT	Ayurveda	Homeopathy	Unani	Swoa-rigpa	Yoga & Naturopathy	Siddha	Total
Andaman & Nicobar Islands	3	3	0	0	0	0	**6**
Andhra Pradesh	92	29	5	0	0	0	**126**
Arunachal Pradesh	28	61	0	0	0	0	**89**
Assam	62	438	0	0	0	0	**500**
Bihar	154	86	54	0	0	0	**294**
Chandigarh	12	0	0	0	0	0	**12**
Chhattisgarh	400	0	0	0	0	0	**400**

Dadra & Nagar Haveli and Daman & Diu	1	0	0	0	0	0	**1**
Delhi	0	0	0	0	0	0	**0**
Goa	65	35	0	0	0	0	**100**
Gujarat	354	11	0	0	0	0	**365**
Haryana	516	13	9	0	0	0	**538**
Himachal Pradesh	745	14	2	0	0	0	**761**
Jammu & Kashmir	262	15	246	0	0	0	**523**
Jharkhand	46	675	24	0	0	0	**745**
Karnataka	336	22	18	0	0	0	**376**
Kerala	413	280	1	1	0	5	**700**
Ladakh	0	0	0	0	0	0	**0**
Lakshadweep	7	0	0	0	0	0	**7**
Madhya Pradesh	682	93	25	0	0	0	**800**
Maharashtra	381	0	9	0	0	0	**390**
Manipur	1	12	1	0	1	0	**15**
Meghalaya	10	14	0	0	0	0	**24**
Mizoram	0	41	0	0	0	0	**41**
Nagaland	5	44	0	0	0	0	**49**
Odisha	220	201	1	0	0	0	**422**
Puducherry	2	1	0	0	0	1	**4**
Punjab	150	8	0	0	0	0	**158**
Rajasthan	1958	41	20	0	0	0	**2019**
Sikkim	0	0	0	18	0	0	**18**
Tamil Nadu	40	30	20	0	28	532	**650**
Telangana	212	91	118	0	0	0	**421**
Tripura	19	53	0	0	0	0	**72**
Uttar Pradesh	591	393	50	0	0	0	**1034**
Uttarakhand	273	27	0	0	0	0	**300**
West Bengal	211	329	0	0	0	0	**540**
Total	**8251**	**3060**	**603**	**19**	**29**	**538**	**12500**

BULK DRUG PARK

2159. SHRI ANURAG SINGH THAKUR:

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

(a) the funds sanctioned for Capital Cost of Common Infrastructure Facilities, including Common Effluent Treatment Plant at Bulk Drug Park, Una;

(b) whether department of pharmaceuticals has received any request for additional financial assistance under the Scheme for meeting additional costs, if so, the details thereof and action taken thereon;

(c) the steps taken for establishment of NIPERG its extension centre near the park, extension of gas pipeline network, development of a Multimodal Logistics Park in vicinity, upgradation of connectivity from NH-44 and extension of the railway line from Jaijon (Punjab) to the project site;

(d) the present status of implementation of project, total project cost, Central assistance sanctioned, released, expenditure incurred, expected investment and employment generation; and

(e) the measures being taken to ensure that adequate infrastructure, environmental safeguards are in place to attract Active Pharmaceutical Ingredient units, reduce import dependence and make park operationally viable?

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

(a): The Government of India has approved a grant-in-aid of ₹1000 crore under the Scheme “Promotion of Bulk Drug Parks” for development of Common

Infrastructure Facilities (CIF) in the Bulk Drug Park at Haroli, District Una, Himachal Pradesh. The Common Effluent Treatment Plant (CETP) with Zero Liquid Discharge (ZLD) having a capacity of 5 Million Liters per Day (MLD) has been approved at an estimated cost of ₹244.43 crore.

(b): The State Government of Himachal Pradesh has submitted a proposal for additional financial assistance for the Common Effluent Treatment Plant (CETP) with ZLD facility. However, as per the Scheme Guidelines, financial assistance is restricted to the approved Grant-in-Aid sanctioned under the Scheme.

(c): There is no proposal for establishment of NIPER extension centre near the Bulk Drug Park in Himachal Pradesh. Further, State Government of Himachal Pradesh has informed that in respect of extension of gas pipeline network to Bulk Drug Park, development of a Multimodal Logistics Park in vicinity, development of main road connectivity from NH-44 to the Bulk Drug Park and extension of the railway line from Jaijon (Punjab) to the project site, the State Government of Himachal Pradesh has taken up the matter with the concerned authorities.

(d): In Himachal Pradesh, the environmental clearance was granted on 25.09.2025. Tender worth Rs. 178.72 crore for the development of CIF civil works - Internal Roads, Drainage and Bridges of Phase 1, has been awarded and work is under progress. Tender worth Rs. 573.6 has been released for the development of Zero Liquid Discharge with CETP (Rs. 273.6 crore) and Steam generation and distribution (Rs. 300 crore). In addition to above, tender of Rs. 100

crore related to site demarcation, grading and land levelling has also been awarded, and work is under progress in phase 1 (800 acre).

The total project cost is ₹1,923 crore and CIF cost is ₹1118.46 crore out of which ₹1,000 crore is grant from Central Government. The first installment amounting to ₹225 crore from Central grant-in-aid has been released on 20th February 2023, to Himachal Pradesh Bulk Drug Park Infrastructure Ltd. (HPBDPIL), the State Implementing Agency. The State Government has also released an amount of ₹35.53 crore. As on 30.06.2026, State has utilized ₹116.00 crore from Central Grant and ₹0.24 crore from State Grant towards development of CIF.

As per the Detailed Project Report (DPR) approved for the Bulk Drug Park in Himachal Pradesh, the expected direct employment is in the range of 15,000 to 20,000 persons and the expected investment is to the tune of ₹8,000–10,000 crore.

(e): The Bulk Drug Park is being developed with common infrastructure and environmental management systems, including CETP with Zero Liquid Discharge (ZLD), Solid Waste Management Facilities, Steam Generation System, Solvent Recovery System, assured water supply, reliable power infrastructure and centralized utilities, thereby reducing the capital and operating costs of manufacturers. These common facilities are expected to improve competitiveness, encourage domestic production of APIs and Key Starting

Materials (KSMs), strengthen the pharmaceutical manufacturing ecosystem and contribute towards reduction of import dependence.

COMPLAINTS ON AYUSH SURAKSHA PORTAL

2160. SHRIMATI APARAJITA SARANGI:

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

(a) whether the Government has assessed the reasons for the registration of over 10,000 complaints including those relating to misleading advertisements on the AYUSH Suraksha Portal despite the existing regulatory framework and if so, the details thereof;

(b) whether this indicates gaps in monitoring, enforcement and compliance by manufacturers, advertisers and practitioners of AYUSH products and if so, the details thereof; and

(c) the measures being taken by the Government to strengthen surveillance, ensure time-bound action against violators and prevent the recurrence of misleading claims in the interest of consumer safety?

THE MINISTER 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 has launched an IT enabled online portal “Ayush Suraksha” to facilitate real-time reporting, monitoring and regulatory oversight of

misleading advertisements related to Ayush drugs. The portal is integrated with State/UTs (Ayush) Licensing Authorities, and Central Government bodies like Ministry of Information and Broadcasting (MoI&B), Central Consumer Protection Authority (CCPA), National Commission for Indian System of Medicine (NCISM), National Commission for Homoeopathy (NCH), Press Council of India (PCI) and Food Safety and Standards Authority of India (FSSAI) for taking appropriate action.

The portal allows consumers, Ayush healthcare professionals to report Misleading Advertisements (MLAs) / Objectionable Advertisements (OAs), Adverse Drug Reactions (ADRs) and regulatory authorities to monitor them. All complaints on the portal can be reviewed by National Pharmacovigilance Coordination Centre (NPvCC) and Ministry of Ayush, thus promoting transparency and accountability in the regulatory framework. The reporting of complaints through the portal is primarily an outcome of the strengthened digital surveillance and reporting mechanism, which has enhanced the accessibility and efficiency of reporting by both the public and the Pharmacovigilance network. The receipt of complaints reflects increased vigilance, improved reporting, and enhanced monitoring of misleading advertisements.

(c): To control and prohibition of misleading advertisements and exaggerated claims of drugs, the notified officers under State/UT Governments are empowered to enforce the provisions of Drugs & Magic Remedies (Objectionable

Advertisements) Act, 1954 & Rules there under. Accordingly, directives have been issued to the States/UTs for appointing Officers to enter, search any premises or examine or seize any record related to the alleged misleading or improper advertisements and initiate action against the cases of default.

Further, following actions have been taken by the Ministry to strengthen surveillance, ensure time-bound action against violators and prevent the recurrence of misleading claims in the interest of consumer safety-

i. Ministry of Ayush is implementing a Central Sector Scheme, namely Ayush Oushadhi Gunavatta evam Uttpadan Samvardhan Yojana (AOGUSY). The scheme has interalia one of the component, “Pharmacovigilance Program for ASU & H Drugs” with its major objectives to undertake surveillance of misleading advertisements, enabling timely detection and reporting to the concerned regulatory authorities for appropriate action. The program is working through a three-tier network of a National Pharmacovigilance Centre (NPvCC), 05 Intermediary Pharmacovigilance Centres (IPvCs) and 97 Peripheral Pharmacovigilance Centres (PPvCs) established across the country.

ii. To enhance public awareness on Ayush medicines and its objectionable advertisements, a total of 4,165 awareness programmes have been conducted under the Pharmacovigilance Program benefiting 3,71,477 participants.

iii. 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.

iv. All the complaints received through the ‘Ayush Suraksha’ portal are systematically examined and forwarded to the concerned regulatory authorities for appropriate action, in accordance with their respective jurisdictions

v. Under the provisions of the Consumer Protection Act, 2019, the Central Consumer Protection Authority (CCPA) has issued an advisory dated 14.07.2022 regarding the sale of Ayurvedic, Siddha and Unani Drugs containing ingredients listed in Schedule E (1) of the Drugs Rules, 1945 on e-commerce platforms with valid prescription of Ayush Registered Practitioners.

vi. 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.

NATIONAL HEALTH MISSION IN ASSAM

2161. SHRI KAMAKHYA PRASAD TASA:

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

(a) the total number of Community Health Centres and Primary Health Centres set up in the State of Assam under the National Health Mission (NHM) during the last three years;

(b) the details of the funds allocated to the said State under the National Health Mission (NHM) during the last three years;

(c) whether the Union Government has received any complaints of corruption under NHM from Assam between 2022 and 2025, if so, the details thereof;

(d) the details of programmes being implemented by the Union Government to improve the healthcare facilities in the rural areas of Assam under NHM; and

(e) the details of health check-up camps, blood donation camps and eye check-up camps conducted by the NHM in the rural areas of Assam?

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

(a): “Public Health” and “Hospital” are State subject, the primary responsibility for planning, implementing, maintaining and to set up adequate number of healthcare facilities as per requirement is of that 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 within their resource envelope.

As per the information provided by the State Government of Assam, a total of 33 Community Health Centres (CHCs) and 33 Primary Health Centres (PHCs) were made functional under National Health Mission (NHM) during last three years.

Further, the details of Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Health Centres (SHCs) operational in the country including Assam is available in HDI 2023-24 report at the following web link.

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

(b): The funds allocated to the State of Assam under the National Health Mission (NHM) are Rs. 1741.02 crore, Rs. 1818.90 crore and Rs. 2284.19 crore for the years 2024-25, 2025-26 and 2026-27 respectively.

(c): The Ministry of Health and Family Welfare receives representations/complaints from time to time relating to the implementation of various programmes, including the National Health Mission (NHM). Such complaints, wherever received, are forwarded to the concerned State Government/Union Territory Administration for examination and appropriate action, as health is a State subject. The Ministry also monitors the implementation of NHM through established monitoring and review mechanisms, including periodic reviews, audits, and utilisation of financial management systems, to promote transparency and accountability.

(d): The details of programmes and interventions being implemented by the Union Government to improve the healthcare facilities in the rural areas of Assam under NHM includes Ayushman Arogya Mandir (AAM), Ayushman Bharat Digital Mission (ABDM), Training and Capacity Building: Strengthening of Community Health Centres (CHCs) as First Referral Units (FRUs), Indian Public Health Standards (IPHS) 2022, National Quality Assurance Standards (NQAS), Free Diagnostics Service Initiative (FDSI), Free Drugs Service Initiative (FDSI), Human Resource Support, Mobile Medical Units (MMUs), National Ambulance Services

(NAS), Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), Infrastructure Augmentation and15th Finance Commission Grants.

(e): As per Ayushman Aarogya Mandir (AAM) portal data, a total of 49,709 outreach camps (Health Melas/Ayushman Arogya Shivir) have been organized at Ayushman Arogya Mandir with a total footfall of 41,92,520 in Assam.

NON-OPERATIONAL COMMUNITY HEALTH CENTRE

2162. SHRI JAGANNATH SARKAR:

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

(a) whether 108 of the 460 sanctioned beds, around 23 per cent remain non-operational at Community Health Centre, New Town;

(b) if so, the details thereof along with the reasons therefor and the timeline, if any, for making them functional;

(c) whether all 23 sanctioned technician posts across seven official categories including Radiation Oncology, Nuclear Medicine, OT Anestherology, CCU post-operative, Emergency and ECG Technicians have zero filled positions and if so, the details thereof;

(d) whether the Operational Theaters, Linear Accelerators, Hot Lab and ITU/HDU are being operated without a single sanctioned technician in position and if so, the details thereof;

(e) whether 50 out of 150 staff nurse posts remain vacant, the post of Nursing Superintendent remains unfilled, both Pharmacist posts are unoccupied and the sole Biomedical Engineer post responsible for maintaining MRI, PET-CT and LINAC equipment have not been filled and if so, the details thereof along with the reasons therefor; and

(f) whether the Government is taking any measures to fill these around 102 vacancies out of total 288 posts lying unfilled 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 (f): Health is a State subject, and the primary responsibility for establishment, operationalization and management of public health facilities, including ensuring adequate infrastructure, equipment and availability of healthcare personnel, rests primarily with the respective State Governments/UT Administrations. Under National Health Mission (NHM), Ministry of Health & Family Welfare provides technical and financial support to the States/UTs for strengthening public healthcare infrastructure and augmenting human resources based on the proposals submitted by the States/UTs in their Programme Implementation Plans (PIPs), which are approved by the Government of India in the form of Records of Proceedings (RoPs), subject to NHM norms and the availability of resources. The approvals for the State of West Bengal are available

as per the URL given below:

https://nhm.gov.in/index4.php?lang=1&level=0&linkid=62&lid=75

To improve health infrastructure and services in public health facilities, Government of India 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/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. 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.

FORTIFIED RICE PROGRAMME

2163. SHRI APPALANAIDU KALISETTI:

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

(a) whether the Government has introduced the fortified rice programme under Government nutrition schemes in the country and if so, the details

thereof, including the schemes covered, target beneficiaries and the extent of coverage across States/UTs, State/UTs-wise;

(b) whether the Government relied on any scientific studies, pilot projects or expert committee recommendations prior to the introduction of the fortified rice programme in the country and if so, the key findings thereof;

(c) whether the Government has undertaken any post-implementation assessment of the health and nutritional outcomes of fortified rice among different beneficiary groups, including individuals with haemoglobinopathies such as sickle cell disease and thalassaemia in high-prevalence areas and if so, the key findings thereof; and

(d) whether the Government has issued any guidelines, advisories or protocols for monitoring the quality, safety and distribution of fortified rice in the country, particularly in areas with a high prevalence of haemoglobinopathies and if so, the details thereof?

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

(a) to (d): The Department of Food and Public Distribution has informed that introduction of fortified rice had been initiated on the basis of studies available in India and abroad. However, they have also informed that the Government has decided to temporarily discontinue the universal supply of fortified rice under the

Pradhan Mantri Garib Kalyan Anna Yojna (PMGKAY) and Other Welfare Scheme (OWS) of the Government of India in view of factors including concerns regarding the stability and shelf life of fortified rice under actual storage conditions. Distribution of fortified rice under PMGKY and OWS continues until existing stocks are exhausted.

PARLIAMENTARY ASSURANCES

2164. SHRI MATHESWARAN V. S.:

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

(a) whether any Parliamentary Assurances pertaining to the Ministry are pending for compliance for more than six months;

(b) if so, the details thereof along with the reasons for not complying the same; and

(c) whether Indian Army has declared Golf as a sports activity and if so, the details thereof?

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

(a) and (b): Yes. The number of parliament assurances pending with Ministry of Defence for more than six months is 25. Details are given in the enclosed **Statement**. Pendency of assurances pertains to formulation of policy guidelines

on the subjects concerned and implementation of infrastructure projects having long gestation period.

(c): Golf is being played since pre-independence times and in the year 2004, the then Chief of the Army Staff declared it as a sports activity.

STATEMENT

The number of Parliament Assurances pending with Ministry of Defence

SI.NO.	ASSURANCE DETAILS (Question No. and Date of reply)	SUBJECT
LOK SABHA		
1.	**USQ No.2839**, answered on 02/12/2016	**Redressal of Public Grievances**
2.	**SQ No. 426**, answered on 31/03/2017	**Defence Land**
3.	**USQ No. 1591**, answered on 27/11/2019	**New Cantonment Boards**
4.	**USQ No. 1596,** answered on 28/07/2021	**Land under security zone of Nad Karanja.**
5.	**SQ No. 193**, answered on 29/07/2022	**Election to councillors of Cantonment Boards.**
6.	**USQ No.1542**, answered on 10/02/2023	**New Building Bye-laws for Cantonment Board.**
7.	**USQ No. 1730,** answered on 16/12/2022	**Vacant Land under Department of Defence**
8.	**USQ No. 388,** answered on 03/02/2023	**Secunderabad Cantonment Board**
9.	**USQ No. 3994**, answered on 24/03/2023	**Construction restriction near Defence Establishments**
10.	**USQ No. 1939,** answered on 06/12/2024	**Delay in compensation for Land Acquisition**
11.	**USQ No. 1108** Answered on 25.07.2025	**Cantonment Boards**
12.	**USQ No. 2787**, answered on 17/03/2023	**Award for Sainik School Teachers**
13.	**USQ No.645,** answered on 26/11/2012	**Coast Guard Airport**
14.	**USQ No. 4438,** answered on 12/08/2016	**Review of Service and Pension Matters**
15.	**USQ No. 2532,** answered on 04/08/2021	**Cyber Warfare**
Rajya Sabha		
16.	**SQ No. 229,** answered on 11/08/2015	**Delay in setting up of INDU**
17.	**USQ No. 1779,** answered on 12/03/2018	**Establishment of Defence University**
18.	**USQ No. 2415**, answered on 16/03/2020	**Setting up of Institutes Affiliated to IDU**
19.	**USQ No. 39,** answered on 03/02/2025	**Protection of Civilians mandate**
20.	**USQ No. 1804,** answered on 17/03/2025	**Transfer of Civic Areas from Belagavi Cantonment Area to Belagavi Municipal Corporation**
21.	**USQ No. 46,** answered on 14/09/2020	**Sainik Schools in the Country**
22.	**USQ No. 1167,** answered on 31/07/2023	**Restructuring the DGQA**
23.	**SQ No. 27,** answered on 08/07/2014	**Veterans Commission**
24.	**USQ No.3345,** answered on 23/12/2014	**Setting up of Veterans Commission**
25.	**USQ No.55,** answered on 24/02/2015	**Setting up of Veterans Commission**

दुर्लभ रोगों के लिए उत्कृष्टता केंद्र

2165. श्री तनुज पुनियाः

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

(क) देश में दुर्लभ रोगों के उपचार और अनुसंधान के लिए वर्तमान में 'उत्कृष्टता केंद्रों' (सीओई) के रूप में नामनिर्दिष्ट चिकित्सा संस्थानों की राज्य-वार कुल संख्या कितनी है;

(ख) दुर्लभ रोगों के लिए राष्ट्रीय नीति के तहत पात्र रोगियों के उपचार के लिए पिछले दो वर्षों के दौरान इन उत्कृष्टता केंद्रों को आवंटित और जारी की गई कुल बजटीय निधि का ब्यौरा क्या है;

(ग) क्या सरकार इस बात से अवगत है कि ऐसे केंद्रों की सीमित संख्या के कारण उत्तर-पूर्वी क्षेत्र और कई पिछड़े राज्यों के रोगियों को उपचार के लिए एम्स दिल्ली या अन्य महानगरों की लंबी यात्रा करने के लिए मजबूर होना पड़ रहा है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) देश भर के सभी एम्स संस्थानों को इस 'उत्कृष्टता केंद्र' नेटवर्क में एकीकृत करने के लिए सरकार द्वारा तैयार किया गया रोडमैप क्या है?

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

(क): राष्ट्रीय दुर्लभ रोग नीति (एनपीआरडी), 2021 के अंतर्गत उत्कृष्टता केंद्रों की संख्या, नीति के प्रारंभ से 08 से बढ़कर अब 16 हो गई है। उत्कृष्टता केंद्रों की राज्य-वार सूची संलग्न **विवरण** में दी गई है।

(ख): राष्ट्रीय दुर्लभ रोग नीति, 2021 के अंतर्गत विगत दो वर्षों के दौरान लगभग ₹177.14 करोड़ की कुल बजटीय निधि जारी की गई है।

(ग) और (घ): सरकार, तकनीकी समिति की अनुशंसाओं के आधार पर तथा आवश्यक अवसंरचना एवं मानव संसाधनों की उपलब्धता को ध्यान में रखते हुए, दुर्लभ रोगों के उपचार तक भौगोलिक पहुंच

में सुधार के उद्देश्य से समय-समय पर नए उत्कृष्टता केंद्र स्थापित करती है। देश के पूर्वोत्तर क्षेत्र में दुर्लभ रोगों के उपचार की उपलब्धता एवं पहुंच को सुदृढ़ बनाने के लिए क्षेत्रीय आयुर्विज्ञान संस्थान, इम्फाल (मणिपुर) तथा असम मेडिकल कॉलेज एंड हॉस्पिटल, डिब्रूगढ़ (असम) में भी दो उत्कृष्टता केंद्र स्थापित किए गए हैं।

विवरण

राष्ट्रीय दुर्लभ रोग नीति, 2021 के अंतर्गत दुर्लभ रोगों हेतु उत्कृष्टता केंद्रों की सूची

क्र. सं.	**संस्थान का नाम**	**राज्य/संघ राज्य क्षेत्र**
1.	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नई दिल्ली	दिल्ली
2.	मौलाना आजाद मेडिकल कॉलेज, नई दिल्ली	दिल्ली
3.	संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ	उत्तर प्रदेश
4.	स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (पीजीआईएमईआर), चंडीगढ़	चंडीगढ़
5.	निज़ाम्स आयुर्विज्ञान संस्थान, हैदराबाद के साथ से डीएनए फिंगरप्रिंटिंग एवं डायग्नोस्टिक्स केंद्र	तेलंगाना
6.	किंग एडवर्ड मेमोरियल अस्पताल, मुंबई	महाराष्ट्र
7.	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नागपुर	महाराष्ट्र
8.	स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान, कोलकाता	पश्चिम बंगाल
9.	इंदिरा गांधी अस्पताल, बेंगलुरु के साथ से मानव आनुवंशिकी केंद्र	कर्नाटक
10.	बाल स्वास्थ्य संस्थान एवं बाल चिकित्सालय (आईसीएच एंड सीएच), चेन्नई	तमिलनाडु
11.	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), जोधपुर	राजस्थान
12.	श्री अविट्टम तिरुनाल अस्पताल (एसएटी), सरकारी मेडिकल कॉलेज, तिरुवनंतपुरम	केरल
13.	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), भोपाल	मध्य प्रदेश
14.	क्षेत्रीय आयुर्विज्ञान संस्थान (आरआईएमएस), इम्फाल	मणिपुर
15.	असम मेडिकल कॉलेज एवं अस्पताल, डिब्रूगढ़	असम
16.	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), पटना	बिहार

IMPLEMENTATION OF MISSION SHAKTI IN ASSAM

2166. SHRI PARIMAL SUKLABAIDYA:

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

(a) whether the Government has reviewed the implementation of Mission Shakti, including the functioning of One Stop Centres, Women Helplines and other support services in Assam especially in Cachar district, if so, the details thereof;

(b) the number of women beneficiaries assisted through One Stop Centres and Women Helplines, along with the nature of assistance provided during the last three years in the said district;

(c) the details of the measures being taken to prevent crimes against women and children, including awareness campaigns, rehabilitation services, child protection mechanisms and coordination with law enforcement agencies in the said district; and

(d) whether the Government proposes to strengthen One Stop Centres, Child Care Institutions, counselling services and emergency response systems in the said district and 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 fast paced and sustainable national development. This vision of ‘Women led development’ is essential for realising the goal of a developed India, or ‘Viksit Bharat’ by 2047.

Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals 'sambal' for safety and security of women and 'Samarthya' for empowerment of women across the country.

One Stop Centre (OSC) and Women Helpline are the components of the Sambal vertical under the umbrella Mission Shakti. 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. One Stop Centres provide services such as medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on date, 36 One Stop Centres are operational in the State of Assam, including one One Stop Centre in Cachar district. Since inception till 30th June, 2026, over 15.20 lakh women have been assisted through One Stop Centres in the country, including Assam. During the last three years, i.e.

2023-24 to 2025-26, over 22,497 women have been assisted in the State of Assam, including Cachar district through these OSCs.

Women Helpline (181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It provides assistance to women in distress through a single uniform number (181) by linking them with appropriate services such as ERSS-112, One Stop Centres, Child Helpline (1098), Police, Hospitals and Legal Services. Since inception till 30th June, 2026, over 1.04 crore women have been assisted in the country, including Assam. During the last three years, i.e. 2023-24 to 2025-26, over 37,361 women have been assisted in the State of Assam, including Cachar district.

The Central Government provides 100% financial assistance to States/UTs for appointment/hiring of 13 manpower resources, including 1 Centre Administrator, 2 Case Workers, 1 Psycho-social Counsellor, 1 Para Legal Personnel/Lawyer and 1 Para Medical Personnel at each One Stop Centre. The overall implementation of the One Stop Centre Scheme lies with the State Governments and UT Administrations.

The Ministry has also taken steps for standardizing capacity building sessions for the functionaries of One Stop Centres. This involves engaging expert resource persons from the National Institute of Mental Health and Neurosciences (NIMHANS), United Nations Population Fund (UNFPA), Savitribai Phule National Institute of Women and Child Development (SPNIWCD), National Legal Services

Authority (NALSA) and Centre for Development of Advanced Computing (C-DAC) for facilitating technical sessions on psycho-social counselling, gender-based violence case management, gender sensitization and dashboard operations to improve access to legal, medical and counselling services.

To strengthen convergence and ensure seamless access to support services, OSCs have been integrated with the Women Helpline (WHL), and so far, 657 OSCs have been integrated. Through this integration, women can be referred to appropriate services in a timely and coordinated manner. Further, the Women Helpline has been integrated with the Emergency Response Support System (ERSS-112), Child Helpline (1098) and other relevant service delivery mechanisms to facilitate prompt emergency response and effective inter-agency coordination. In addition, OSCs have also been integrated with Shakti Sadan to enable referral of women requiring long-term institutional support, rehabilitation and safe accommodation, thereby ensuring a continuum of care under the Mission Shakti framework.

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.

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 of Women and Child Development implements various measures for the prevention of crimes against children through legislative, institutional and awareness-based interventions. Section 43 of the Protection of Children from Sexual Offences (POCSO) Act, 2012 mandates the Central and State Governments to undertake widespread awareness campaigns through print, electronic and digital media and to provide periodic training to stakeholders for effective implementation of the Act. The Protection of Children from Sexual Offences Rules, 2020 further provide for preparation and dissemination of age-appropriate educational material, awareness on child safety, reporting mechanisms including Child Helpline 1098, and periodic police verification and sensitization of personnel working with children.

Under Mission Vatsalya, financial and technical assistance is provided to States and Union Territories for awareness generation, advocacy, community outreach and capacity-building on child protection issues including child sexual abuse, child trafficking, child marriage, child labour, online safety and other forms

of violence against children. Regular training and sensitization programmes are conducted for Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), District Child Protection Units (DCPUs), Child Care Institutions (CCIs), Special Juvenile Police Units (SJPUs) and other stakeholders to strengthen child protection mechanisms and coordination with law enforcement agencies.

The Ministry has also undertaken awareness campaigns on the provisions of the POCSO Act through short films, audio-visual material, posters and regional language IEC content for wider outreach. In addition, zonal conferences, dissemination workshops, regional symposiums and sensitization programmes are organized under Mission Vatsalya to strengthen institutional coordination among State Governments, Police, Child Protection Functionaries and other stakeholders.

Further, the Juvenile Justice (Care and Protection of Children) Act, 2015 envisages a coordinated child protection framework, wherein District Child Protection Units (DCPUs) function as district-level coordinating agencies and State Child Protection Societies (SCPSs) oversee implementation at the State level. Regular monitoring, review meetings, inspections and capacity-building initiatives are undertaken to strengthen convergence among concerned departments and ensure effective protection and rehabilitation of children in need of care and protection.

National Commission for Protection of Child Rights (NCPCR) is mandated to ensure that all laws, policies, programmes and administrative mechanisms are in consonance with the child rights perspective enshrined in the constitution of India and the UN convention of the rights of the child (UNCRC). It has been organizing the “Baal Taskari Se Azaadi” campaign as a comprehensive national initiative for prevention, rescue, rehabilitation and reintegration of trafficked children.

Following are features of campaign:-

(i) Three phases of the campaign have covered 75, 100 and 200 bordering and adjoining districts respectively.

(ii) It is a campaign which is at district level awareness-cum-sensitisation workshops involving District Administration, Police, AHTUs, CWCs, DCPUs, Labour and Education Departments, Railway authorities, NGOs and Panchayati Raj Institutions.

(iii) School-based awareness activities and community meetings are organised to educate children, parents and teachers on trafficking indicators, safe migration and reporting mechanisms, including door-to-door outreach in identified hotspots in collaboration with local authorities and NGOs.

The Ministry of Women and Child Development is also implementing a Centrally Sponsored Scheme namely ‘Mission Vatsalya’, through the State/ UT Governments to deliver various services for Children in Need of Care and

Protection (CNCP) as well as Children in Conflict with Law (CCL). These services include Institutional Care and Non-Institutional Care. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, *inter-alia,* age-appropriate education, access to vocational training, recreation, health care, counselling etc. Under non-institutional care, support is provided to the children through Sponsorship, Foster Care, Adoption and After Care. The 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.

Further, this Ministry has developed an integrated unified Mission Vatsalya Portal in consultation and coordination with States and UTs. The TrackChild portal for Missing/Found Children, and Khoya-Paya application for Missing/Sighted Children have been integrated with this unified Mission Vatsalya Portal. The TrackChild module is implemented with support and involvement of various stakeholders namely Ministry of Home Affairs, Ministry of Railways, State Governments and UT Administrations, Child Welfare Committees, Juvenile Justice Boards, National Legal Services Authority, etc. Standard operating procedure have been issued in this regard. Advisories have also been issued to all States and UTs including Director General of Police of all States & UTs and other stakeholders regarding implementation of TrackChild. It is also integrated with the Crime and Criminal Tracking & Network Systems (CCTNS) of the Ministry

of Home Affairs which allows interoperability in terms of matching of FIRs of missing children with data base of TrackChild to trace and match missing children by the State and UT police concerned. Further, through Khoya Paya module any citizen can report about any missing or sighted child.

NIPAH VIRUS OUTBREAKS IN KERALA

2167. SHRI K. C. VENUGOPAL:

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

(a) whether the Government is aware of the recent surge in Shigella, Nipah virus and dengue cases in Kerala and if so, the details of Central assistance extended to the State in response;

(b) whether the National Centre for Disease Control (NCDC) or any other Central agency has studied the recurring pattern of Nipah virus outbreaks in Kerala since 2018, if so, the details thereof;

(c) whether any long-term Central strategy has been formulated by the Government to support high-risk States in preventing such recurrence, if so, the details thereof; and

(d) whether the Government proposes to enhance Central funding or introduce a dedicated scheme to help States, including Kerala, cope with recurring public health emergencies and ensure timely availability of essential medicines, if so, the details thereof?

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

(a) to (d): The Government is aware of the reported cases of Shigellosis, Nipah virus disease and Dengue in Kerala. The Government continuously monitors the trends of outbreak-prone diseases including Shigellosis, Dengue and Nipah virus disease, through Integrated Disease Surveillance Programme (IDSP) - Integrated Health Information Platform (IHIP).

Health is a State subject, the responsibility of strengthening public healthcare system lies with the respective State/ UT Governments. 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.

The Ministry through the National Centre for Disease Control in collaboration with the Indian Council of Medical Research (ICMR), the Government of Kerala and other concerned agencies, has investigated all confirmed Nipah virus disease outbreaks reported in Kerala since 2018.

Nipah virus disease is an emerging zoonotic infectious disease caused by the Nipah virus that mainly affects pigs and humans. Human infections usually occur in clusters or outbreaks, particularly among close contacts and caregivers of infected individuals. The natural reservoir host of the virus is believed to be Pteropus fruit bats (flying foxes).

According to the information available, fruit bats play a significant role in transmission of the virus. Human infections may occur due to spillover of the virus from fruit bats to intermediate hosts or directly to humans. In India, outbreaks have been associated with exposure to contaminated food sources and close contact with infected individuals, which may lead to periodic occurrence of cases in certain geographical areas.

The details of various control measures undertaken by the Government for surveillance, prevention and control of Nipah virus disease, Dengue and Shigellosis in all States/UTs including State of Kerala are given in the enclosed **Statement**.

STATEMENT

Disease-wise measures undertaken for surveillance, prevention and control of Nipah virus disease, Dengue and Shigellosis in all States/UTs including State of Kerala

A. Nipah Virus Disease

i. A National Joint Outbreak Response Team (NJORT) comprising experts from the Department of Animal Husbandry and Dairying, Forest & Wildlife

authorities and human health sector, along with bat survey teams, has been constituted and deployed during outbreaks for comprehensive assessment and response.

ii. Technical and logistical support has been extended to Virus Research and Diagnostic Laboratories in Kerala, including training and provision of personal protective equipment and diagnostic reagents, to strengthen preparedness and diagnostic capacity.

iii. Surveillance has been strengthened through Acute Encephalitis Syndrome surveillance and the Integrated Disease Surveillance Programme-Integrated Health Information Platform, supported by event-based surveillance, media scanning and verification, and outbreak investigation by Rapid Response Teams at the district and State levels.

iv. Public awareness and capacity-building activities have been undertaken for healthcare professionals, medical and veterinary personnel, and frontline health and veterinary workers.

v. Zoonosis Committees have been constituted in States and Union Territories to review zoonotic diseases, including Nipah virus disease, and facilitate the One Health approach at the national, State and district levels.

vi. NCDC Guidelines on Nipah Virus Disease, Technical Guidance on Zoonotic Diseases (Centre for One Health, NCDC) and IEC Material on Nipah Virus Disease may be seen at the following links respectively:

- https://ncdc.mohfw.gov.in/nipah-virus-guidelines/
- https://ncdc.mohfw.gov.in/wp-content/uploads/2024/04/Technical-Guidance-on-Zoonotic-Disease.pdf
- https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease-nipah/

B. Dengue

The Government of India has been extending continuous technical and financial support to States, including Kerala the details are as under:

i. Technical guidelines on dengue case management, prevention and control have been provided to States and Union Territories, including Kerala, for implementation.

ii. Surveillance and free diagnosis are supported through designated Sentinel Surveillance Hospitals and Apex Referral Laboratories, including facilities in Kerala, with IgM diagnostic test kits supplied through ICMR-National Institute of Virology, Pune.

iii. Measures include early diagnosis, appropriate case management, strengthened referral services, epidemic preparedness and rapid response, along with real-time monitoring through the Integrated Health Information Platform-Vector Borne Diseases portal.

iv. Integrated Vector Management includes indoor space spraying, outdoor fogging, anti-larval measures, use of bio-larvicides and larvivorous fish, and source reduction to prevent mosquito breeding.

v. Inter-sectoral convergence and collaboration with State Health Departments, Urban Local Bodies and other stakeholders are promoted to strengthen vector control and community awareness.

vi. Information, Education and Communication and Behaviour Change Communication activities are undertaken through social, radio, electronic and print media. Annual observance of National Dengue Day and Anti-Dengue Month, capacity building of community-level functionaries, and periodic advisories to States and Union Territories support prevention and outbreak containment.

vii. IEC Material on Dengue may be seen at the following link https://ncvbdc.mohfw.gov.in/index1.php?font=Increase&lang=1&level=2&lid=4074&sublinkid=5992&utm

C. Shigellosis

The Government of Kerala, supported by IDSP, MoHFW initiated following public health measures:

i. Rapid Response Team investigations and inter-sectoral coordination meetings have been undertaken in the affected districts to assess outbreaks and coordinate containment measures.

ii. Active surveillance, house-to-house visits, active case search, contact tracing and follow-up of affected persons and households have been undertaken for early detection and interruption of transmission.

iii. Oral rehydration solution has been distributed in affected communities, along with advice on timely healthcare seeking, rehydration and appropriate case management.

iv. Chlorination and superchlorination of drinking-water sources have been carried out, and water-quality monitoring, testing and residual-chlorine assessment have been strengthened.

v. Environmental sanitation assessments and food-safety inspections have been undertaken, with attention to wells, septic tanks, drainage systems, waste disposal and food establishments in affected areas.

vi. Health education, awareness sessions, group discussions and distribution of IEC materials have focused on prevention of water-borne diseases, hand hygiene, safe drinking water, food hygiene and early healthcare-seeking behavior.

vii. Coordination among the Health Department, Kerala Water Authority, Local Self-Government Institutions and Food Safety Department has been strengthened. The Central Surveillance Unit under the Integrated Disease Surveillance Programme is monitoring the situation in coordination with the State and District Surveillance Units.

viii. Official IEC material issued by the Directorate of Health Services, Government of Kerala, may be accessed through the link: https://dhs.kerala.gov.in/wp-content/uploads/2026/06/shigella.pdf

INSULIN AWIQI OF NOVO NORDISK

2168. SHRI SUBBARAYAN K.:

SHRI SELVARAJ V.:

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

(a) whether it is a fact that Danish drug producer Novo Nordisk has launched a weekly basal insulin Awiqi for adults with Type 1 and Type 2 diabetics in a dozen countries including India replacing the daily insulin, if so, the details thereof; and

(b) the opinion of the doctors about this new medicine and the response of the patients to the new insulin?

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): Central Drugs Standard Control Organisation (CDSCO) has granted approval to M/s. Novo Nordisk India Private Limited for import and marketing, in India, for Insulin Icodec Solution for Injection (Awiqli®) 700 U/1 mL, 1050 U/1.5 mL & 2100 U/3 mL in pre-filled pen (r-DNA origin) in accordance with the provisions of the Drugs and Cosmetics Act, 1940 and the Rules thereunder, for the treatment of diabetes mellitus in adults. As per the approved Package Insert, the drug is to be administered once weekly through the subcutaneous route and is

to be prescribed only by a registered endocrinologist or physician having post graduate qualification in medicine based on the patient's clinical condition.

The aforesaid drug has been approved by CDSCO for import and marketing in India based on the recommendations of the Subject Expert Committee (Endocrinology & Metabolism) in its meeting held on 19.06.2024 and after examination of its chemical, manufacturing and control (CMC) data, including clinical efficacy and safety data generated from global clinical trials, including Indian patients. The firm has also been directed to conduct a post-marketing surveillance study in the country under real-world clinical practice settings in India as per the provisions of New Drugs and Clinical Trial Rules, 2019.

The Subject Expert Committee consists of eminent experts drawn from different organizations such as Research Institutes, Regulatory Bodies, Medical Colleges & Hospitals and other eminent institutions/organizations.

DIGITIZATION OF COURT PROCEEDINGS

2169. SHRIMATI BHARTI PARDHI:
SHRI RAVINDRA DATTARAM WAIKAR:
SHRI SHRIRANG APPA CHANDU BARNE:

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

(a) whether the Government has implemented a comprehensive digitisation of court proceedings through the e-Courts Mission Mode Project across district and subordinate courts, if so, the details thereof;

(b) the technological infrastructure deployed for virtual hearings, e-filing systems and online case status tracking enabling transparent access to justice;

(c) whether digital case management systems have reduced physical court visits and improved case flow efficiency in the lower judiciary, if so, the details thereof;

(d) the measures for capacity building of judicial officers and court staff in utilising digital platforms for seamless case administration; and

(e) the manner in which the e-Courts transformation enhances judicial accessibility for litigants in remote areas and supports paperless court administration under Digital India vision?

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 eCourts Mission Mode Project, under the National e-Governance Plan, is implemented in a phased manner by Department of Justice in coordination with eCommittee, Supreme Court of India, to leverage Information and Communication Technology (ICT) for efficient, transparent and citizen-centric justice delivery.

As per the information provided by eCommittee, Supreme Court of India, under Phase-III of the eCourts Project, digitisation of legacy and current judicial records, creation of Digital Case Records, universalisation of e-Filing and e-Payments, and adoption of paperless court processes have been undertaken. Standard Operating Procedures (SOPs), technical standards and implementation guidelines have been issued to the High Courts for digitisation and digital case management.

(b) to (e): Under the eCourts Mission Mode Project, necessary ICT infrastructure to facilitate virtual hearings, electronic filing of cases and online case status tracking has been provided. e-Filing Version 3.0 enables online filing of cases and documents, while National Judicial Data Grid (NJDG), eCourts Services Mobile App and Judgment Search Portal provide online access to case status, orders, judgments and other case-related information. Video Conferencing facilities have been provided in various courts to enable virtual hearings. These initiatives have thus, reduced the need for physical visits to courts, particularly for litigants in remote and underserved areas.

Regular training programmes, workshops, orientation sessions and refresher programmes are conducted by the respective High Courts through Judicial Academies for Judicial Officers and court staff.

The Project, thereby, supports the Digital India vision by promoting paperless court administration through digitisation of judicial records, Digital Case Records, electronic workflows and integrated digital platforms.

NATIONAL MENTAL HEALTH SURVEY

2170. SHRI ASADUDDIN OWAISI:

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

(a) whether the Government has taken cognizance of the growing mental health burden in the country, if so, the details thereof;

(b) whether the Government has taken cognisance of the fact that a large proportion of mental health concerns, including stress, psychological distress and anxiety, may not receive adequate attention under existing mental health programmes focused primarily on mental illness, if so, the details thereof along with the measures taken by the Government to address such concerns;

(c) the steps taken/proposed to be taken by the Government to determine the extent to which mental health problems, beyond 'mental illness' are prevalent in the country;

(d) whether the Government is undertaking the National Mental Health Survey in the country, if so, the details thereof; and

(e) the current status of the survey and timeline for publication of the data in this regard?

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

(a) to (e): As per the National Mental Health Survey conducted by the Government through National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore in 12 States of the country, the prevalence of mental disorders including common mental disorders, severe mental disorders, and alcohol and substance use disorders (excluding tobacco use disorder) in adults over the age of 18 years is about 10.6%. The treatment gap for mental disorders ranged between 70% to 92% for different disorders.

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, 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.

Under the tertiary care component of NMHP, under Manpower Development Scheme-A, 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties under Manpower Development Scheme-B.

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.

The Government has launched a “National Tele Mental Health Programme” (NTMHP) on 10th October, 2022, that functions as the digital arm of the District Mental Health Programme to provide universal access to equitable, accessible, affordable and quality mental health care through 24 x 7 tele-mental health

counselling services. For this, a toll-free number (14416) has been set up across the country.

As on 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.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well being to mental disorders.The Government has also launched the video consultation facility under Tele-MANAS, as another upgrade to the already existing audio calling facility.

National Mental Health Survey 2 (NMHS 2) is conducted through National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru covering the age group of adolescents (13 to 17 years) and all adults of age 18 and above across all States (28) and Union Territories (8). The focus of NMHS 2 enquiry has been expanded to Public Health priority on mental illness conditions including thematic studies related to vulnerable populations such as children and women's mental health, geriatric mental health, migration, climate change, mental health amongst tribal population and mental health care during disasters.

दरभंगा में एम्स के निर्माण की स्थिति

2171. श्री सुधाकर सिंहः

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

(क) बिहार के दरभंगा में प्रस्तावित एम्स की वर्तमान स्थिति क्या है और इस परियोजना के लिए अब तक दी गई कुल वित्तीय स्वीकृति और आज तक इस पर किए गए व्यय का ब्यौरा क्या है;

(ख) क्या एम्स दरभंगा का निर्माण कार्य परिकल्पित रूप में आगे नहीं बढ़ा है और प्रधानमंत्री द्वारा यह घोषणा किए जाने के बावजूद कि यह परियोजना तीन वर्षों के भीतर पूरी हो जाएगी, डेढ़ वर्ष बीत जाने के बाद भी निर्माण कार्य निर्धारित समय-सीमा के अनुसार शुरू नहीं हुआ है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) क्या सरकार का एम्स दरभंगा के निर्माण में तेजी लाने और इसे निर्धारित समय-सीमा के भीतर पूरा करने के लिए किसी समयबद्ध कार्ययोजना को लागू करने का विचार है और यदि हां, तो इसके निर्माण और कार्यशील होने की समय-सीमा का ब्यौरा क्या है?

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

(क) से (ग): सरकार ने दिनांक 15.09.2020 को ₹ 1264 करोड़ की अनुमानित लागत से दरभंगा में नए अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना को स्वीकृति प्रदान की थी। प्रारंभ में आवंटित भूमि में परिवर्तन के उपरांत, बिहार सरकार ने सितंबर, 2024 में 187.44 एकड़ भूमि परियोजना हेतु हस्तांतरित कर दी। विस्तृत भू-तकनीकी जांच, जल-विज्ञान संबंधी तथा अन्य तकनीकी अध्ययनों के आधार पर मास्टर प्लान को अनुमोदित कर दिया गया है।

दिनांक 25.03.2026 को केंद्रीय मंत्रिमंडल ने एम्स, दरभंगा की परियोजना को पूर्ण करने के लिए संशोधित लागत अनुमान ₹ 2006.07 करोड़ का अनुमोदन किया है। संशोधित अनुमान के अनुमोदन की तिथि से परियोजना को पूर्ण करने के लिए 40 माह की समय-सीमा निर्धारित की गई है।

अब तक, परियोजना से संबंधित विभिन्न कार्यों के लिए ₹ 30.63 करोड़ की राशि का उपयोग किया जा चुका है। परियोजना की प्रगति की नियमित समीक्षा विभिन्न स्तरों पर कार्यान्वयन एजेंसियों, बिहार सरकार और संबंधित हितधारकों (स्टेकहोल्डर्स) के साथ की जाती है

POSHAN TRACKER

2172. SHRI SASIKANTH SENTHIL:

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

(a) whether the Poshan Tracker records nutrition indicators of children in the country, including stunting, wasting, severe wasting and underweight status, if so, the details thereof;

(b) the number of children recorded under each of the said categories during each of the last three years, State/UT-wise, including Tamil Nadu;

(c) whether any data is maintained for the said State, including the number of children referred for medical care from Anganwadi Centres, district-wise, if so, the details thereof;

(d) whether Anganwadi Centres are equipped with functional growth-monitoring devices/regularly uploading nutrition data on Poshan Tracker in the Tiruvallur Parliamentary Constituency in the said State; and

(e) if so, the details thereof, including funds released for nutrition monitoring, capacity building, data accuracy improvement alongwith the steps taken to strengthen public availability of child nutrition data?

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

(a) to (e): Under Mission Saksham Anganwadi and Poshan 2.0, the 'Poshan Tracker' digital application has been rolled out as an ICT based governance tool for monitoring and tracking of all beneficiaries on various indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting and underweight prevalence among children. The Poshan Tracker application data on Nutrition indicators along with the number of registered children of all States including Tamil Nadu and UTs is available at public dashboard of Poshan Tracker: https://www.poshantracker.in/statistics.

The information on number of children referred for medical care from Anganwadi Centres, district-wise, as provided by the State of Tamil Nadu is given in the enclosed **Statement**.

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 along with data recharge facility, provisioned under the Mission.

Rs 636.6 crores have been released for State of Tamil Nadu, during Financial Year 2025-26 under Mission Saksham Anganwadi and Poshan 2.0.

STATEMENT

The District-wise number of children referred for medical care from Anganwadi Centres in the State of Tamil Nadu from 1-4-2026 to 25-07-2026:

S. No.	Name of the District	Total Referrals
Tamil Nadu		**57,971**
1	Aranthangi	1,821
2	Ariyalur	1,119
3	Attur	722
4	Chengalpattu	670
5	Chennai	1,113
6	Cheyyar	645
7	Coimbatore	3,402
8	Cuddalore	3,710
9	Dharmapuri	953
10	Dindigul	1,054
11	Erode	3,532
12	Kallakurichi	1,570
13	Kancheepuram	205
14	Karur	409
15	Koilpatti	547
16	Krishnagiri	749
17	Madurai	2,510
18	Mayiladuthurai	395
19	Nagapattinam	576
20	Nagercoil	346
21	Namakkal	3,127
22	Palani	860
23	Paramakudi	1,049
24	Perambalur	1,350
25	Poonamallee	265
26	Pudukottai	889
27	Ramanathapuram	1,586
28	Ranipet	250

29	Salem	2,202
30	Sivaganga	365
31	Sivakasi	1,145
32	Tenkasi	944
33	Thanjavur	646
34	Theni	645
35	Thoothukudi	510
36	Tiruchirappalli	1,730
37	Tirunelveli	1,539
38	Tirupathur	1,865
39	Tiruppur	2,044
40	Tiruvallur	2,230
41	Tiruvannamalai	2,367
42	Tiruvarur	773
43	Udhagamandalam	115
44	Vellore	775
45	Villupuram	1,499
46	Virudhunagar	1,153

SCIENTIFIC DOCUMENTATION OF TRADITIONAL HEALING PRACTICES

2173. SHRIMATI DAGGUBATI PURANDESWARI:

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

(a) whether the Government has initiated systematic efforts to scientifically document and preserve the traditional healing practices of tribal communities in the Rajahmundry Parliamentary constituency of Andhra Pradesh;

(b) if so, the details thereof along with field research and ethnographic surveys successfully conducted in the Rampachodavaram agency tracts during the financial year 2025-26;

(c) whether the Government has provided specific financial support to local tribal healers to standardize their indigenous herbal formulations for broader public utility and if so, the details thereof;

(d) the specific measures taken by the Government to protect the intellectual property rights of these traditional forest-dwelling communities regarding their ancestral medical knowledge; and

(e) the details of the future steps planned by the Government to establish a dedicated regional AYUSH research centre in the Godavari region to study the pharmacological potential of local medicinal flora?

THE MINISTER 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): At present no such proposal is under consideration. However, the 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 Regional Ayurveda Research Institute (RARI), Vijayawada, Andhra Pradesh. The primary objective of the programme is to provide Ayurveda healthcare services directly to tribal communities. In addition, awareness lectures are conducted to promote healthy lifestyle practices based on Ayurveda, including *Dinacharya* (daily

regimen), *Ritucharya* (seasonal regimen), and *Pathya-Apathya* (dietary guidelines) for health promotion and disease prevention. Information, Education and Communication (IEC) materials are also distributed. The Council also documents prevalent Local Health Traditions (LHTs), Ethno-Medicinal Practices (EMPs), and folklore claims among tribal populations through Medico Ethno-Botanical Survey (MEBS) and Tribal Health Care Research Programme (THCRP).

(d): Central Council for Research in Ayurvedic Sciences (CCRAS) protects the Intellectual Property Rights (IPR) of the Local Health Traditions documented from knowledge providers during conducting the Medico Ethno Botanical Survey (MEBS) and Tribal Health Care Research Program (THCRP), as per the CCRAS research policy.

(e): At present no such proposal is under consideration.

PROMOTION OF TRADITIONAL SYSTEMS OF MEDICINE

2174. SHRI KUNDURU RAGHUVEER:

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

(a) whether the Government has observed that, while Yoga has gained widespread national and international recognition, however, other traditional systems under AYUSH, namely Ayurveda, Siddha, Unani, Sowa-

Rigpa and Homoeopathy, require greater public awareness and acceptance and if so, the details thereof;

(b) the steps taken by the Government to preserve, document, scientifically validate and promote these traditional systems including their classical therapies, indigenous treatment practices and medicinal knowledge;

(c) whether the Government has introduced programmes to integrate evidence-based AYUSH treatments with the public healthcare system, strengthen AYUSH institutions, promote research and train practitioners and if so, the details thereof;

(d) the initiatives undertaken by the Government to create awareness among the younger generation through educational Institutions, digital platforms and public outreach campaigns; and

(e) the details of financial assistance, research projects and awareness programmes implemented to preserve and promote India's traditional medical heritage alongside Yoga during the last five 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): Ministry of Ayush is promoting all Ayush systems of medicine, namely Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy with the objective of enhancing public awareness, accessibility and acceptance at

the national and international levels. Ministry of Ayush, through its Information, Education and Communication (IEC) Scheme, aims to promote all Ayush systems of medicine through its various awareness programs and promotional activities. The Scheme aims to enhance public outreach across the country by providing financial assistance for organizing various awareness programmes and events in different parts of the country. This includes organizing Arogya Fairs, Ayurveda Parvs, health fairs, exhibitions, seminars, conferences, workshops, and multimedia campaigns. The Ministry also observes important days such as Ayurveda Day, Siddha Day, Unani Day and Homoeopathy Day to enhance public awareness and encourage the adoption of Ayush healthcare systems. Further, under the International Cooperation (IC) Scheme, the Ministry fosters international partnerships for the promotion of Ayush through sustained bilateral and multilateral cooperation, academic collaborations, exchange programmes, establishment of Ayush Academic Chairs and Information Cells abroad, and participation in international conferences, exhibitions and other global platforms. These activities serve as an important platform for creating public awareness and encouraging the adoption of various Ayush systems of healthcare.

(b): Ministry of Ayush through National Institute of Indian Medical Heritage (NIIMH), Hyderabad, a unit under the Central Council for Research in Ayurvedic Sciences (CCRAS), maintains a Medico-Historical Library which has a significant collection of manuscripts, rare books about Ayurveda, Siddha, Yoga, Unani,

Homoeopathy etc. This Institute maintains a digital repository of medical manuscripts and rare books collected from different manuscript repositories, state museums, academic institutions, libraries and personal collections from different parts of the country. CCRAS publishes three peer-reviewed journals namely (i) the Journal of Drug Research in Ayurvedic Sciences (JDRAS), (ii) the Journal of Research in Ayurvedic Sciences (JRAS), and (iii) the Journal of Indian Medical Heritage (JIMH) which are available electronically in the public domain free of cost to facilitate the dissemination of research outcomes. Further, the Ministry of Ayush under the Ayush Grid platform has developed the Ayush Research Portal, which strengthens the evidence-based practice by providing a centralized digital platform for dissemination of curated Ayush-based published research articles, hosting over 43,000 research studies and facilitating easy access for researchers, practitioners, and policymakers.

(c): Ministry of Ayush, in collaboration with the Indian Council of Medical Research (ICMR), has established Ayush-ICMR Advanced Centres for Integrative Health Research (AI-ACIHR) at selected All India Institute of Medical Sciences (AIIMS) to generate high-quality evidence and develop models for integrative healthcare. The centres are undertaking research on priority health conditions, like pulmonary rehabilitation in chronic obstructive pulmonary disease (COPD), polycystic ovarian syndrome (PCOS), gestational diabetes, pancreaticobiliary diseases, carcinoma etc. Further, Central Council for Research in Homoeopathy

(CCRH), under Ministry of Ayush, has integrated Homoeopathy into the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS). The Swasthya Rakshan Programme (SRP) complements these efforts by delivering preventive and primary healthcare services to communities at their doorstep. Practitioners and Research Officers of all Research Councils undergo regular training programs to enhance their knowledge and research capabilities. Research Councils under the Ministry of Ayush, working in the fields of Ayurveda, Homoeopathy, Siddha, Unani, and Yoga & Naturopathy, are actively engaged in research activities related to their respective systems of medicine.

(d): Ministry of Ayush implements the Central Sector Scheme for Promotion of Information, Education and Communication (IEC) in Ayush to enhance public awareness of the Ayush systems of medicine among all sections of society, including the younger generation. Under this Scheme, financial assistance is provided for organizing National and State Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, and other awareness and outreach activities across various parts of the country. The Ministry also undertakes multimedia and print media campaigns and disseminates information through its official digital platforms, including Facebook, Instagram, X, and YouTube, to promote greater awareness and acceptance of the Ayush systems of medicine among all its citizen. The Ministry has also undertaken several initiatives through regulatory reforms in the

Ayush medical curriculum to promote public awareness, particularly among the younger generation. These initiatives include conducting preventive and community medicine programmes through educational institutions, creating awareness through peripheral Outpatient Departments (OPDs), adopting nearby villages for health awareness and organizing various programmes, workshops, seminars, and interactive sessions from time to time.

(e): Ministry of Ayush through its Information, Education and Communication (IEC) activities promotes India's traditional medical heritage of Ayush system by organising various public awareness programs and outreach initiatives such as National/State Arogya Fair, Ayurveda Parv and Yoga Fest/Utsav, Health Fairs/Melas/ Exhibitions, observance of important days, Seminars, Webinars, Conferences, Symposiums etc. The details of various events held throughout the country along with financial assistance provided under the IEC scheme during the last five years is given in the enclosed **Statement**.

STATEMENT

Details of events held throughout the country under the IEC scheme during the last five years:

Financial Year	No. of Events held	Amount (in Crores)
2021-22	36	30.04
2022-23	51	51.60
2023-24	36	33.12
2024-25	33	29.82
2025-26	40	83.64

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH

2175. SHRI PRATAP CHANDRA SARANGI:

DR. VINOD KUMAR BIND:

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

(a) the number, location and details of National Institute of Pharmaceutical Education and Research (NIPER) centres currently established in the country;

(b) whether the Government proposes to set up a campus of the NIPER in Balasore Parliamentary Constituency of Odisha;

(c) if so, the details thereof, including the estimated cost, sanction of funds and the locations identified for setting up of the same; and

(d) the timeline by which the institute is likely to be completed and made fully functional?

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): National Institutes of Pharmaceutical Education and Research (NIPERs) are the premier institutes for education and research in the pharmaceutical and medical device sectors. There are currently seven NIPERs. The first NIPER was set up at Mohali (Punjab) as a registered society under the Societies Registration

Act, 1860 and given statutory recognition by an act of Parliament, viz., the NIPER Act, 1998. Following amendment of the Act in the year 2007, six more NIPERs were set up at Ahmedabad (Gujarat), Guwahati (Assam), Hajipur (Bihar), Hyderabad (Telangana), Kolkata (West Bengal) and Raebareli (Uttar Pradesh). All seven NIPERs have been given statutory recognition by the NIPER Act, 1998 and declared as the Institutions of National Importance.

(b): There is no such proposal under consideration of the Government.

(c) and (d): Does not arise, in view of answer to part (b) above.

IMPLEMENTATION OF PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA

2176. SHRI TANGELLA UDAY SRINIVAS:

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

(a) the current status of implementation of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in the country, including the number of AIIMS institutions and the Government Medical College/Institution (GMCI) upgradation projects sanctioned, completed, under construction and operational as on date, State-wise;

(b) the details of funds sanctioned, released and utilised under PMSSY during each of the last three years and the current year along with the present status of implementation of the sanctioned projects, State-wise;

(c) the details of the major infrastructure and healthcare facilities created under the Government Medical College/Institution (GMCI) upgradation component, including super-specialty blocks, additional beds, diagnostic and critical care facilities and other key interventions; and

(d) whether the Government proposes to expand the coverage of PMSSY by sanctioning additional AIIMS institutions and GMCI upgradation projects and if so, the details of the proposals under consideration 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): Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims to correct regional imbalances in the availability of affordable/ reliable tertiary healthcare services and also to augment facilities for quality medical education in the country. The Scheme has two components; (1) Setting up of All India Institute of Medical Sciences (AIIMS); and (2)Upgrading existing Government Medical Colleges/Institutions. The details of 22 AIIMS and 75 upgradation projects of GMCs approved under the scheme is given in the enclosed **Statement-I** and **Statement-II** respectively.

The Budget allocated to and expenditure incurred under PMSSY during the last three years and the current year is as below:

(₹ in Crore)

Financial Year	Revised Estimate (RE)	Expenditure
2023-24	8635.00	8036.08
2024-25	9536.00	9472.10
2025-26	10765.60	10764.96
2026-27	11307.00 (BE)	5738.15 (as on 21.07.2026)

STATEMENT-I

The details of AIIMS, Location wise/State wise approved under PMSSY

Sl. No.	State/ UT	Location of AIIMS	Status
1	Andhra Pradesh	AIIMS Mangalagiri	Functional
2	Assam	AIIMS Guwahati	Functional
3	Bihar	AIIMS Darbhanga	Pre-investment work is in Progress
4		AIIMS Patna	Functional
5	Chhattisgarh	AIIMS Raipur	Functional
6	Gujarat	AIIMS Rajkot	Functional
7	Haryana	AIIMS Majra (Rewari)	Under Construction
8	Himachal Pradesh	AIIMS Bilaspur	Functional
9	Jammu & Kashmir	AIIMS Vijaypur, Jammu	Functional
10		AIIMS Awantipora, Kashmir	Under Construction
11	Jharkhand	AIIMS Deoghar	Functional
12	Madhya Pradesh	AIIMS Bhopal	Functional
13	Maharashtra	AIIMS Nagpur	Functional
14	Odisha	AIIMS Bhubaneswar	Functional
15	Punjab	AIIMS Bathinda	Functional
16	Rajasthan	AIIMS Jodhpur	Functional
17	Tamil Nadu	AIIMS Madurai	Under Construction
18	Telangana	AIIMS Bibinagar	Functional
19	Uttar Pradesh	AIIMS Raebareli	Functional
20		AIIMS Gorakhpur	Functional
21	Uttarakhand	AIIMS Rishikesh	Functional
22	West Bengal	AIIMS, Kalyani	Functional

STATEMENT-II

Government Medical Colleges/Institutions (GMCs) approved for upgradation under PMSSY:

Sl. No.	State	Name of Govt. Medical College/Institute (GMCI)	Approved Infrastructure	Status
1	Andhra Pradesh	Sri Venkateswara Institute of Medical Sciences, Tirupati	Procurement of Equipment	Completed
2		Siddhartha Medical College, Vijayawada	Super Speciality Block	Completed
3		Government Medical College, Anantapur	Super Speciality Block	Completed
4	Assam	Guwahati Medical College, Guwahati	Super Speciality Block	Completed
5		Assam Medical College, Dibrugarh	Super Speciality Block	Completed
6	Bihar	Sri Krishna Medical College, Muzaffarpur	Super Speciality Block	Completed
7		Government Medical College, Darbhanga	Super Speciality Block	Completed
8		Patna Medical College & Hospital, Patna	Super Speciality Block	Under Construction
9		Government Medical College, Bhagalpur	Super Speciality Block	Completed
10		Government Medical College, Gaya	Super Speciality Block	Completed
11		IGIMS, Patna	Regional Institute of Ophthalmology	Completed
12	Chhattisgarh	Government Medical College, Bilaspur	Super Speciality	Completed

			Block	
13		Government Medical College, Jagdalpur	Super Speciality Block	Completed
14	Delhi	UCMS–GTB Hospital	-	Under Construction
15	Goa	Goa Medical College, Panaji	Super Speciality Block	Completed
16	Gujarat	B.J. Medical College, Ahmedabad	Procurement of Medical Equipment	Completed
17		P.D.U. Medical College, Rajkot	Super Speciality Block	Completed
18		Government Medical College, Surat	Super Speciality Block	Under construction
19		Government Medical College, Bhavnagar	Super Speciality Block	Completed
20	Haryana	Pandit B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak	Service Block & OT Complex	Completed
21	Himachal Pradesh	Government Medical College, Tanda	Super Speciality Block	Completed
22		Indira Gandhi Government Medical College, Shimla	Super Speciality Block	Completed
23	Jammu & Kashmir	Government Medical College, Jammu	Super Speciality Block	Completed
24		Government Medical College, Srinagar	Institute of Traumatology	Completed
25	Jharkhand	Rajendra Institute of Medical Sciences (RIMS), Ranchi	Super Speciality & Oncology Block	Completed
26		Patliputra Medical College, Dhanbad	Super Speciality	Completed

			Block	
27	Karnataka	Bangalore Medical College, Bengaluru	Super Speciality Block	Completed
28		Vijayanagar Institute of Medical Sciences, Bellary	Trauma Care Block	Completed
29		Karnataka Institute of Medical Sciences, Hubballi	Super Speciality Block	Completed
30	Kerala	Government Medical College, Thiruvananthapuram	Super Speciality Block	Completed
31		Government Medical College, Kozhikode	Trauma Care Centre with Super Speciality Block	Completed
32		T.D. Medical College, Alappuzha	Super Speciality Block	Completed
33		SCTIMST, Thiruvananthapuram	Super Speciality Block	Completed
34	Madhya Pradesh	Government Medical College, Rewa	Super Speciality Block	Completed
35		Netaji Subhash Chandra Bose Medical College, Jabalpur	Super Speciality Block	Completed
36		G.R. Medical College, Gwalior	Super Speciality Block	Completed
37		Government Medical College, Indore	Super Speciality Block	Completed
38	Maharashtra	Grant Medical College & Sir J.J. Group of Hospitals, Mumbai	Procurement of Medical Equipment	Completed
39		Government Medical College, Nagpur	Procurement of Medical	Completed

			Equipment	
40		Government Medical College, Aurangabad	Super Speciality Block	Completed
41		Government Medical College, Latur	Super Speciality Block	Completed
42		Government Medical College, Akola	Super Speciality Block	Completed
43		Shri Vasantrao Naik Government Medical College, Yavatmal	Super Speciality Block	Completed
44	Odisha	M.K.C.G. Medical College, Berhampur	Super Speciality Block	Completed
45		V.S.S. Medical College, Burla	Super Speciality Block	Completed
46		Dharanidhar Medical College&Hospital, Keonjhar	Super Speciality Block	Under Construction
47	Punjab	Government Medical College, Amritsar	Super Speciality Block	Completed
48		Government Medical College, Patiala	Super Speciality Block	Completed
49	Rajasthan	S.P. Medical College, Bikaner	Super Speciality Block	Completed
50		R.N.T. Medical College, Udaipur	Super Speciality Block	Completed
51		Government Medical College, Kota	Super Speciality Block	Completed
52		Government Medical College, Jaipur	Super Speciality Block	Completed

53	Tamil Nadu	Government Medical College, Salem	Super Speciality Block and Trauma Centre	Completed
54		Government Medical College, Madurai	Super Speciality Block	Completed
55		Thanjavur Medical College, Thanjavur	Super Speciality Block	Completed
56		Tirunelveli Medical College, Tirunelveli	Super Speciality Block	Completed
57	Telangana	Nizam's Institute of Medical Sciences (NIMS), Hyderabad	Super Speciality Block and Trauma Centre	Completed
58		Rajiv Gandhi Institute of Medical Sciences, Adilabad	Super Speciality Block	Completed
59		Kakatiya Medical College, Warangal	Super Speciality Block	Completed
60	Tripura	Agartala Government Medical College, Agartala	Super Speciality Block	Completed
61	Uttar Pradesh	Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow	Super Speciality Block	Completed
62		Trauma Centre (TC), IMS, BHU, Varanasi	Trauma Centre and Nursing College	Completed
63		Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh	Trauma Care Centre and OBG Block	Completed
64		Government Medical College, Jhansi	Super Speciality	Completed

			Block	
65		Government Medical College, Gorakhpur	Super Speciality Block	Completed
66		M.L.N. Medical College, Allahabad	Super Speciality Block	Completed
67		LLRM Medical College, Meerut	Super Speciality Block	Completed
68		Government Medical College, Agra	Super Speciality Block	Completed
69		Government Medical College, Kanpur	Super Speciality Block	Completed
70		Institute of Medical Sciences (IMS), BHU, Varanasi	Super Speciality Block	Completed
71		Regional Institute of Ophthalmology (RIO), IMS, BHU, Varanasi	Regional Institute of Ophthalmology (RIO)	Completed
72	West Bengal	Kolkata Medical College, Kolkata	Super Speciality Block	Completed
73		Bankura Sammilani Medical College, Bankura	Super Speciality Block	Completed
74		Government Medical College, Malda	Trauma Care Centre and Emergency Medical Block	Completed
75		North Bengal Medical College, Darjeeling	Super Specialty Block	Completed

उर्वरकों की समय पर उपलब्धता

2177. श्री अमरा राम:

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

(क) क्या देश के विभिन्न राज्यों में किसानों को यूरिया, डीएपी और अन्य उर्वरकों की समय पर उपलब्धता का आश्वासन नहीं दिया जा रहा है और यदि हां, तो राज्य-वार तत्संबंधी ब्यौरा क्या है;

(ख) विगत पांच वर्षों के दौरान सरकार द्वारा उर्वरकों पर दी गई राजसहायता का वर्ष-वार और राज्य-वार ब्यौरा क्या है; और

(ग) क्या सरकार देश में नैनो यूरिया और नैनो डीएपी के उपयोग को बढ़ावा देने के लिए किसी विशेष योजना को लागू कर रही है और यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा और इसके क्या परिणाम हैं?

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

(क): राज्यों/संघ राज्य क्षेत्रों में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा हर मौसम में निम्नलिखित कदम उठाए जाते हैं:

i. प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। कृषि एवं किसान कल्याण विभाग द्वारा आकलित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरकों का पर्याप्त मात्रा में 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 तथा अन्य उर्वरकों की मांग (आवश्यकता) और उत्पादन के बीच के अंतर को आयात के माध्यम से पूरा किया जाता है। मौसम के लिए समय पर उपलब्धता सुनिश्चित करने के लिए आयात को काफी पहले अंतिम रूप दे दिया जाता है।

iv. राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांगपत्र जारी करके आपूर्तियों को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय स्थापित करें।

v. रेल मंत्रालय के साथ नियमित समन्वय बैठकें होती हैं ताकि रेल मंत्रालय राज्यों को पर्याप्त रैक दे, उर्वरकों को प्राथमिकता दे और रैकों की समय पर निकासी करवाए।

vi. राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

vii. तदनुसार, चल रहे खरीफ मौसम 2026 (अर्थात दिनांक 01.04.2026 से दिनांक 26.07.2026 तक) के दौरान राज्यों/संघ राज्य क्षेत्रों में उर्वरकों अर्थात यूरिया, डीएपी, एमओपी और एनपीके की उपलब्धता पर्याप्त बनी हुई है। उक्त अवधि के दौरान राज्यों/संघ राज्य क्षेत्रों में इन उर्वरकों की उपलब्धता, आवश्यकता और बिक्री से संबंधित सूचना संलग्न **विवरण** में दी गई है।

(ख): उर्वरकों में प्रत्यक्ष लाभ अंतरण (डीबीटी) 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 विक्रय केंद्र पर स्थापित पॉइंट ऑफ सेल (पीओएस)

उपकरणों के माध्यम से लाभार्थियों के आधार प्रमाणीकरण के उपरांत संवितरित की जाती है। तदनुसार, सभी किसानों को बिना किसी मनाही के आधार पर सब्सिडी युक्त दरों पर उर्वरकों की आपूर्ति सुनिश्चित की जाती है। चूँकि सब्सिडी की धनराशि का आवंटन अथवा संवितरण जिला-वार या राज्य-वार आधार पर नहीं किया जाता, इसलिए इस प्रकार का कोई आँकड़ा पृथक रूप से नहीं रखा जाता। गत पाँच वर्षों, अर्थात् वर्ष 2021-22 से 2025-26 तक, भारत सरकार द्वारा संवितरित कुल उर्वरक सब्सिडी का विवरण निम्नानुसार है :

आंकड़े करोड़ रुपये में					
वित्तीय वर्ष	2021-22	2022-23	2023-24	2024-25	2025-26
संवितरित राशि	**157640.09**	**254798.93**	**195420.51**	**177129.50**	**217175.73**

(ग): सरकार देश में नैनो यूरिया और नैनो डीएपी के उपयोग को बढ़ावा देने के लिए कोई विशेष स्कीम कार्यान्वित नहीं कर रही है। तथापि, देश भर के किसानों के बीच नैनो उर्वरकों के उपयोग को बढ़ावा देने के लिए सरकार द्वारा निम्नलिखित उपाय किए गए हैं -

- नैनो यूरिया के उपयोग को विभिन्न गतिविधियों जैसे जागरूकता शिविरों, वेबिनार, क्षेत्र प्रदर्शनों, किसान सम्मेलनों और क्षेत्रीय भाषाओं में फिल्मों आदि के माध्यम से बढ़ावा दिया जाता है।
- संबंधित कंपनियों द्वारा नैनो यूरिया और नैनो डीएपी प्रधानमंत्री किसान समृद्धि केंद्रों (पीएमकेएसके) पर उपलब्ध कराए जाते हैं।
- नैनो यूरिया जैसे नैनो उर्वरकों के पर्णीय छिड़काव के माध्यम से उनके उपयोग एवं अनुप्रयोग को सरल बनाने के उद्देश्य से 'किसान ड्रोन' जैसे अभिनव छिड़काव विकल्पों को प्रोत्साहित किया जा रहा है तथा खुदरा विक्रय केंद्रों पर बैटरी चालित स्प्रेयरों का वितरण किया जा रहा

है। इस उद्देश्य की पूर्ति के लिए ग्राम स्तरीय उद्यमियों के माध्यम से पायलट प्रशिक्षण तथा कस्टम हायरिंग आधारित छिड़काव सेवाओं को सक्रिय रूप से बढ़ावा दिया जा रहा है।

क. राज्य सरकारों द्वारा किए गए उपाय:

- गुजरात सरकार इन उन्नत उर्वरकों को अपनाने को प्रोत्साहित करने के लिए एक विशेष सहायता पहल के तहत किसानों को नैनो उर्वरकों पर 50 प्रतिशत सब्सिडी प्रदान करती है।
- राजस्थान सरकार नैनो उर्वरकों के छिड़काव के लिए छिड़काव लागत पर 50 प्रतिशत की सब्सिडी प्रदान करती है।
- उत्तराखंड राज्य सरकार ने केंद्र प्रायोजित योजनाओं एटीएमए, एनएफएसएम तथा मृदा स्वास्थ्य एवं उर्वरता और राज्य प्रायोजित स्कीमों (मुख्यमंत्री राज्य विकास स्कीम तथा राज्य अन्नश्री (मिलेट) नीति) के अंतर्गत प्रदर्शनों में नैनो उर्वरकों के उपयोग को अनिवार्य किया है।
- ओडिशा राज्य सरकार अपनी निम्नलिखित स्कीमों के अंतर्गत नैनो उर्वरकों के उपयोग के लिए वित्तीय सहायता प्रदान कर रही है -

क्र.सं.	**स्कीम**	**क्षेत्र (हेक्टेयर में)**	**नैनो उर्वरक**	**प्रोत्साहन (रु. /हेक्टेयर)**
1	एनएफ़एसएनएम (खाद्य अनाज) 2026-27	4126	नैनो यूरिया	500
		2093	नैनो डीएपी	1000
2	दालों में आत्मनिर्भरता मिशन 2026-27	15625	नैनो डीएपी	1000
3	मुख्यमंत्री माका मिशन (राज्य योजना) 2026-27	9000	नैनो डीएपी	1000
		1500	नैनो यूरिया	1000
		50	नैनो यूरिया	500
4	कपास संबंधी प्रौद्योगिकी मिशन (राज्य योजना) 2026-27	5000	नैनो डीएपी	1200
5	आईएपी पल्स (राज्य योजना)	7590	नैनो डीएपी	1000

ख. नैनो उर्वरक उत्पादकों द्वारा किए गए उपाय:

- नैनो उर्वरक उत्पादकों ने प्रमुख कृषि राज्यों में नैनो उर्वरकों के अपनाने को प्रोत्साहित करने के लिए व्यापक जागरूकता और प्रचार गतिविधियां शुरू की हैं। इनमें किसानों की बैठकें, फसल सेमिनार, फील्ड प्रदर्शन, फील्ड दिवस और उत्पाद के उपयोग, पोषक तत्वों की दक्षता, लागत लाभ और फसल प्रदर्शन के बारे में किसानों को शिक्षित करने के लिए संस्थागत परीक्षण शामिल हैं।
- नैनो उर्वरक उत्पादकों ने नैनो उर्वरकों के सही उपयोग को बढ़ावा देने के लिए प्रसार कार्यकर्ताओं, खुदरा विक्रेताओं और अन्य हितधारकों के लिए अनुसंधान, फील्ड परीक्षण और प्रशिक्षण कार्यक्रम आयोजित करने के लिए आईसीएआर संस्थानों, कृषि विज्ञान केंद्रों (केवीके), राज्य कृषि विश्वविद्यालयों और राज्य कृषि विभागों के साथ भी भागीदारी की है।
- जागरूकता को और बढ़ाने के लिए, कंपनियों ने टेलीविजन अभियान, किसान मेलों, कृषि प्रदर्शनियों, भित्ति चित्रों, होर्डिंग, डीलर प्रदर्शन, मोबाइल अभियान, मुद्रित साहित्य और यूट्यूब और फेसबुक जैसे डिजिटल प्लेटफॉर्म का उपयोग किया है। किसान गोष्ठियों, विकसित भारत संकल्प यात्रा गतिविधियों और ग्राम-स्तरीय अभियानों सहित विशेष जनसंपर्क (आउटरीच) कार्यक्रम भी आयोजित किए गए हैं।
- इफको और कोरोमंडल इंटरनेशनल लिमिटेड (सीआईएल) जैसे उत्पादकों ने सूचित किया है कि बातचीत और साक्ष्यों के माध्यम से किसानों की प्रतिक्रिया एकत्र की गई है। कंपनियों के अनुसार, किसानों ने आम तौर पर नैनो उर्वरकों को लेकर सकारात्मक अनुभव दर्ज किए हैं और उनका उपयोग जारी रखने की इच्छा दिखाई है।.

विवरण

मौजूदा खरीफ़ 2026 (01.04.26 से 26.07.26 तक) के दौरान राज्यों के अनुसार उर्वरकों की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक

आंकड़े एलएमटी में

		यूरिया				डीएपी				एमओपी				एनपीकेएस			
क्रम.सं	राज्य	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक 26.07.26 तक	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक 26.07.26 तक	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक 26.07.26 तक	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक 26.07.26 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	3.64	6.64	2.80	3.84	0.78	1.73	0.84	0.89	0.39	0.73	0.32	0.42	2.10	6.65	2.70	3.96
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	1.32	2.12	1.71	0.41	0.20	0.41	0.27	0.14	0.14	0.43	0.20	0.22	0.14	0.28	0.11	0.18
5	बिहार	4.62	8.15	3.56	4.60	1.59	2.29	0.92	1.37	0.84	0.83	0.13	0.70	1.88	3.28	0.75	2.53
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	5.88	7.48	5.20	2.28	2.49	1.98	1.45	0.53	0.63	0.82	0.52	0.30	2.00	2.30	1.61	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	0.09	0.08	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	0.01	0.00
12	गुजरात	6.20	8.55	5.93	2.62	2.54	2.28	1.64	0.65	0.31	0.41	0.21	0.20	3.42	4.26	2.35	1.91
13	हरियाणा	6.38	9.89	7.77	2.13	1.30	1.63	1.20	0.44	0.42	0.38	0.14	0.24	0.33	0.43	0.16	0.27
14	हिमाचल प्रदेश	0.17	0.42	0.28	0.15	0.01	0.03	0.01	0.02	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	जम्मू और कश्मीर	0.60	1.15	0.78	0.36	0.18	0.29	0.19	0.10	0.08	0.15	0.11	0.04	0.01	0.06	0.02	0.04
16	झारखंड	1.44	2.15	1.09	1.06	0.43	0.41	0.25	0.16	0.04	0.06	0.01	0.05	0.53	0.60	0.28	0.31
17	कर्नाटक	6.58	8.93	4.85	4.08	2.76	3.27	2.38	0.89	1.33	1.60	0.80	0.81	7.61	12.42	7.13	5.30
18	केरल	0.32	0.66	0.41	0.25	0.07	0.18	0.10	0.08	0.22	0.44	0.30	0.15	0.52	0.59	0.34	0.26
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	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	10.42	14.99	9.65	5.34	3.34	3.37	2.30	1.07	0.78	0.61	0.28	0.33	4.38	6.78	3.67	3.12

21	महाराष्ट्र	10.32	14.56	9.35	5.21	3.47	3.70	2.69	1.01	0.88	1.83	0.89	0.94	11.96	21.74	12.19	9.55
22	मणिपुर	0.11	0.18	0.12	0.06	0.02	0.02	0.01	0.01	0.00	0.00	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	0.02	0.01	0.00	0.01	0.02	0.00	0.00	0.00	0.00	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	2.97	4.29	1.93	2.36	1.33	1.60	0.91	0.70	0.59	0.79	0.24	0.55	1.82	2.28	0.94	1.34
27	पुदुचेरी	0.04	0.06	0.04	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	12.10	15.47	12.29	3.18	1.55	2.45	1.37	1.08	0.58	0.64	0.22	0.42	0.49	0.50	0.19	0.31
29	राजस्थान	6.42	10.97	7.65	3.32	3.07	2.66	1.99	0.66	0.05	0.14	0.05	0.09	0.74	1.39	0.67	0.72
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	2.72	4.66	3.01	1.65	0.80	1.10	0.59	0.51	0.61	0.72	0.41	0.31	2.72	3.86	2.04	1.82
32	तेलंगाना	7.26	7.88	4.27	3.61	2.04	1.93	1.62	0.31	0.57	0.54	0.15	0.39	7.18	7.68	4.49	3.18
33	त्रिपुरा	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	उत्तराखंड	0.71	0.96	0.74	0.22	0.15	0.30	0.15	0.15	0.04	0.05	0.01	0.05	0.12	0.04	0.02	0.02
35	उत्तर प्रदेश	25.04	35.11	19.97	15.14	5.29	8.80	3.88	4.93	1.51	1.38	0.24	1.13	2.09	6.42	1.41	5.02
36	पश्चिम बंगाल	3.45	7.48	3.48	4.00	0.83	1.38	0.60	0.79	0.81	1.52	0.41	1.11	2.13	5.76	1.91	3.86
	अखिल भारत	**118.81**	**173.06**	**107.07**	**66.01**	**34.28**	**41.90**	**25.40**	**16.50**	**10.86**	**14.14**	**5.65**	**8.51**	**52.34**	**87.57**	**43.09**	**44.48**

1. सुविधाजनक उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

2. सुविधाजनक उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

RESEARCH ON TRADITIONAL DESI SYSTEM

2178. SHRI ANIL YESHWANT DESAI:

Will the Minister of AYUSH be pleased to state:

(a) whether the Government has ever made conducted study or research to assess the effectiveness of traditional desi system practiced by the Vaidyaraj and Hakim particularly for Jaundice, stomach ache, unconsciousness, snake bites and if so, the details thereof;

(b) whether there is any system to integrate both the traditional system of treatment and the treatment provided by the modern medical practitioners so as to restore the glory of the traditional system of treatment and if so, the details thereof; and

(c) the details of the names of the research Institutions involved in such studies/research in the country along with the authentication of the conclusions/reports 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): The Central Council for Research in Ayurvedic Sciences (CCRAS) is actively involved in collecting and documenting the traditional practices and herbal formulations by its two programs namely; Tribal Health Care Research Programme (THCRP) and Medico Ethno-Botanical Survey (MEBS). These programmes aim to provide Ayurveda healthcare services; in addition, awareness lectures are conducted on Ayurveda-based lifestyle practices, such

as Dincharya, Ritucharya and Pathya-Apathya, for health promotion and disease prevention. The program also include the distribution of IEC materials and documentation of Local Health Traditions (LHT)/Folklore practices. Local Health Traditions (LHT), Ethno-Medical Practices (EMP), and folklore claims are documented and validated by the council for uniqueness/novelty.

All India Institute of Ayurveda (AIIA), New Delhi undertakes clinical and translational research on ethnomedical claims, tribal and folklore-based traditional health practices, and other community-based healthcare traditions after due scientific validation, authentication, and ethical approval. Such research is conducted using established scientific methodologies to generate evidence regarding the safety, efficacy, and therapeutic potential of these traditional healthcare practices.

(b) and (c): A Memorandum of Agreement (MoA) between Ministry of Ayush and Indian Council of Medical Research (ICMR) was signed on 11th May 2023, to promote Integrative Health Research. The objective of this MoA is to promote and develop cooperation and collaboration on health research between M/o Ayush and ICMR to explore the areas of collaboration and synergy between Ministry of Ayush and ICMR for integrative health research and also to strengthen the research capacity of Ayush and ICMR scientists.

The Central Council for Research in Ayurvedic Sciences (CCRAS) is working on Integrative Health research in collaboration with various institutions namely the Indian Council of Medical Research (ICMR), other Research Councils under the Ministry of Ayush, All India Institute of Medical Sciences

(AIIMS), and other medical, research and academic institutions. Under Ayush-ICMR joint collaboration, the study titled “Efficacy and safety of Punarnavadi Mandura alone and in combination with Drakshavaleha compared to iron folic acid in the treatment of moderate iron deficiency anaemia among non-pregnant women of reproductive age group: a community-based three arm multicentre randomized controlled trial” has been completed.

Integrated treatment protocols are used for various diseases conditions through collaboration between the National Institute of Ayurveda (NIA), Jaipur and other modern medical institutions, with the aim of generating scientific evidence for traditional systems of medicine.

North Eastern Institute of Ayurveda & Homoeopathy, (NEIAH), Shillong has integrated modern practices in physiotherapy, dentistry and dietary etc. in its hospital to provide a comprehensive health care for patients benefit. Moreover, laboratory and radiology procedures are routinely conducted to supplement the Ayurvedic diagnosis of patients. As part of compulsory rotatory internship programme, NEIAH collaborates with the Primary Healthcare Centres by sending interns to various hospitals and PHCs under the Government of Meghalaya.

The All India Institute of Ayurveda has 200 bedded tertiary care hospital with functional ICU. The hospital functions as a model integrative medicine hospital for Ayurveda, and also has modern medicine specialists in various clinical, para clinical departments. Moreover, AIIA has established functional

integrated cancer clinic and research centre at AIIMS, Jajjhar, and Integrative medicine at Safdarjung Hospital, VM Medical College, New Delhi.

Under Central Government Health Scheme (CGHS), healthcare services are provided through both Allopathic and AYUSH systems of medicine. CGHS beneficiaries have the option to avail treatment under either system. The choice of treatment depends on the beneficiary's clinical condition, medical requirements, and the treating physician's professional assessment.

PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN

2179. SHRI B. Y. RAGHAVENDRA:

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

(a) the details of the salient features of the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) including the manner in which it provides fixed-day, assured and specialist-led antenatal care and the progress made thereunder since its launch along with the improvement in maternal health indicators;

(b) the cumulative number of antenatal check-ups conducted and high-risk pregnancies identified under the Abhiyan since its launch, State/UT-wise, particularly in Karnataka, district-wise;

(c) the details of the approach adopted under the Abhiyan for early identification, referral and management of high-risk pregnancies including the expansion of conditions screened and the individual

tracking of such pregnancies under the extended e-PMSMA strategy until a healthy outcome for mother and child;

(d) the steps taken by the Government to encourage participation of private sector specialists and volunteer doctors under the Abhiyan; and

(e) the steps taken or proposed to be taken by the Government to further strengthen the Abhiyan, particularly in rural and remote areas of the country?

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

(a): The salient features of Pradhan Mantri Surakshit Matritva Abhiyan are as follows:

- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides a fixed day, free of cost, assured and quality Antenatal Care on the 9th day of every month.
- Under PMSMA, all pregnant women are provided services including drugs, laboratory investigations, ultrasound, and antenatal check-up by the OBGY specialist/ Medical Officer at designated Public Health facilities including DH, SDH, CHC-FRUs, non-CHC-FRUs, and PHCs.
- Obstetricians/ physicians from private sector and retired OBGY specialists are encouraged to provide voluntary services at designated public health facilities on the 9th of every month.

- Group Counselling is also provided to all pregnant women for diet, sleep, regular ANC check-up, institutional delivery, and breastfeeding including awareness about supplementary nutrition.
- Information Education & Communication (IEC), Inter-personal Communication (IPC) and Behaviour Change Communication (BCC) activities are undertaken.

(b): The progress made under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) since its launch and improvement in maternal health indicators are as follows;

- Since its inception (2016), more than 7.91 crore pregnant women received antenatal care services and more than 1.24 crore high-risk pregnancies have been identified.
- As per the Sample Registration System (SRS), India's Maternal Mortality Ratio (MMR) has declined by 43 points from 130 per one lakh live births in SRS (2014–16) to 87 per one lakh live births in SRS (2022–24).
- First trimester antenatal registration of India increased from 58.6% in NFHS-4 (2015-16) to 76.2% in NFHS-6 (2023-24).
- Mothers receiving four or more antenatal care visits in India increased significantly from 51.2% in NFHS-4 (2015-16) to 65.2% in NFHS-6 (2023-24).

- Institutional deliveries in India increased from 78.9% in NFHS-4 (2015-16) to 90.6% in NFHS-6 (2023-24).

The State/UT-wise, including district-wise details for Karnataka, are given in the enclosed **Statement-I** and **Statement-II**, respectively.

(c): Government of India has adopted several approaches under the Abhiyan for early identification, referral and management of high-risk pregnancies, including the expansion of condition screened and the individual tracking of such pregnancies under the extended e-PMSMA strategy until a healthy outcome of mother and child. The key steps are as follows:

- PMSMA is based on a fixed day strategy, and it provides free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.
- Early identification and clinical management of High-Risk Pregnancies (HRPs) through comprehensive antenatal check-ups.
- Name-based tracking of every identified High-Risk Pregnancy until 45 days after delivery, ensuring healthy outcome for both the mother and the new-born across all States/UTs under extended e-PMSMA.
- Provision of three additional antenatal check-ups for all HRPs, screened by Medical Officers /Obstetricians to monitor maternal and foetal well-being.

- Automated SMS alerts to beneficiaries and ASHAs at the time of HRP registration, reminders for scheduled visits, and follow-up appointments.
- Linkage of HRPs to the nearest First Referral Units (FRUs) to ensure safe delivery and timely management of complications.
- Provision of incentives for High-Risk Pregnant Women towards free transportation to attend follow-up ANC visits.

(d): The following steps have been taken by the Government to encourage the private sector specialists and volunteer doctors to extend their services voluntarily to pregnant women under the Abhiyan;

- Provision of 'I PledgeFor9' Achievers Awards for acknowledging voluntary contributions by private doctors for PMSMA.
- Centralised PMSMA Portal has been created for registering private practitioners.
- Participation of professional organisations viz. FOGSI (Federation of Obstetric and Gynaecological Societies of India), IMA (Indian Medical Association).

(e): The Government has taken several measures to further strengthen PMSMA, particularly in rural and remote areas of the country. These include:

- Provision of additional PMSMA sessions beyond the designated 9th day of every month under the Extended Pradhan Mantri Surakshit Matritva

Abhiyan (e-PMSMA) for timely follow-up and continuity of antenatal care for high-risk pregnant women.

- Strengthening of individual name-based line listing, tracking, and monitoring of identified high-risk pregnancies through the centralized PMSMA Portal.
- Capacity building of healthcare providers at all levels for early identification, risk stratification, timely referral, and appropriate management of high-risk pregnancies.
- Early identification of high-risk pregnancies and referral linkages for timely management of obstetric complications and prevent adverse maternal and neonatal outcomes.
- Provision of case-based incentives to ASHAs for mobilizing and follow-up of high-risk pregnant women, along with transport incentives for beneficiaries to facilitate attendance at scheduled antenatal care (ANC) visits.
- Regular monitoring and review of programme implementation at National and State levels to improve service delivery and coverage.
- Promoting awareness through regular Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) activities.

STATEMENT-I

Since its launch, State/UT-wise the total number of Pregnant Women who received antenatal care and High-risk pregnancies identified under PMSMA (Source: *PMSMA Portal*)

Sr.No.	State/UT	Total number of pregnant women Received Antenatal care under PMSMA	Total Number of high-risk pregnancies identified
	India	**7,91,68,912**	**1,24,05,174**
1	Andaman and Nicobar Islands	29,208	4,885
2	Andhra Pradesh	64,23,068	14,27,713
3	Arunachal Pradesh	33,884	1,966
4	Assam	9,74,293	1,32,614
5	Bihar	81,46,004	3,91,028
6	Chandigarh	1,03,352	28,803
7	Chhattisgarh	25,43,159	3,48,469
8	Dadra and Nagar haveli and daman and Diu	1,24,426	13,267
9	Delhi	7,06,873	1,17,428
10	Goa	1,00,291	12,308
11	Gujarat	37,54,360	5,44,778
12	Haryana	30,46,173	5,75,459
13	Himachal Pradesh	5,77,036	77,045
14	Jammu and Kashmir	5,81,140	61,640
15	Jharkhand	18,84,336	77,849
16	Karnataka	35,13,527	12,28,200
17	Kerala	49,435	6,806
18	Ladakh	20,835	2,577
19	Lakshadweep	8,354	3,114
20	Madhya Pradesh	63,18,495	9,86,332
21	Maharashtra	43,46,267	5,28,494
22	Manipur	1,00,072	7,902
23	Meghalaya	3,47,867	82,665
24	Mizoram	82,237	6,375
25	Nagaland	25,594	2,897
26	Odisha	27,84,723	5,24,893
27	Puducherry	42,848	9,211
28	Punjab	13,13,032	2,92,146
29	Rajasthan	58,97,428	3,69,111
30	Sikkim	13,767	1,868

31	Tamil Nadu	34,40,002	11,94,104
32	Telangana	23,33,882	4,57,346
33	Tripura	1,68,387	19,381
34	Uttar Pradesh	1,69,29,896	18,98,267
35	Uttarakhand	2,24,206	21,589
36	West Bengal	21,80,456	9,46,644

STATEMENT-II

Since its inception, district-wise the total number of Pregnant Women who received antenatal care and High-risk pregnancies identified under PMSMA in Karnataka (Source: *PMSMA Portal*)

Sr. No.	District	Total number of pregnant women who received antenatal care under PMSMA	Total Number of high risk pregnancies identified
1	Bagalkot	52,511	22,718
2	Ballari	1,32,430	49,564
3	Belagavi	3,59,159	1,92,339
4	Bengaluru rural	27,980	11,259
5	Bengaluru urban	1,81,870	77,791
6	Bidar	92,553	20,138
7	Chamarajanagar	22,775	5,878
8	Chikballapur	76,282	47,664
9	Chikkamagaluru	99,836	36,791
10	Chitradurga	1,44,983	44,857
11	Dakshin kannad	83,309	21,068
12	Davangere	1,74,442	31,178
13	Dharwad	1,76,799	1,18,892
14	Gadag	1,09,808	52,317
15	Hassan	1,50,399	21,404
16	Haveri	29,907	13,303
17	Kalaburagi	1,31,082	31,915
18	Kodagu	37,497	10,062
19	Kolar	79,665	49,646
20	Koppal	1,23,592	35,780
21	Mandya	1,24,041	29,368
22	Mysuru	2,34,163	43,768
23	Raichur	1,11,449	26,630
24	Ramanagara	1,87,965	54,697
25	Shivamogga	58,763	21,112

26	Tumakuru	1,43,154	39,135
27	Udupi	63,559	20,901
28	Uttar kannad	1,14,779	41,274
29	Vijayanagar	37,334	16,490
30	Vijayapura	1,15,611	25,442
31	Yadgir	35,918	14,878

डायलिसिस सुविधा की मांग

2180. श्री सनातन पांडेय:

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

(क) क्या सरकार को इस बात की जानकारी है कि उत्तर प्रदेश में विशेषकर बलिया संसदीय निर्वाचन क्षेत्र में गुर्दे की बीमारियों से पीड़ित मरीजों की बढ़ती संख्या के कारण डायलिसिस सुविधाओं की मांग बढ़ रही है;

(ख) यदि हां, तो बलिया संसदीय निर्वाचन क्षेत्र के सरकारी अस्पतालों और अन्य केंद्रों में उपलब्ध डायलिसिस मशीनों और डायलिसिस केंद्रों का ब्यौरा क्या है तथा विगत तीन वर्षों के दौरान लाभान्वित हुए मरीजों की वर्ष-वार संख्या कितनी है;

(ग) क्या सरकार ने डायलिसिस सुविधाओं के विस्तार और गुर्दे की बीमारियों की रोकथाम के लिए किसी नई योजना या परियोजना का प्रस्ताव किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) विगत तीन वर्षों के दौरान देश में और उत्तर प्रदेश में नकली या मिलावटी कफ सिरप के कारण हुई कथित मौतों के मामलों की संख्या तथा जांच की स्थिति और इस संबंध में जिम्मेदार पाए गए व्यक्तियों के खिलाफ सरकार द्वारा की गई कार्रवाई का ब्यौरा क्या है; और

(ङ) इस प्रकार की घटनाओं की पुनरावृत्ति को रोकने के लिए औषधि गुणवत्ता नियंत्रण और निगरानी तंत्र को मजबूत करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं और उठाए जाने का विचार है?

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

(क) से (ग): 'जन स्वास्थ्य' तथा 'अस्पताल' राज्य के विषय हैं। तथापि, भारत सरकार राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत डायलिसिस सेवाओं सहित स्वास्थ्य अवसंरचना को सुदृढ़ बनाने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करती है।

एनएचएम के अंतर्गत, स्वास्थ्य और परिवार कल्याण मंत्रालय ने जिला अस्पतालों में डायलिसिस केंद्र स्थापित कर पात्र रोगियों को निःशुल्क हीमोडायलिसिस सेवाएं उपलब्ध कराने तथा इन सेवाओं तक उनकी पहुंच में सुधार लाने के उद्देश्य से प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी) प्रारंभ किया है। इस कार्यक्रम के अंतर्गत मंत्रालय राज्यों/संघ राज्य क्षेत्रों को अंतराल विश्लेषण के आधार पर तैयार की गई उनके वार्षिक कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) द्वारा प्रस्तुत प्रस्तावों के अनुसार डायलिसिस केंद्रों की स्थापना हेतु वित्तीय सहायता प्रदान करता है।

दिनांक 30.06.2026 तक की स्थिति के अनुसार राज्यों/संघ राज्य क्षेत्रों द्वारा उपलब्ध कराई गई सूचना के अनुसार, यह कार्यक्रम वर्तमान में 13,535 हीमोडायलिसिस मशीनों से सुसज्जित 1,856 हीमोडायलिसिस केंद्रों से माध्यम से सभी 36 राज्यों/संघ राज्य क्षेत्रों के 751 जिलों (जिनमें 44 सहबद्ध जिले भी शामिल हैं) में कार्यान्वित किया जा रहा है।

उत्तर प्रदेश राज्य में, सभी 75 जिलों में डायलिसिस केंद्र कार्यशील हैं। बलिया संसदीय निर्वाचन क्षेत्र में प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम के अंतर्गत जिला अस्पताल, बलिया में 16 कार्यशील हीमोडायलिसिस मशीनों सहित डायलिसिस सेवाएं उपलब्ध हैं। इन सेवाओं का संचालन सार्वजनिक-निजी भागीदारी (पीपीपी) मॉडल के माध्यम से किया जा रहा है।

(घ) और (ङ): केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) ने उत्तर प्रदेश के राज्य औषधि नियंत्रक के समन्वय से उत्तर प्रदेश में संयुक्त जांच की। औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के प्रावधानों के अनुसार परीक्षण एवं विश्लेषण के लिए विनिर्माण परिसर से औषधियों के नमूने लिए गए। इसके अलावा, उत्तर प्रदेश के राज्य लाइसेंस प्राधिकारी द्वारा दिनांक 09.01.2023 को संबंधित फर्म का विनिर्माण लाइसेंस निलंबित कर प्रथम सूचना रिपोर्ट (एफआईआर) भी दर्ज कराई गई।

देशभर में सुरक्षित, प्रभावकारी तथा गुणवत्तायुक्त औषधियों के आयात एवं विनिर्माण को सुनिश्चित करने के लिए केंद्रीय औषधि मानक नियंत्रण संगठन तथा स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा निम्नलिखित विनियामक उपाय किए गए हैं:-

(i) बच्चों के लिए प्रयुक्त कफ सिरप के विवेकपूर्ण उपयोग को सुनिश्चित करने हेतु सभी राज्यों/संघ राज्य क्षेत्रों के स्वास्थ्य विभागों तथा स्वास्थ्य संस्थानों को परामर्शी जारी की गई है।

(ii) कच्चे माल के परीक्षण की वर्तमान व्यवस्था के अतिरिक्त, भारतीय भेषज संहिता आयोग, गाजियाबाद द्वारा भारतीय भेषज संहिता (आईपी), 2022 में संशोधन किया गया है।

(iii) देश में औषधि विनिर्माण परिसरों द्वारा विनियामक अनुपालन का आकलन करने के लिए केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) तथा राज्य औषधि नियंत्रकों (एसडीसी) द्वारा दिसंबर, 2022 से अब तक 960 से अधिक परिसरों का जोखिम-आधारित निरीक्षण किया गया है।

(iv) राज्य प्राधिकरणों के समन्वय से 1,100 से अधिक कफ सिरप विनिर्माताओं की गहन संपरीक्षा की गयी है। केंद्रीय एवं राज्य औषधि विनियामकों द्वारा सिरप फॉर्मुलेशनों के बाजार निगरानी नमूनों के संग्रहण एवं परीक्षण में भी वृद्धि की गई है।

(v) केंद्र सरकार ने अधिसूचना संख्या सा.का.नि. 922(अ) दिनांक 28.12.2023 के माध्यम से औषधि नियम, 1945 में संशोधन करते हुए उक्त नियमों की अनुसूची 'एम', जो उत्तम

विनिर्माण प्रथाओं तथा ओषधीय उत्पादों के लिए परिसर, संयंत्र एवं उपकरणों की आवश्यकताओं से संबंधित है, का पुनरीक्षण किया है।

(vi) केंद्रीय औषधि मानक नियंत्रण संगठन ने केंद्रीय एवं राज्य औषधि निरीक्षकों द्वारा औषधियों, सौंदर्य प्रसाधनों तथा चिकित्सा उपकरणों के नमूना संग्रहण हेतु विनियामक दिशानिर्देश प्रकाशित किए हैं।

(vii) केंद्रीय औषधि मानक नियंत्रण संगठन की औषधि परीक्षण प्रयोगशालाओं के एकीकरण के लिए सितंबर, 2023 से 'सुगम लैब्स' नामक ऑनलाइन पोर्टल संचालित किया जा रहा है।

(viii) वर्ष 2023 में ओषधि नियम, 1945 में संशोधन कर यह अनिवार्य किया गया है कि अनुसूची एच-2 में सूचीबद्ध शीर्ष 300 औषधि फॉर्मुलेशन ब्रांडों के विनिर्माता प्राथमिक पैकेजिंग लेबल पर अथवा स्थान की अपर्याप्तता होने पर द्वितीयक लेबल पर बार कोड अथवा क्यूआर कोड मुद्रित करें या चिपकाएं।

(ix) केंद्रीय औषधि विनियामक, राज्य औषधि नियंत्रण संगठनों के साथ क्रियाकलापों का समन्वय करता है तथा औषधि परामर्शदात्री समिति की बैठकों के माध्यम से विशेषज्ञ परामर्श उपलब्ध कराता है।

(x) केंद्र सरकार द्वारा केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) तथा राज्य औषधि विनियामक प्राधिकरणों के अधिकारियों के लिए उत्तम विनिर्माण प्रथाओं पर नियमित आवासीय एवं क्षेत्रीय प्रशिक्षण कार्यक्रम तथा कार्यशालाओं का आयोजन किया जा रहा है।

आयुर्वेद दिवस

2181. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे:

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

(क) क्या सरकार आयुर्वेद के ज्ञान को आधुनिक चिकित्सा प्रणाली के साथ एकीकृत करने की

दिशा में कार्य कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ख) महाराष्ट्र में नागरिकों के बीच आयुष स्वास्थ्य देख-रेख देखभाल को मजबूत करने और स्वास्थ्य जागरूकता बढ़ाने के उद्देश्य से आयुर्वेद दिवस के अवसर पर शुरू की गई परियोजनाओं 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): आयुष मंत्रालय विभिन्न पहलों के माध्यम से आयुर्वेद के ज्ञान को आधुनिक चिकित्सा प्रणाली के साथ एकीकृत करने की दिशा में कार्य कर रहा है। प्रमुख पहलें निम्नलिखित हैं:

I. स्वास्थ्य सेवा महानिदेशालय (डीजीएचएस) के अंतर्गत आयुष वर्टिकल की स्थापना:

आयुष मंत्रालय और स्वास्थ्य एवं परिवार कल्याण मंत्रालय के सहयोग से स्वास्थ्य सेवा महानिदेशालय (डीजीएचएस) के अंतर्गत एक आयुष वर्टिकल की स्थापना की गई है। यह आयुष सार्वजनिक स्वास्थ्य कार्यक्रमों की योजना बनाने, निगरानी करने और पर्यवेक्षण के लिए एक समर्पित संस्थागत तंत्र के रूप में कार्य करता है। साथ ही, यह स्वास्थ्य सेवाओं, सार्वजनिक स्वास्थ्य कार्यक्रमों, चिकित्सा शिक्षा और क्षमता निर्माण में आयुष के एकीकरण के लिए तकनीकी सहायता प्रदान करता है।

II. मानक उपचार दिशानिर्देश (एसटीजी) का विकास:

डीजीएचएस के अंतर्गत आयुष वर्टिकल ने नैदानिक एकीकरण को सुगम बनाने के लिए साक्ष्य-आधारित मानक उपचार दिशानिर्देश (एसटीजी) विकसित किए हैं। छह सामान्य मस्कुलोस्केलेटल विकारों और पाँच सामान्य चयापचय संबंधी विकारों के लिए मानक उपचार दिशानिर्देश क्रमशः वर्ष 2024 और 2025 में प्रकाशित किए गए हैं। इसके अतिरिक्त, केंद्रीय स्वास्थ्य शिक्षा ब्यूरो के सहयोग से राष्ट्रीय मास्टर ट्रेनर कार्यक्रमों का भी आयोजन किया गया है, जिसके बाद राज्यों और केंद्र राज्य क्षेत्रों में चरणबद्ध प्रशिक्षण कार्यक्रम संचालित किए गए हैं।

III. केंद्र सरकार के अस्पतालों में एकीकृत आयुष विभाग:

वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल तथा लेडी हार्डिंग मेडिकल कॉलेज, नई दिल्ली में एकीकृत आयुष विभागों की स्थापना की गई है। ये विभाग पंचकर्म सहित निवारक, स्वास्थ्य संवर्धक और उपचारात्मक स्वास्थ्य सेवाएँ प्रदान करते हैं। आयुष अनुसंधान परिषदें भी वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, लेडी हार्डिंग मेडिकल कॉलेज तथा डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली में विस्तारित आयुष ओपीडी सेवाएँ प्रदान कर रही हैं।

IV. आयुष स्वास्थ्य देख-रेख सेवा संस्थानों के लिए भारतीय सार्वजनिक स्वास्थ्य मानक (आईपीएचएस) (2024):

आयुष्मान आरोग्य मंदिरों और आयुष अस्पतालों के लिए आईपीएचएस विकसित किए गए हैं। इन मानकों का उद्देश्य बुनियादी ढाँचे, मानव संसाधन, औषधियों और सेवा वितरण की गुणवत्ता को मानकीकृत करना है। इसके माध्यम से सार्वजनिक स्वास्थ्य प्रणाली के अंतर्गत आयुष सेवाओं के एकीकरण को और अधिक सुदृढ़ किया जा रहा है।

V. सार्वजनिक स्वास्थ्य परामर्श:

मंत्रालय ने राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी) के साथ समन्वय से लू और मंकीपॉक्स पर आयुष सार्वजनिक स्वास्थ्य परामर्श जारी किए हैं। ये परामर्श राष्ट्रीय सार्वजनिक स्वास्थ्य तैयारियों और प्रतिक्रिया तंत्र में आयुष के एकीकरण को समर्थन प्रदान करते हैं।

VI. आयुष महाविद्यालयों में तंबाकू निषेध केंद्र (टीसीसी) की स्थापना के लिए परिचालन दिशानिर्देश (2025):

राष्ट्रीय तंबाकू नियंत्रण कार्यक्रम (एनटीसीपी) के अंतर्गत, डीजीएचएस के आयुष वर्टिकल ने आयुष महाविद्यालयों में तंबाकू निषेध केंद्र (टीसीसी) की स्थापना के लिए परिचालन दिशानिर्देश विकसित और प्रसारित किए हैं। इन दिशानिर्देशों का उद्देश्य तंबाकू निषेध सेवाओं

में आयुष आधारित हस्तक्षेपों के एकीकरण को सुगम बनाना है। इन दिशानिर्देशों के अनुसार 450 से अधिक आयुष महाविद्यालयों में तंबाकू निषेध केंद्र स्थापित किए जा चुके हैं।

VII. 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। इसके माध्यम से रोगियों को एक ही स्थान पर विभिन्न चिकित्सा प्रणालियों में से अपनी आवश्यकता के अनुसार उपचार प्रणाली चुनने का विकल्प उपलब्ध कराया जा रहा है। आयुष चिकित्सकों/पैरा चिकित्सकों कर्मियों की नियुक्ति और उनके प्रशिक्षण का समर्थन स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत किया जाता है। वहीं, आयुष अवसंरचना, उपकरण/फर्नीचर और औषधियों के लिए सहायता आयुष मंत्रालय द्वारा राष्ट्रीय आयुष मिशन (एनएचएम) के अंतर्गत साझा जिम्मेदारी के रूप प्रदान की जाती है।

VIII. भारतीय चिकित्सा पद्धति के लिए राष्ट्रीय आयोग (एनसीआईएसएम) ने आयुर्वेद, यूनानी और सिद्ध चिकित्सा पद्धतियों में बैचलर ऑफ मेडिसिन एंड बैचलर ऑफ सर्जरी (एमबीबीएस) के लिए आयुष मॉड्यूल – इंटर्नशिप इलेक्टिव्स तैयार किया गया है। यह मॉड्यूल एमबीबीएस इंटर्न को आयुर्वेद, यूनानी और सिद्ध चिकित्सा पद्धतियों का व्यवस्थित एवं संरचित अनुभव प्रदान करता है, जिससे अंतःविषयक शिक्षण और एकीकृत स्वास्थ्य देख-रेख सेवा को बढ़ावा मिलता है। भारतीय चिकित्सा पद्धति के लिए राष्ट्रीय आयोग (स्नातक आयुर्वेद शिक्षा के न्यूनतम मानक) विनियम, 2022 के विनियम 10(7) के अनुसार, आयुर्वेद शिक्षण पाठ्यक्रम की विषयवस्तु में चिकित्सा में आधुनिक प्रगति का अनुपात अधिकतम 40 प्रतिशत तक रखा जा सकता है।

IX. आयुष मंत्रालय वर्ष 2021-22 से आयुर्ज्ञान नामक एक केंद्रीय क्षेत्र योजना का कार्यान्वयन कर रहा है। इस योजना के तीन घटक हैं— (i) आयुष में क्षमता निर्माण एवं सतत् चिकित्सा शिक्षा, (ii) वर्ष 2021-22 से आयुष में अनुसंधान एवं नवाचार, तथा (iii) वर्ष 2023-24 से आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान (एबीआईएचआर)। योजना के

एबीआईएचआर घटक के अंतर्गत, पात्र संस्थानों को योजना के दिशानिर्देशों में दिए गए प्रावधानों के अनुसार वित्तीय सहायता प्रदान की जाती है, ताकि बुनियादी विज्ञान को पारंपरिक चिकित्सा प्रणाली के साथ एकीकृत करके आयुर्वेद के क्षेत्र में उच्च स्तरीय अनुसंधान किया जा सके।

X. आयुर्वेद को आधुनिक चिकित्सा प्रणालियों के साथ बेहतर रूप से एकीकृत करने के उद्देश्य से, आयुष मंत्रालय ने आयुर्स्वास्थ्य योजना के उत्कृष्टता केंद्र घटक के अंतर्गत नौ राष्ट्रीय स्तर के प्रतिष्ठित संस्थानों को वित्तीय सहायता प्रदान की है। इनमें टाटा मेमोरियल सेंटर (टीएमसी), मुंबई; केन्द्रीय औषधि अनुसंधान संस्थान(सीडीआरआई), लखनऊ; जवाहरलाल नेहरू विश्वविद्यालय (जेएनयू), नई दिल्ली; भारतीय प्रौद्योगिकी संस्थान (आईआईटी), दिल्ली; भारतीय विज्ञान संस्थान (आईआईएस), बेंगलुरु; एकीकृत चिकित्सा एवं अनुसंधान केंद्र (सीआईएमआर), एम्स, नई दिल्ली; राष्ट्रीय मानसिक स्वास्थ्य और तंत्रिका विज्ञान संस्थान (एनआईएमएएनएचएस), बेंगलुरु; यकृत एवं पित्त संबंधी विज्ञान संस्थान (आईएलबीएस), नई दिल्ली तथा भारतीय प्रौद्योगिकी संस्थान (आईआईटी), जोधपुर शामिल हैं। इन परियोजनाओं का उद्देश्य आयुष और आधुनिक चिकित्सा प्रणाली के बीच अनुसंधान एवं विकास को बढ़ावा देना है, जिससे आयुष चिकित्सा पद्धतियों की प्रभावशीलता में वृद्धि हो और उनकी वैश्विक स्वीकार्यता को बढ़ावा मिले। परियोजनाओं का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

XI. केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् (सीसीआरएएस) और आयुष मंत्रालय के अंतर्गत आने वाले राष्ट्रीय संस्थानों द्वारा आयुर्वेद को आधुनिक चिकित्सा प्रणाली के साथ एकीकृत करने के लिए की गई पहलों का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ख): आयुष मंत्रालय प्रत्येक वर्ष आयुर्वेद को बढ़ावा देने और नागरिकों के बीच स्वास्थ्य संबंधी जागरूकता उत्पन्न करने के उद्देश्य से आयुर्वेद दिवस का आयोजन करता है। 10वां आयुर्वेद दिवस 23 सितंबर, 2025 को “मानव और धरती के लिए आयुर्वेद” विषय के साथ मनाया गया,

जिसमें समग्र स्वास्थ्य और पर्यावरणीय स्थिरता पर विशेष जोर दिया गया। 10वें आयुर्वेद दिवस के आयोजन के अवसर पर देशभर में विभिन्न प्रकार की गतिविधियाँ आयोजित की गईं, जिनमें निःशुल्क परामर्श, नैदानिक सेवाएँ और औषधियों के वितरण के लिए आयुर्वेद स्वास्थ्य शिविर; गैर-संचारी रोगों, वृद्धावस्था देखभाल, महिला एवं बाल स्वास्थ्य तथा जीवनशैली संबंधी विकारों पर केंद्रित विशेष शिविर; और पारंपरिक स्वास्थ्य सेवाओं की पहुंच को बेहतर बनाने के लिए ग्रामीण एवं वंचित क्षेत्रों में जनसंपर्क सेवाएँ शामिल थीं। शैक्षणिक एवं जागरूकता संबंधी गतिविधियाँ भी इस आयोजन का एक प्रमुख हिस्सा रहीं, जिनके अंतर्गत साक्ष्य-आधारित आयुर्वेद और एकीकृत स्वास्थ्य सेवा दृष्टिकोण को बढ़ावा देने के लिए संगोष्ठियों, राष्ट्रीय एवं अंतरराष्ट्रीय सम्मेलनों, सीएमई कार्यक्रमों, कार्यशालाओं और विशेषज्ञ व्याख्यानों का आयोजन किया गया। गोवा स्थित अखिल भारतीय आयुर्वेद संस्थान में आयोजित 10वें आयुर्वेद दिवस के मुख्य कार्यक्रम के दौरान अनेक परियोजनाओं/पहलों का उद्घाटन एवं शुभारंभ किया गया। प्रमुख परियोजनाओं/पहलों का ब्यौरा संलग्न **विवरण-III** में दिया गया है।

महाराष्ट्र में आयुर्वेद दिवस के उत्सव के संबंध में की जाने वाली गतिविधियों का क्रियान्वयन राज्य आयुष प्रकोष्ठ के माध्यम से किया जाता है। ये गतिविधियाँ आयुष निदेशालय की निगरानी में आने वाले सभी आयुष महाविद्यालयों तथा महाराष्ट्र भर के जिला अस्पतालों, महिला अस्पतालों, उप-जिला अस्पतालों, ग्रामीण अस्पतालों और आयुष्मान आरोग्य मंदिरों में स्थित, सह-स्थापित आयुष स्कंध के माध्यम से संचालित की जाती हैं।

विवरण-I

आयुस्वास्थ्य योजना के उत्कृष्टता केंद्र घटक के अंतर्गत आयुष मंत्रालय द्वारा समर्थित परियोजनाओं का ब्यौरा:

क्र.सं.	संगठन का नाम	राज्य	परियोजना का नाम
1	टाटा स्मारक केंद्र (टीएमसी), मुंबई	महाराष्ट्र	कैंसर उपचार हेतु आयुष औषधियों की खोज एवं विकास के लिए उत्कृष्टता केंद्र
2	केंद्रीय औषधि अनुसंधान संस्थान	उत्तर प्रदेश	केंद्रीय औषधि अनुसंधान संस्थान

	(सीडीआरआई), लखनऊ		(सीडीआरआई) में आयुर्वेद के मौलिक एवं अनुवादात्मक अनुसंधान के लिए उत्कृष्टता केंद्र।
3	जवाहरलाल नेहरू विश्वविद्यालय (जेएनयू), नई दिल्ली	दिल्ली	आयुर्वेद एवं पद्धति चिकित्सा पर कार्यात्मक-आधारित उत्कृष्टता केंद्र
4	भारतीय प्रौद्योगिकी संस्थान (आईआईटी), दिल्ली	दिल्ली	उन्नत तकनीकी समाधानों, स्टार्टअप सहयोग एवं रसौषधियों के लिए नेट-जीरो सतत् समाधान हेतु सतत् आयुष उत्कृष्टता केंद्र
5	भारतीय विज्ञान संस्थान (आईआईएससी), बेंगलुरु	कर्नाटक	मधुमेह एवं चयापचय संबंधी विकारों के लिए उत्कृष्टता केंद्र
6	एकीकृत चिकित्सा एवं अनुसंधान केंद्र (सीआईएमआर), अखिल भारतीय आयुर्विज्ञान संस्थान (एआईआईएमएस), नई दिल्ली	दिल्ली	योग एवं आयुर्वेद के लिए उत्कृष्टता केंद्र
7	राष्ट्रीय मानसिक स्वास्थ्य और तंत्रिका विज्ञान संस्थान (एनआईएमएएनएचएस), बेंगलुरु	कर्नाटक	आयुष अनुसंधान में उत्कृष्टता केंद्र
8	यकृत एवं पित्त संबंधी विज्ञान संस्थान (आईएलबीएस)	दिल्ली	स्वस्थ एवं रोगग्रस्त यकृत पर भारतीय खाद्य पदार्थों एवं आयुर्वेदिक औषधियों के प्रभाव
9	भारतीय प्रौद्योगिकी संस्थान (आईआईटी), जोधपुर	राजस्थान	एकीकृत सटीक स्वास्थ्य एवं चिकित्सा के लिए आयुर्टेक में उत्कृष्टता केंद्र

विवरण-II

आयुष मंत्रालय द्वारा अपनी अनुसंधान परिषदों एवं राष्ट्रीय संस्थानों के माध्यम से की गई पहलों का ब्यौरा:

क्र. सं.	अनुसंधान परिषद्/ राष्ट्रीय संस्थान	पहल का विवरण
1	केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् (सीसीआरएएस)	केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् (सीसीआरएएस) ने आयुर्वेद को आधुनिक चिकित्सा प्रणाली के साथ एकीकृत करने के लाभों एवं व्यवहार्यता का आकलन करने के लिए विभिन्न अनुसंधान अध्ययन किए हैं। इनमें तृतीयक देखभाल अस्पताल (सफदरजंग अस्पताल, नई दिल्ली) में ऑस्टियोआर्थराइटिस (घुटने) के प्रबंधन हेतु आधुनिक चिकित्सा प्रणाली के साथ आयुर्वेद के एकीकरण की व्यवहार्यता का अध्ययन, हिमाचल प्रदेश के प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) में राष्ट्रीय प्रजनन एवं शिशु स्वास्थ्य सेवाओं में आयुर्वेद को शामिल करने की व्यवहार्यता का अध्ययन, कैंसर, मधुमेह, हृदय रोग एवं स्ट्रोक की रोकथाम एवं नियंत्रण हेतु राष्ट्रीय कार्यक्रम (एनपीसीडीसीएस) में आयुष प्रणालियों के एकीकरण पर अध्ययन तथा महाराष्ट्र के गढ़चिरौली जिले के चयनित प्राथमिक स्वास्थ्य केंद्रों में प्रजनन एवं शिशु स्वास्थ्य

		(आरसीएच) सेवाओं के अंतर्गत प्रसव-पूर्व देखभाल (गर्भिणी परिचर्या) के लिए आयुर्वेदिक उपचार की प्रभावशीलता एवं व्यवहार्यता पर बहु-केंद्रित परिचालन अध्ययन शामिल हैं। इसके अतिरिक्त, भारतीय आयुर्विज्ञान अनुसंधान परिषद् (आईसीएमआर) और आयुष मंत्रालय के बीच समन्वित स्वास्थ्य अनुसंधान को बढ़ावा देने हेतु संपन्न समझौता ज्ञापन (एमओयू) के अंतर्गत गैर-गर्भवती महिलाओं में लौह-अल्पता जनित एनीमिया पर समुदाय-आधारित नैदानिक परीक्षण सफलतापूर्वक पूरा किया गया है। इसके अतिरिक्त, भारतीय आयुर्विज्ञान अनुसंधान परिषद् (आईसीएमआर) तथा आयुष मंत्रालय ने संयुक्त रूप से केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् (सीसीआरएएस) के माध्यम से चयनित अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स दिल्ली, एम्स जोधपुर, एम्स नागपुर एवं एम्स ऋषिकेश) में आयुष–आईसीएमआर समन्वित स्वास्थ्य अनुसंधान उन्नत केंद्र (एआई-एसीआईएचआर) की स्थापना के लिए पहल की है। इन केंद्रों का उद्देश्य प्राथमिकता वाले रोग क्षेत्रों में उच्च गुणवत्ता वाले वैज्ञानिक साक्ष्य विकसित करना तथा समन्वित स्वास्थ्य देखभाल के सुदृढ़ मॉडल तैयार करना है। इन केंद्रों में ऑस्टियोआर्थराइटिस, हल्के संज्ञानात्मक विकार, दीर्घकालिक अवरोधक फेफड़ा रोग (सीओपीडी) एवं न्यूमोकोनियोसिस में फुफ्फुसीय पुनर्वास, असामान्य योनि स्राव, पॉलीसिस्टिक ओवरी सिंड्रोम, गर्भकालीन मधुमेह, चयापचय संबंधी विकार-जनित स्टियाटोटिक यकृत रोग (एमएएसएलडी), अग्न्याशय-पित्त संबंधी रोग, क्रोहन रोग, अल्सरेटिव कोलाइटिस, गैस्ट्रो-इसोफेजियल रिफ्लक्स रोग (जीईआरडी), मुख के पूर्व-कैंसरकारी घाव, सिर एवं गर्दन का स्क्वैमस सेल कार्सिनोमा तथा सार्कोपीनिया पर अनुसंधान अध्ययन किए जा रहे हैं।
2	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए)	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली में 200 शैय्याओं वाला तृतीयक देखभाल अस्पताल है, जिसमें कार्यात्मक आईसीयू की सुविधा उपलब्ध है। यह संस्थान एक मॉडल समन्वित स्वास्थ्य देखभाल केंद्र के रूप में कार्य करता है, जहाँ विभिन्न नैदानिक एवं अर्ध-नैदानिक विभागों में आधुनिक चिकित्सा विशेषज्ञों के सहयोग से आयुर्वेद सेवाएँ प्रदान की जाती हैं। संस्थान ने एकीकृत ऑन्कोलॉजी, छाती रोग, चयापचय संबंधी रोग, जीवनशैली संबंधी रोग, रूमेटोलॉजी तथा त्वचा रोग चिकित्सालय स्थापित किए हैं। समन्वित स्वास्थ्य सेवाएँ नई दिल्ली स्थित सफदरजंग अस्पताल के समन्वित चिकित्सा सेवा इकाई, समन्वित चिकित्सा सेवा इकाई एम्स झज्जर और राष्ट्रीय कैंसर संस्थान–एम्स, झज्जर में समन्वित ऑन्कोलॉजी केंद्र में स्थापित सैटेलाइट क्लिनिकल सेवा इकाइयों के माध्यम से भी प्रदान की जा रही हैं। संस्थान में आयुर्वेद के वैश्विक प्रचार एवं अनुसंधान के लिए एक अंतरराष्ट्रीय सहयोग केंद्र भी स्थापित किया गया है। वर्तमान में संस्थान लंदन स्कूल ऑफ हाइजीन एंड ट्रॉपिकल मेडिसिन, एफआईजेड जर्मनी, रोसेनबर्ग यूरोपियन एकेडमी ऑफ आयुर्वेद, सीएबीएसआईएन एवं फेडरल यूनिवर्सिटी ऑफ रियो डी जनेरियो (यूएफआरजे), ब्राजील तथा यूनिवर्सिटी हेल्थ नेटवर्क और कनाडा इंडिया फाउंडेशन, कनाडा के सहयोग से समन्वित अनुसंधान कार्य कर रहा है।
3	राष्ट्रीय आयुर्वेद संस्थान (एनआईए)	राष्ट्रीय आयुर्वेद संस्थान (एनआईए) ने आयुर्वेद के अभ्यास एवं अनुसंधान को बढ़ावा देने के लिए छह अंतर्विषयक विभाग स्थापित किए हैं, जिनमें आयुर्वेदिक एवं आधुनिक वैज्ञानिक क्षेत्रों के विशेषज्ञों की विशेषज्ञता को शामिल किया गया है। इन विभागों का उद्देश्य पारंपरिक आयुर्वेद चिकित्सकों और समकालीन वैज्ञानिकों के बीच सहयोग को बढ़ावा देना तथा ऐसे नवाचारात्मक दृष्टिकोणों को प्रोत्साहित करना है, जो प्राचीन ज्ञान

		को आधुनिक वैज्ञानिक पद्धतियों के साथ समन्वित करते हैं। एनआईए ने वैज्ञानिक एवं औद्योगिक अनुसंधान अकादमी (एसीएसआईआर) के सहयोग से द्वैध पीएच.डी. डिग्री कार्यक्रम प्रारंभ किए हैं। यह पहल ऐसे अनुसंधान कार्यों को बढ़ावा देती है, जो सख्त वैज्ञानिक पद्धतियों का पालन करते हुए पारदर्शिता एवं जवाबदेही पर बल देते हैं तथा साथ ही प्राचीन भारतीय ज्ञान प्रणाली (आईकेएस) के मूलभूत सिद्धांतों का सम्मान एवं संरक्षण सुनिश्चित करते हैं। इसके अतिरिक्त, संस्थान सहयोगात्मक नैदानिक सेवाओं एवं साक्ष्य-आधारित अनुसंधान के माध्यम से आयुर्वेद को आधुनिक चिकित्सा पद्धतियों के साथ एकीकृत करने को बढ़ावा देता है। यह केंद्रीय अस्पताल, उत्तर पश्चिम रेलवे (एनडब्ल्यूआर), जयपुर में एक समन्वित आयुर्वेद ओपीडी संचालित करता है। एनआईए, टाटा स्मारक केंद्र, मुंबई के सहयोग से नॉन-स्मॉल सेल लंग कार्सिनोमा (एनएससीएलसी) तथा सवाई मानसिंह चिकित्सा महाविद्यालय (एसएमएस), जयपुर के सहयोग से नॉन-प्रोलिफेरेटिव डायबिटिक रेटिनोपैथी (एनपीडीआर) एवं एंटीरियर यूवाइटिस पर संयुक्त अनुसंधान कार्य भी कर रहा है।

<u>विवरण-III</u>

अखिल भारतीय आयुर्वेद संस्थान, गोवा में आयोजित 10वें आयुर्वेद दिवस के मुख्य कार्यक्रम के दौरान उद्घाटन/शुभारंभ की गई परियोजनाओं/पहलों का ब्यौरा:

1. सुविधाओं का उद्घाटन

I. अखिल भारतीय आयुर्वेद संस्थान, गोवा में एकीकृत ऑन्कोलॉजी इकाई का उद्घाटन।

II. अखिल भारतीय आयुर्वेद संस्थान, गोवा में केंद्रीय स्टेराइल आपूर्ति विभाग (सीएसएसडी) इकाई का उद्घाटन।

III. अखिल भारतीय आयुर्वेद संस्थान, गोवा में रक्त भंडारण इकाई का उद्घाटन।

IV. अखिल भारतीय आयुर्वेद संस्थान, गोवा में अस्पताल लिनेन प्रसंस्करण एवं देखभाल इकाई का उद्घाटन।

2. लोकार्पण

I. पेटेंट, डिजाइन और ट्रेडमार्क महानियंत्रक कार्यालय (सीजीपीडीटीएम) द्वारा आयुष संबंधी उपचारों के परीक्षण हेतु दिशानिर्देश।

II. देशव्यापी अभियान – "देश का स्वास्थ्य परीक्षण" का शुभारंभ, जिसका उद्देश्य व्यक्तियों की स्वास्थ्य स्थिति का आकलन करना है।

III. वेबसाइट – "आयुर्वेद को रूपांतरित करने वाले प्रशंसनीय व्यक्तित्व (एपीटीए)" का शुभारंभ, जिसे केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् (सीसीआरएएस) द्वारा आयुर्वेद के क्षेत्र में योगदान देने वाले महान व्यक्तित्वों के सम्मान में तैयार किया गया है।

IV. वेब-आधारित पोर्टल – "आयुष पदार्थों के बहुआयामी मानदंड के लिए डिजिटाइज्ड रिट्रीवल एप्लीकेशन (द्रव्य)" का शुभारंभ, जिसे केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् (सीसीआरएएस) द्वारा विकसित किया गया है।

उर्वरक की निर्बाध उपलब्धता

2182. श्री संजय हरिभाऊ जाधव:

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

(क) क्या सरकार मानसून और खरीफ फसलों को ध्यान में रखते हुए किसानों को उर्वरकों की निर्बाध उपलब्धता, पर्याप्त भंडारण और समय पर वितरण सुनिश्चित करने के लिए राज्यों के साथ समन्वय कर रही है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में क्या कदम उठाए गए हैं;

(ग) क्या सरकार इस संबंध में किसी निगरानी तंत्र का संचालन कर रही है और यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है; और

(घ) सरकार द्वारा किसानों को राहत प्रदान करने, उर्वरकों की उपलब्धता सुनिश्चित करने, मूल्य नियंत्रण लागू करने, सब्सिडी प्रदान करने और कालाबाजारी को रोकने के लिए क्या विशिष्ट 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 (घ): 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 स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकारों द्वारा किया जाता है।

तदनुसार, चालू खरीफ 2026 मौसम के दौरान राज्यों में उर्वरकों, अर्थात यूरिया, डीएपी, एमओपी और एनपीकेएस की उपलब्धता पर्याप्त बनी हुई है। उक्त मौसम के दौरान उक्त उर्वरकों

की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक के बारे में जानकारी संलग्न **विवरण-I** में दी गई है।

यूरिया सब्सिडी स्कीम के अंतर्गत, यूरिया की आपूर्ति सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर की जाती है। यूरिया की 45 किग्रा. बोरी का एमआरपी 242 रुपए (नीम लेपन प्रभारों और यथालागू करों को छोडकर) है। फार्म गेट पर यूरिया की सुपुर्दगी लागत और यूरिया इकाइयों द्वारा निवल बाजार वसूली के बीच का अंतर भारत सरकार द्वारा यूरिया उत्पादकों/आयातकों को सब्सिडी के रूप में दिया जाता है। तदनुसार, सभी किसानों को उर्वरकों की आपूर्ति सब्सिडी प्राप्त दरों पर की जा रही है।

इसके अतिरिक्त, फॉस्फेटयुक्त और पोटाशयुक्त (पीएंडके) उर्वरकों के लिए, सरकार ने दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। एनबीएस नीति के तहत, पीएंडके उर्वरकों की एमआरपी के नियंत्रणमुक्त कर दिया गया है और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं। एनबीएस सब्सिडी अधिसूचित पीएंडके उर्वरकों पर उनमें निहित पोषक तत्वों की मात्रा के आधार पर मौसम के दौरान उनकी पीओएस बिक्री पर उत्पादक/आयातक को प्रदान की जाती है ताकि किसानों को उर्वरकों की उपलब्धता सुनिश्चित की जा सके। पीएंडके उर्वरकों के लिए एनबीएस दरें निर्धारित करते समय प्रमुख उर्वरकों और कच्चे माल की अंतर्राष्ट्रीय कीमतों में उतार-चढ़ाव पर विचार किया जाता है ताकि किसानों के लिए उर्वरक वहनीय बने रहें।

खरीफ 2026 मौसम के लिए डीएपी, जो एक प्रमुख उर्वरक है, को 1350 रूपए प्रति 50 किलो बोरी की किफायती कीमत पर उपलब्ध कराने के लिए, एनबीएस सब्सिडी के अतिरिक्त कारखाने के गेट से फार्म गेट तक की लागत, अंतरराष्ट्रीय कीमतों में वृद्धि/कमी के कारण लाभ/नुकसान जैसे 'अन्य लागतों' को कवर करने के लिए 3500 रु प्रति मीट्रिक टन का विशेष प्रावधान, एमआरपी में शामिल जीएसटी घटक के लिए प्रावधान और निवल एमआरपी (एमआरपी-

जीएसटी) के 4% की दर से उचित रिटर्न का प्रावधान आयातित और घरेलू डीएपी दोनों तथा आयातित टीएसपी के लिए किया गया है ताकि उर्वरकों की कीमतों को स्थिर रखा जा सके।

सरकार द्वारा पिछले वर्ष 2025-26 और वर्तमान वित्त वर्ष 2026-27 (28.07.2026 की स्थिति के अनुसार) के दौरान वितरित कुल उर्वरक सब्सिडी का विवरण निम्नानुसार है:

(आंकड़े करोड़ में)		
वित्त-वर्ष	**सब्सिडी स्कीम**	**व्यय**
2026-27 (28.07.2026 की स्थिति के अनुसार)	आयातित पीएंडके	5248.23
	स्वदेशी पीएंडके	11111.32
	स्वदेशी यूरिया	35631.64
	यूरिया का आयात	29159.86
	कुल	**81151.05**

इसके अलावा, उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के तहत एक आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के तहत अधिसूचित किया गया है। आवश्यक वस्तु (ईसी) अधिनियम के उपबंधों के अनुसार, उर्वरकों की कालाबाजारी में शामिल व्यक्तियों के खिलाफ कार्रवाई करने के लिए राज्य सरकारों को अधिकार दिया गया है।

इसके अलावा, कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) राज्य सरकारों के साथ परामर्श करके कालाबाजारी और अन्य कदाचार के मामलों के खिलाफ राज्य सरकारों द्वारा की गई प्रवर्तन कार्रवाई की साप्ताहिक आधार पर नियमित रूप से निगरानी कर रहा है।

तदनुसार, खरीफ 2026 के दौरान कालाबाजारी और अन्य कदाचारों की जांच के लिए राज्य सरकारों द्वारा अप्रैल 2026 से जुलाई 2026 (24.07.2026 तक) की अवधि के लिए की गई कार्रवाई के संबंध में डीएएंडएफडब्ल्यू से प्राप्त जानकारी संलग्न **विवरण-II** में दी गई है।

विवरण-I

खरीफ़ 2026 (01.04.26 से 26.07.26 तक) के दौरान राज्यों के अनुसार उर्वरकों की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक

आंकड़े एलएमटी में																	
		यूरिया				डीएपी				एमओपी				एनपीकेएस			
क्रम.सं	राज्य	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक 26.07.26 तक	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक 26.07.26 तक	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक 26.07.26 तक	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक 26.07.26 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	3.64	6.64	2.80	3.84	0.78	1.73	0.84	0.89	0.39	0.73	0.32	0.42	2.10	6.65	2.70	3.96
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	1.32	2.12	1.71	0.41	0.20	0.41	0.27	0.14	0.14	0.43	0.20	0.22	0.14	0.28	0.11	0.18
5	बिहार	4.62	8.15	3.56	4.60	1.59	2.29	0.92	1.37	0.84	0.83	0.13	0.70	1.88	3.28	0.75	2.53
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	5.88	7.48	5.20	2.28	2.49	1.98	1.45	0.53	0.63	0.82	0.52	0.30	2.00	2.30	1.61	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	0.09	0.08	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	0.01	0.00
12	गुजरात	6.20	8.55	5.93	2.62	2.54	2.28	1.64	0.65	0.31	0.41	0.21	0.20	3.42	4.26	2.35	1.91
13	हरियाणा	6.38	9.89	7.77	2.13	1.30	1.63	1.20	0.44	0.42	0.38	0.14	0.24	0.33	0.43	0.16	0.27
14	हिमाचल प्रदेश	0.17	0.42	0.28	0.15	0.01	0.03	0.01	0.02	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	जम्मू और कश्मीर	0.60	1.15	0.78	0.36	0.18	0.29	0.19	0.10	0.08	0.15	0.11	0.04	0.01	0.06	0.02	0.04
16	झारखंड	1.44	2.15	1.09	1.06	0.43	0.41	0.25	0.16	0.04	0.06	0.01	0.05	0.53	0.60	0.28	0.31
17	कर्नाटक	6.58	8.93	4.85	4.08	2.76	3.27	2.38	0.89	1.33	1.60	0.80	0.81	7.61	12.42	7.13	5.30
18	केरल	0.32	0.66	0.41	0.25	0.07	0.18	0.10	0.08	0.22	0.44	0.30	0.15	0.52	0.59	0.34	0.26
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	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	10.42	14.99	9.65	5.34	3.34	3.37	2.30	1.07	0.78	0.61	0.28	0.33	4.38	6.78	3.67	3.12
21	महाराष्ट्र	10.32	14.56	9.35	5.21	3.47	3.70	2.69	1.01	0.88	1.83	0.89	0.94	11.96	21.74	12.19	9.55
22	मणिपुर	0.11	0.18	0.12	0.06	0.02	0.02	0.01	0.01	0.00	0.00	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	0.02	0.01	0.00	0.01	0.02	0.00	0.00	0.00	0.00	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	2.97	4.29	1.93	2.36	1.33	1.60	0.91	0.70	0.59	0.79	0.24	0.55	1.82	2.28	0.94	1.34
27	पुदुचेरी	0.04	0.06	0.04	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	12.10	15.47	12.29	3.18	1.55	2.45	1.37	1.08	0.58	0.64	0.22	0.42	0.49	0.50	0.19	0.31
29	राजस्थान	6.42	10.97	7.65	3.32	3.07	2.66	1.99	0.66	0.05	0.14	0.05	0.09	0.74	1.39	0.67	0.72
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	2.72	4.66	3.01	1.65	0.80	1.10	0.59	0.51	0.61	0.72	0.41	0.31	2.72	3.86	2.04	1.82
32	तेलंगाना	7.26	7.88	4.27	3.61	2.04	1.93	1.62	0.31	0.57	0.54	0.15	0.39	7.18	7.68	4.49	3.18
33	त्रिपुरा	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	उत्तराखंड	0.71	0.96	0.74	0.22	0.15	0.30	0.15	0.15	0.04	0.05	0.01	0.05	0.12	0.04	0.02	0.02
35	उत्तर प्रदेश	25.04	35.11	19.97	15.14	5.29	8.80	3.88	4.93	1.51	1.38	0.24	1.13	2.09	6.42	1.41	5.02
36	पश्चिम बंगाल	3.45	7.48	3.48	4.00	0.83	1.38	0.60	0.79	0.81	1.52	0.41	1.11	2.13	5.76	1.91	3.86
	अखिल भारत	118.81	173.06	107.07	66.01	34.28	41.90	25.40	16.50	10.86	14.14	5.65	8.51	52.34	87.57	43.09	44.48

सुविधाजनक उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

विवरण-II

अप्रैल 26 से जुलाई 26 (24.07.2026 के अनुसार) तक का कुल ब्यौरा

खरीफ मौसम अप्रैल 26 से जुलाई 26 (24.07.2026 के अनुसार) तक की अवधि के दौरान कालाबाजारी, जमाखोरी, विपथन आदि को रोकने तथा गुणवत्ता जांच के लिए राज्य सरकार द्वारा की गई कार्रवाई																		
		कालाबाजारी			जमाखोरी			घटिया गुणवत्ता			विपथन			विवरण के साथ दोषसिद्ध*	ज़ब्त	कुल		
राज्य	निरीक्षण/छापों की संख्या	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर		किए गए सामान की मात्रा (बोरियों के रूप में)	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर
अंडमान और निकोबार द्वीप समूह	32	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
आंध्र प्रदेश	5270	4	4	0	94	66	4	37	0	0	0	0	0	शून्य	0	135	70	4
अरुणाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
असम	3204	6	0	0	6	0	0	0	0	0	4	4	0	शून्य	0	16	4	0
बिहार	15074	652	627	57	1	149	15	0	0	0	0	0	0	शून्य	0	653	776	72
छत्तीसगढ	5143	209	48	5	34	9	2	63	0	1	0	0	1	शून्य	30029	306	57	9
दादर एवं नगर	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
दिल्ली	150	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
गोवा	19	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
गुजरात	7563	39	0	1	4	3	0	17	0	8	1	0	5	शून्य	0	61	3	14
हरियाणा	494	8	7	0	22	31	6	9	6	0	3	6	2	शून्य	0	42	50	8
हिमाचल प्रदेश	56	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
जम्मू एवं कश्मीर	9147	0	0	0	0	0	0	0	0	0	0	0	1	शून्य	1562	0	0	1
झारखंड	633	10	0	0	25	2	0	0	0	0	0	0	1	शून्य	0	35	2	1

कर्नाटक	15702	2132	2	0	0	0	0	76	0	0	5	0	6	शून्य	4208	2213	2	6
केरल	630	0	0	0	0	0	0	6	0	0	2	0	0	शून्य	2202	8	0	0
मध्य प्रदेश	1021	0	0	4	0	0	0	0	0	9	23	22	0	शून्य	0	23	22	13
महाराष्ट्र	40574	850	575	17	728	222	1	563	426	39	16	20	7	शून्य	0	2157	1243	64
मणिपुर	61	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
मेघालय	330	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
मिजोरम	97	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
नागालैंड	92	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
ओडिशा	9716	0	2	0	0	0	1	4	2	0	0	0	0	शून्य	120	4	4	1
पुदुचेरी	37	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	0
पंजाब	1859	10	0	0	0	0	0	51	7	4	49	0	8	शून्य	0	110	7	12
राजस्थान	8280	712	20	1	139	28	3	121	0	1	167	1	6	शून्य	4288	1139	49	11
तमिलनाडु	5377	0	0	0	138	0	6	221	0	0	118	0	2	शून्य	0	477	0	8
तेलंगाना	11658	28	9	6	0	0	0	0	2	0	3	2	1	शून्य	0	31	13	7
त्रिपुरा	964	0	0	0	165	0	0	0	0	0	0	0	0	शून्य	0	165	0	0
उत्तर प्रदेश	9896	1092	363	25	46	58	2	87	69	5	23	58	6	शून्य	3826	1248	548	38
उत्तराखंड	351	0	0	1	0	0	0	0	0	0	0	0	0	शून्य	0	0	0	1
पश्चिम बंगाल	15601	5	2	0	264	16	0	35	0	0	0	0	0	शून्य	0	304	18	0
कुल	169031	5757	1659	117	1666	584	40	1290	512	67	414	113	46	0	46235	9127	2868	270

* - विवरण दिया जाना है – वाद संख्या, एफआईआर का वर्ष और वाद दर्ज करने का वर्ष तथा आदेश की तारीख

उपर्युक्त डाटा राज्य द्वारा दी गई रिपोर्ट के अनुसार संकलित किया गया है

आयुष पद्धतियों का एकीकरण

2183. श्री निलेश ज्ञानदेव लंके:

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

(क) देश के विभिन्न राज्यों में आयुष पद्धतियों अर्थात् आयुर्वेद, योग, यूनानी, सिद्ध और होम्योपैथी को मुख्यधारा की स्वास्थ्य पद्धति में एकीकृत करने के लिए हाल के वर्षों में सरकार द्वारा उठाए गए ठोस कदमों का ब्यौरा क्या है;

(ख) इस संबंध में महाराष्ट्र में हाल ही में शुरू की गई नई नीतियों/कार्यक्रमों का ब्यौरा क्या है; और

(ग) उक्त पहलों के फलस्वरूप महाराष्ट्र में आयुष सेवाओं के उपयोग और संस्थागत विस्तार में अब तक हुई प्रगति का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है?

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

(क)**:** भारत सरकार ने प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुर्वेद, योग, यूनानी, सिद्ध तथा होम्योपैथी सहित आयुष सुविधाओं के सह-स्थापन के माध्यम से आयुष पद्धतियों को प्राथमिक स्वास्थ्य सेवाओं के साथ एकीकृत करने की रणनीति अपनाई है। यह दृष्टिकोण रोगियों को एकल खिड़की सेवा प्रदायगी तंत्र के अंतर्गत चिकित्सा की विभिन्न पद्धतियों में से चयन करने में सक्षम बनाता है। आयुष चिकित्सकों/पैरामेडिक्स की नियुक्ति और उनके प्रशिक्षण हेतु सहयोग राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा प्रदान किया जा रहा है, जबकि साझा जिम्मेदारियों के रूप में, आयुष अवसंरचना (इन्फ्रास्ट्रक्चर), उपकरण/फर्नीचर और औषधियों के लिए सहायता आयुष मंत्रालय द्वारा राष्ट्रीय आयुष मिशन (एनएएम) के तहत प्रदान की जा रही है। दिनांक 31.12.2025 तक की स्थित के अनुसार (एमआईएस-एनएचएम), एनएचएम 13,249 स्वास्थ्य सुविधा केंद्रों में आयुष सेवाएं आवंटित करके प्राथमिक स्वास्थ्य केंद्रों (6,302),

सामुदायिक स्वास्थ्य केंद्रों (3,191), जिला अस्पतालों (475) तथा अन्य स्वास्थ्य सुविधाओं (3,281) जैसी स्वास्थ्य इकाइयों में आयुष सेवाओं के सह-स्थापन के लिए सहायता प्रदान करता है। साथ ही, एनएचएम की वित्तीय सहायता से राज्यों/संघ राज्य क्षेत्रों में कुल 25,322 आयुष चिकित्सकों और 5,666 आयुष पैरामेडिक्स तैनात किए गए हैं। उन सुविधाओं की संख्या का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा, जहाँ आयुष सेवाएं सह-स्थित हैं, संलग्न **विवरण** में दिया गया है।

(ख) और (ग)**:** आयुष को मुख्यधारा की स्वास्थ्य देखभाल पद्धति के साथ एकीकृत करने के प्रयासों के भाग के रूप में, आयुष मंत्रालय के अधीन केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) के एक परिधीय संस्थान, केंद्रीय आयुर्वेद अनुसंधान संस्थान (सीएआरआई), मुंबई ने वर्ष 2025–26 के दौरान टाटा मेमोरियल सेंटर – एडवांस्ड सेंटर फॉर ट्रीटमेंट, रिसर्च एंड एजुकेशन इन कैंसर (एसीटीआरईसी), मुंबई के साथ मिलकर एक सहयोगात्मक अनुसंधान परियोजना शुरू की, जिसका उद्देश्य प्रारंभिक और स्थानीय रूप से उन्नत चरण के स्तन कैंसर वाले रोगियों में प्रकृति तथा नैदानिक परिणामों के बीच संबंध का अध्ययन करना था।

इसके अतिरिक्त, महाराष्ट्र राज्य सरकार द्वारा दी गई सूचना के अनुसार, 390 आयुष्मान आरोग्य मंदिरों (आयुष) और 261 सह-स्थित आयुष स्कंधों की स्वीकृति के माध्यम से आयुष सेवाओं के संस्थागत विस्तार को हासिल किया गया है, जिससे मुख्यधारा की स्वास्थ्य देखभाल पद्धति में आयुष सेवाओं के एकीकरण को सुगम बनाया गया है। एकीकृत चिकित्सा दृष्टिकोण के एक भाग के रूप में, जन स्वास्थ्य विभाग और चिकित्सा शिक्षा विभाग के अंतर्गत कार्यशील आधुनिक चिकित्सा एवं आयुष पद्धति के डॉक्टरों की सहभागिता के साथ दिनांक 30.04.2026 को कैवल्यधाम योग संस्थान, लोनावाला में "आयुसंवाद" नामक एक कार्यशाला का आयोजन किया गया था।

विवरण

एमआईएस-एनएचएम के अनुसार, 31.12.2025 तक वैसे स्वास्थ्य सुविधा केंद्रों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा, जहाँ आयुष सेवाएं सह-स्थित हैं:

क्र.सं	राज्य/संघ राज्य क्षेत्र	डीएच	सीएचसी	सीएचसी को छोड़कर जो ब्लॉक स्तर पर या उससे ऊपर है, परंतु जिला स्तर से नीचे हैं	पीएचसी	एससी से ऊपर परंतु ब्लॉक स्तर से नीचे के अन्य स्वास्थ्य सुविधा केंद्र	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	पश्चिमी 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 व नागर हवेली और दमन व 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**	**6,302**	**3,037**	**13,249**

PROMOTION OF ORGANIC FERTILIZERS

2184. SHRI RAJEEV RAI:

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

(a) whether the Government has implemented any policy to promote organic fertilizers in the country, if so, the details thereof and if not, the reasons therefor;

(b) the details of production of organic fertilizers in the country, State/district wise including Uttar Pradesh;

(c) the usage of organic fertilizers in the country during the last five years, state-wise; and

(d) the impact of use of organic fertilizers on yield and productivity of crops?

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 has taken several significant steps to explore and increase the domestic production of organic fertilizers, driven by a multi-pronged approach to promote sustainable agriculture, reduce reliance on chemical inputs, and enhance soil health. Some of the key initiatives are as follows:-

1. National Project on Organic Farming (NPOF):

National Project on Organic Farming (NPOF) was implemented under umbrella of Krishi Unnati Yojana's National Mission for Sustainable Agriculture (NMSA) through National Centre of Organic Farming (NCOF). During 2022-23 Government has restructured NCOF as National Centre for Organic and Natural Farming (NCONF) with revised mandate to promote chemical free farming including organic and natural farming. NCONF has promoted the use of Biofertilizers among farmers in different ways which are as follows:

a. By organizing HRD Trainings for various stakeholders to promote organic & natural farming including certification system.

b. Implementation of PGS-India certification system.

c. Through Publication of Training Literature (OFNL, BFNL & Compilation of various ITKs).

d. Dissemination of region and crop specific best Package of Practices/Success Stories etc.

e. *IEC activities (organizing/participating in National/ International Exhibitions/ Trade Fairs, Seminars.*

f. *Testing of Organic Fertilizers & Biofertilizers as per FCO 1985.*

2. Paramparagat Krishi Vikas Yojana (PKVY):

The Paramparagat Krishi Vikas Yojana (PKVY), launched in 2015, is an extended component of Soil Health Management (SHM) under the Centrally Sponsored Scheme (CSS), National Mission on Sustainable Agriculture (NMSA). PKVY aims at supporting and promoting organic farming, in turn resulting in improvement of soil health.

The scheme promotes Participatory Guarantee System (PGS) For India (PGS- India) form of organic certification that is built on mutual trust, locally relevant and mandates the involvement of producers and consumers in the process of certification. PGS – India operates outside the framework of “Third Party Certification”.

Under this scheme financial assistance is provided to farmers for adopting organic farming practices, including the use of biofertilizers and organic inputs, certification and marketing the organic produce. Funding pattern under the scheme is in the ratio of 60:40 by the Central and State Governments respectively. In case of North Eastern and Himalayan States, Central Assistance is provided in the ratio of 90:10 (Centre: State) and for Union Territories, the assistance is 100%.

The objective of this scheme is to produce agricultural products free from chemicals and pesticides residues by adopting eco- friendly, low- cost

technologies. Promotion of organic farming among rural youth/ farmers/ consumers/ traders Disseminate latest technologies in organic farming.

3. Mission Organic Value Chain Development for North Eastern Region (MOVCDNER):

It is a Central Sector Scheme, a sub-mission under National Mission for Sustainable Agriculture (NMSA), launched by the Ministry of Agriculture and Farmers Welfare for implementation in the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura, during the 12th plan period.

The scheme aims to develop certified organic production in a value chain mode to link growers with consumers and to support the development of entire value chain starting from inputs, seeds, certification, to the creation of facilities for collection, aggregation, processing, marketing and brand building initiative.

4. National Mission for Sustainable Agriculture (NMSA): National Action Plan on Climate Change, includes the "Soil Health Management" component which indirectly supports the transition to organic practices by promoting the use of organic fertilizers and soil amendments to improve soil fertility.

5. National Mission on Natural Farming (NMNF):- This scheme aims to upscale chemical-free farming across India. NMNF seeks to transition agriculture from input-intensive methods to a sustainable, cost-effective model

based on traditional wisdom and modern science. The core goal is to reduce farmers' input costs and restore soil health by promoting Chemical-Free Farming utilizing Desi Cow-based inputs like Jeevamrit and Beejamrit (microbial inoculants) and biomass mulching.

6. GOBARdhan Scheme: Government has approved the policy on Promotion of Organic Fertilizers. Under the Scheme, Market Development Assistance (MDA) @ Rs. 1500/MT is being provided for promotion of soil carbon enhancers, viz.,

Fermented Organic Manure (FOM)/Liquid Fermented Organic Manure (LFOM) and organic fertilizer, viz., Phosphate Rich Organic Manure (PROM) produced at plants under GOBARdhan initiatives, with total outlay of ₹1451.84 Crore (FY 2023-24 to 2025-26), which includes a corpus of ₹360 Crore for research gap funding etc.

(b) and (c): State-wise production of organic fertilizers in the country for the last five years is given in the enclosed **Statement**. Ministry of Agriculture and Farmers Welfare has informed that the data on usage of organic fertilisers is not available as it is not shared by States.

(d): Organic Fertilisers alone have a positive effect on soil health especially Organic carbon and yield decline initially, however, combining biofertilizers with organic amendments such as Farm Yard Manure (FYM), vermicompost and poultry manure has shown remarkable improvements in the growth, yield and quality of wheat and chickpea in intercropping systems. Organic amendments,

combined with intercropping systems and biofertilizer use, hold immense potential for enhancing cereals and pulses production in India.

ICAR has undertaken long-term fertilizer experiment and research on Integrated Organic Farming Systems (IOFS) which demonstrates that the application of organic fertilizers such as farmyard manure (FYM), vermicompost, compost, green manures, crop residues and recycled farm wastes can sustain crop productivity while improving soil health and reducing dependence on chemical fertilizers. The studies showed that after an initial transition period of about 3 years in cereal-based systems and less than 2 years in legume-based systems, organic farming sustained crop yields at par with or higher than inorganic systems. Organic management consistently recorded higher productivity in coarse rice, basmati rice and soybean-based cropping systems, with soybean yields increasing from 0.5–0.6 t/ha during the transition phase to over 1.4–1.5 t/ha under established organic management. Research also demonstrated that balanced application of organic nutrient sources such as farmyard manure, vermicompost, enriched compost, neem cake, Panchagavya and biodynamic inputs significantly enhanced crop productivity across locations. For example, organic nutrient management produced 23.5 t/ha ginger at Calicut, 4.28 t/ha rice and 1.21 t/ha chickpea at Raipur, and 3.93 t/ha rice along with 8.53 t/ha red pumpkin and 6.04 t/ha cucumber at Karjat. Besides improving productivity, organic farming substantially enhanced soil health and soil organic carbon.

STATEMENT

State -wise production of Organic Fertilizers during FY 2025-26

(Estimated)

S. No.	State	Organic Fertilizer Production (in Metric Tons)
1.	Andhra Pradesh	30384
2.	Chhattisgarh	939222
3.	Gujarat	442887.06
4.	Himachal Pradesh	7822
5.	Jammu & Kashmir	5842
6.	Karnataka	1965767.7
7.	Kerala	62179.51
8.	Madhya Pradesh	1709812.24
9.	Maharashtra	240756
10.	Nagaland	6
11.	Odisha	52981
12.	Punjab	47444.89
13.	Rajasthan	135855
14.	Uttar Pradesh	436652.62
15.	Uttarakhand	8717.55
16.	West Bengal	81797.18
17.	Puducherry	1025
	Total	6169151.4

State -wise production of Organic Fertilizers during FY 2024-25

S. No.	State	Organic Fertilizer Production (in Metric Tons)
1	Andhra Pradesh	1874125
2	Assam	122001
3	Bihar	16526
4	Chhattisgarh	681697
5	Goa	8959
6	Gujarat	253473
7	Haryana	438689
8	Himachal Pradesh	564729
9	Jammu & Kashmir	9166
10	Karnataka	1844895
11	Kerala	2738
12	Madhya Pradesh	1472273
13	Maharashtra	216230

14	Manipur	150
15	Punjab	938
16	Rajasthan	192909
17	Tamilnadu	97301
18	Telangana	39996
19	Tripura	1050
20	Uttar Pradesh	80456
21	Uttarakhand	21171
22	West Bengal	65451
23	Puducherry	1025
	Grand Total	8004921

State -wise production of Organic Fertilizers during FY 2023-24

Sl. No.	**State**	**Organic Fertilizer Production (in Metric Tons)**
1	Andhra Pradesh	1858652
2	Assam	125812
3	Bihar	22500
4	Chhattisgarh	78402
5	Gujarat	257822
6	Haryana	74223
7	Himachal Pradesh	4520
8	Jammu & Kashmir	85240
9	Jharkhand	32831
10	Karnataka	2286649
11	Madhya Pradesh	1388205
12	Maharashtra	343171
13	Manipur	150
14	Punjab	3088335
15	Rajasthan	52220
16	Tamil Nadu	2134453
17	Tripura	1022
18	Uttar Pradesh	802262
19	Uttarakhand	10750
20	Ladakh	13681
	Grand Total	**12660900**

State -wise production of Organic Fertilizers during FY 2022-23

Sl. No.	**State**	**Organic Fertiliser Production (in Metric Tons)**

1	Andhra Pradesh	272572
2	Assam	43773
3	Bihar	53256
4	Goa	11221
5	Gujarat	278037
6	Haryana	71179
7	Himachal Pradesh	33
8	Jammu & Kashmir	3250
9	Karnataka	2278241
10	Kerala	13560
11	Madhya Pradesh	84598
12	Maharashtra	237843
13	Odisha	14764
14	Punjab	7407
15	Rajasthan	50477
16	Tamil Nadu	231522
17	Telangana	28788
18	Tripura	947
19	Uttar Pradesh	74799
20	Uttarakhand	7440
21	West Bengal	6705
22	Puducherry	2470
	Grand Total	**3772884**

State -wise production of Organic Fertilizers during Year 2021-22

Sl. No.	**State**	**Organic Fertiliser Production (in Metric Tons)**
1	Andhra Pradesh	25006
2	Assam	130704
3	Bihar	47861
4	Chhattisgarh	2166
5	Delhi	27657
6	Gujarat	390309
7	Haryana	180299
8	Himachal Pradesh	18
9	Jammu & Kashmir	5314508
10	Karnataka	38089359

11	Kerala	38250
12	Madhya Pradesh	94254
13	Maharashtra	231305
14	Manipur	150
15	Meghalaya	13518
16	Mizoram	58
17	Nagaland	68351
18	Odisha	37116
19	Punjab	473
20	Rajasthan	18330
21	Tamil Nadu	60117
22	Telangana	27695
23	Uttar Pradesh	139426
24	Uttarakhand	6961
25	West Bengal	6664
26	Puducherry	130
	Grand Total	**44950685**

असंतुलित लिंगानुपात संबंधी सर्वेक्षण

2185. श्री गोपाल जी ठाकुर:

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

(क) क्या सरकार ने बिहार के दरभंगा संसदीय क्षेत्र में बाल लिंगानुपात और जन्म के समय लिंगानुपात संबंधी कोई सर्वेक्षण/अध्ययन कराया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या उपलब्ध सर्वेक्षणों में प्रति एक हजार लड़कों पर लड़कियों का निम्न लिंगानुपात दर्शाया गया है और यदि हां, तो सरकार के पास उपलब्ध आधिकारिक आंकड़ों सहित तत्संबंधी ब्यौरा क्या है;

(ग) इस असमानता को दूर करने, बालिका जन्म को प्रोत्साहित करने और भ्रूण लिंग निर्धारण और कन्या भ्रूण हत्या जैसी अवैध गतिविधियों को प्रभावी ढंग से रोकने के लिए सरकार द्वारा उठाए जा रहे कदमों का ब्यौरा क्या है;

(घ) क्या सरकार का उक्त संसदीय निर्वाचन क्षेत्र में 'बेटी बचाओ, बेटी पढ़ाओ' और अन्य संबंधित योजनाओं के तहत विशेष जागरूकता अभियान/अतिरिक्त उपाय शुरू करने का विचार है; और

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

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

(क): भारत का महारजिस्ट्रार के कार्यालय द्वारा उपलब्ध कराई गई जानकारी के अनुसार, वर्ष 2022-24 के लिए भारत तथा बड़े राज्यों/संघ राज्य क्षेत्रों में निवास के आधार पर जन्म के समय लिंगानुपात (प्रति 1000 पुरुषों पर महिलाओं की संख्या) का विवरण 'सैंपल रजिस्ट्रेशन सिस्टम (एसआरएस) - सांख्यिकीय प्रतिवेदन, 2024' (विवरण-16, पृष्ठ-66) में उपलब्ध है। उक्त आंकड़े निम्नलिखित लिंक पर देखे जा सकते हैं:

https://censusindia.gov.in/nada/index.php/catalog/47152

(ख): सैंपल रजिस्ट्रेशन सिस्टम (एसआरएस) के अनुसार, वर्ष 2022-24 के लिए राष्ट्रीय स्तर पर जन्म के समय लिंगानुपात (एसआरबी) प्रति 1000 पुरुषों पर 918 महिलाओं का है।

(ग): भारत सरकार ने वर्ष 1994 में पूरे देश में गर्भाधान-पूर्व एवं प्रसव-पूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम [पीसी एंड पीएनडीटी अधिनियम] अधिनियमित किया है।

गर्भाधान-पूर्व एवं प्रसव-पूर्व निदान तकनीक (पीसी एंड पीएनडीटी) अधिनियम के प्रभावी प्रवर्तन को सुनिश्चित करने हेतु सरकार द्वारा निम्नलिखित उपाय किए गए हैं:

- राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत मंत्रालय द्वारा राज्यों/संघ राज्य क्षेत्रों को पीसी एंड पीएनडीटी अधिनियम के प्रभावी क्रियान्वयन को सुदृढ़ करने के लिए वित्तीय सहायता प्रदान की जाती है।
- मंत्रालय द्वारा देशभर में पीसी एंड पीएनडीटी अधिनियम के प्रभावी क्रियान्वयन को सुदृढ़ करने के लिए नियमित समीक्षा बैठकें, जन-जागरूकता गतिविधियां, संवेदनशीलता कार्यक्रम तथा क्षमता निर्माण कार्यशालाओं का आयोजन किया जाता है।
- व्यवहार परिवर्तन एवं लैंगिक समानता को बढ़ावा देने के लिए सूचना, शिक्षा एवं संचार (आईईसी), समर्थन कार्यकलाप तथा प्रिंट एवं डिजिटल मीडिया के माध्यम से जन-जागरूकता अभियान संचालित किए जाते हैं।

(घ) और (ङ): महिला और बाल विकास मंत्रालय द्वारा उपलब्ध कराई गई जानकारी के अनुसार, बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) योजना बाल लिंगानुपात (सीएसआर) तथा बालिकाओं एवं महिलाओं के सशक्तिकरण से संबंधित मुद्दों के समाधान में सहायक है। इस योजना का उद्देश्य लिंग-आधारित भ्रूण चयन की रोकथाम करना, बालिकाओं के जीवन एवं संरक्षण को सुनिश्चित करना तथा उनकी शिक्षा को प्रोत्साहित करना है।

पंद्रहवें वित्त आयोग की अवधि के दौरान, मिशन शक्ति के 'संबल' घटक के अंतर्गत बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) योजना का विस्तार देश के सभी जिलों में कर दिया गया है। इसका क्रियान्वयन बहु-क्षेत्रीय कार्यकलापों के माध्यम से किया जा रहा है, जिससे ऐसी गतिविधियों पर अधिक व्यय को प्रोत्साहित किया जा सके जिनका जमीनी स्तर पर प्रत्यक्ष प्रभाव हो। योजना के समग्र क्रियान्वयन की जिम्मेदारी संबंधित राज्य सरकारों एवं संघ राज्य क्षेत्र प्रशासन की है।

योजना के प्रभावी क्रियान्वयन को बढ़ाने के लिए राज्यों/संघ राज्य क्षेत्रों को यह भी निर्देशित किया गया है कि वे बीबीबीपी योजना के अंतर्गत उपलब्ध कुल आवंटन का 25 प्रतिशत विज्ञापन एवं मीडिया जागरूकता गतिविधियों पर, समग्र सरकारी/अभिसरण (Whole-of-

Government/Convergent) दृष्टिकोण अपनाते हुए व्यय करें। इसके अतिरिक्त, मिशन शक्ति के दिशा-निर्देशों के अनुसार बीबीबीपी के लिए निधियां आवंटित की जाती हैं तथा राज्यों/संघ राज्य क्षेत्रों को योजना की गतिविधियों के क्रियान्वयन हेतु निम्नलिखित में से किसी भी प्रकार से निधियों का उपयोग करने के लिए प्राधिकृत किया गया है—

(i) सीधे जिलों के माध्यम से; या

(ii) आंशिक रूप से जिलों के माध्यम से तथा शेष राशि का प्रबंधन राज्य/संघ राज्य क्षेत्र स्तर पर; अथवा

(iii) जिलों की ओर से सीधे, राज्य/संघ राज्य क्षेत्र द्वारा संबंधित राज्य/संघ राज्य क्षेत्र की विशिष्ट आवश्यकताओं के अनुसार।

STRENGTHENING DRUG SAFETY AND REGULATION

2186. SHRI D. M. KATHIR ANAND:

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

(a) the factors considered by the Government while bringing cough syrups and other syrup-based medicines under prescription-only sale and the implications of this decision for patient safety, drug regulation and public health;

(b) the provisions governing quality control, licensing, testing, inspection and post-marketing surveillance of pharmaceutical products, including cough syrups and other frequently used medicines;

(c) the details of the number of inspections conducted, drug samples tested, manufacturing licences suspended or cancelled and prosecutions

initiated in cases involving substandard, contaminated or unsafe medicines during the recent period;

(d) the coordination mechanism among Central and State drug-control authorities for enforcement of prescription requirements, monitoring of pharmacies and prevention of unauthorised sale of prescription medicines; and

(e) the policy measures introduced by the Government to strengthen drug-safety standards, improve regulatory oversight, enhance public awareness against self-medication and reinforce confidence in the country's pharmaceutical sector?

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 Drugs and Cosmetics Act, 1940, and Drugs Rules, 1945, all drugs including cough syrups covered under Schedule X, H and/or H1 are required to be sold by retail on the prescription of a Registered Medical Practitioner (RMP) only. Further, Schedule K to the said Rules provided an exemption for sale of cough syrups in villages with a population not exceeding 1,000 persons and where no dealer was licensed under the said Act. However, the Government vide notification G.S.R 477 (E) dated 09.06.2026, has amended the Drugs Rules, 1945, withdrawing the said exemption to enhance

regulatory control and promote rational use of cough syrup in the interest of patient safety.

The manufacturing, sale and distribution of drugs including cough syrups and other frequently used medicines in the country are regulated under the provisions of Drugs & Cosmetics Act, 1940 and rules thereunder through a system of licensing and inspection by the State Licensing Authorities (SLAs). SLAs are legally empowered to take action against erring license holders in case of violation of provisions of the said Act and Rules. Post-marketing surveillance of drugs is also undertaken through pharmacovigilance activities, market surveillance and testing of drug samples by the Central and State Drug Regulatory Authorities.

Further, in order to assess the regulatory compliance of drug manufacturing premises in the country, the Central Drugs Standard Control Organization (CDSCO) along with State Drugs Controllers (SDCs) have conducted Risk-Based Inspections of more than 1040 premises since December, 2022 and based on findings, more than 950 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses, warning letters have been taken by the State Licensing Authorities. More than 1100 cough syrup manufacturers have been subjected to intense audit in coordination with State authorities. Increased market surveillance sampling of syrup formulations by Central and State drugs regulators has also been done.

As per information received from various States/Union Territories Drugs Controllers (SDCs), number of drug samples reported Not of Standard Quality/spurious/adulterated by the States/UTs Drugs Controller during the last three years is as follows:

Financial	No. of drugs ed	No. of drugs clared Not of ality	No. of drugs samples rious/ Adulterated	Number of prosecution manufacturing, sale and of spurious/adulterated
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*

* Provisional figure

State Licensing Authorities carryout periodic inspections or as per risk-based approach from time to time of the licensed premises for verification of compliance with the provisions of the Act and rules thereunder. Actions such as suspension and cancellation of licences, prosecutions in the court of law are taken against the erring firms by the State Licensing Authorities.

Central Drugs Standard Control Organization (CDSCO) and Ministry of Health and Family Welfare have taken following policy measures to strengthen drug-safety standards in the country:

(i) The Central Government has amended the Drugs Rules 1945 vide G.S.R. 922 (E) dated 28.12.2023 to revise the schedule M to the said rules related to Good Manufacturing Practices and requirements of premises, plant and equipment for pharmaceutical products. Revised Schedule M has become effective for the drug manufacturers with

turnover > Rs. 250 crores from 29.06.2024 and for manufacturers having turnover of less than Rs. 250 Cr from 01.01.2026.

(ii) In February 2024, CDSCO published regulatory guidelines for the sampling of drugs, cosmetics, and medical devices by Central and State Drugs Inspectors. These guidelines provide a structured approach to ensure the quality and efficacy of products available in the market through uniform drug sampling methodology.

(iii) Central government is providing regular residential, regional training and workshops to officials of CDSCO and State Drug Regulatory Authorities on Good Manufacturing Practices. In the Financial Year 2023-24 CDSCO has trained 22854 persons while in Financial Year 2024-25, 20551 persons have been trained.

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

(v) List of batches of certain drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Misbranded/ Adulterated by the Central Drugs Testing Laboratories is regularly uploaded and available on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert (www.cdsco.gov.in). In the cases concerning quality or safety of drugs as and when reported, action is taken by the licensing authorities concerned under the provisions of

Drugs and Cosmetics Act 1940 and its Rules including prosecution in the appropriate Court of law.

(vi) In order to strengthen monitoring, public awareness to prevent harm arising from inappropriate use of GLP-1 receptor agonists, National Coordination Centre-Pharmacovigilance Programme of India (NCC-PvPI), Indian Pharmacopoeia Commission (IPC), organized a meeting with representatives from Marketing Authorisation Holders (MAHs) and Adverse Drug Reaction Monitoring Centers (AMCs) on 20th May, 2026 and 22nd March, 2026, respectively, to sensitize the stakeholders about the safety of Semaglutide (Ozempic) and other GLP-1 receptor agonists and reporting of suspected Adverse Drug Reactions (ADRs) to the PvPI. Awareness posters have also been posted on IPC social media handles to encourage healthcare professionals and the public to report ADRs associated with GLP-1 receptor agonists including Semaglutide.

JUDICIAL INFRASTRUCTURE IN CHANDIGARH

2187. SHRI MANISH TEWARI:

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

(a) the present status of judicial infrastructure in the Punjab and Haryana High Court and subordinate courts in Chandigarh, including court halls, judges' residences, lawyers' chambers and record rooms vis-à-vis sanctioned requirements;

(b) the details of court complexes, court halls, digital courtrooms, residential units and other judicial infrastructure projects sanctioned, under construction or completed in Chandigarh during the last five years;

(c) the details of funds allocated, sanctioned and released by the Government under the Centrally Sponsored Scheme for Development of Infrastructure Facilities for the Judiciary to Chandigarh during the last five years, year-wise;

(d) whether any proposals have been received from the Punjab and Haryana High Court or the Chandigarh Administration for augmentation of judicial infrastructure, if so, the details and status thereof; and

(e) the steps taken to strengthen the judicial infrastructure, reduce pendency of cases and improve access to justice in Chandigarh?

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 since 1993-94 a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for Judiciary in the District and Subordinate Courts. Under the CSS, financial assistance is provided to the States/UTs in the prescribed fund sharing pattern..The Scheme covers five components, namely, Court Halls, Residential Units for Judicial Officers,

Lawyers' Halls, Toilet Complexes and Digital Computer Rooms. High Courts are not covered under the ambit of the above Scheme.

As per information provided by the High Court of Punjab & Haryana, the numbers of available Court Halls, Lawyers' Chambers and Residential Units vis-à-vis the Sanctioned Strength of judges as on 31.05.2026 is as under:

Court	**Sanctioned Strength of cial Officers**	**Court Halls**	**Residential**	**Lawyers'**
High Court	85	69	64	131
District Courts	30	31	29	440

(b): As per information provided by the High Court of Punjab & Haryana, 03 Residencial Units for Judges of High Court have been completed during last five years. No judicial infrastructure has been created in Chandigarh under the CSS for Development of Infrastructure Facilities for Judiciary in the District and Subordinate Courts.

(c) to (e): No funds under the CSS were released to the UT of Chandigarh during last five years, as no demand/proposal was received from the UT of Chandigarh for augmentation of judicial infrastructure.

Disposal of cases pending in various courts lies within the domain of the judiciary. However, the Government is fully committed to 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 under the e-Courts Mission

Mode Project, better infrastructure for courts, policy and legislative measures in the areas prone to excessive litigation.

The Phase-III of the eCourts Project (2023-2027) was approved on 13.09.2023 with an outlay of Rs.7,210 crore. Phase III envisions a transition towards digital, paperless courts through large-scale digitisation of records, wider use of virtual hearings, interoperability across institutions and adoption of emerging technologies including Artificial Intelligence (AI), analytics and Optical Character Recognition (OCR). Under the eCourts Project, digital services such as e-Filing, e-Pay, e-Summons, Virtual Courts, Video Conferencing facilities in courts and the National Judicial Data Grid (NJDG) have been implemented. Also, one Fast Track Special Court for disposal of cases under POCSO Act and rape cases has been established in Chandigarh.

The High Court of Punjab & Haryana has established Arrears Committee to recommend strategies for faster case resolution. The High Court has set up Mediation and Conciliation Centres consisting of 193 Mediators and 5 Lok Adalats to help in out-of-court settlements. The High Court has also established a Front Office for providing assistance and free legal aid to needy people. Dedicated Benches have been constituted which deal with business related cases exercising Original and Appellate jurisdiction for their swift disposal. Further, cases involving senior citizens, women, marginalized groups and criminal matters with accused in custody are given priority and older cases/other specific categories of urgent nature are set down for urgent

hearing. An Online mechanism has been set up which allows counsels to submit infructuous cases for quicker disposal.

The High Court has issued Action Plan for achievement of case disposal targets in the District and Subordinate Courts between the period from 01.04.2026 to 31.03.2027. These steps aim to enhance the judicial efficiency and reduce backlog effectively.

GEOPOLITICAL DISRUPTIONS AND INLAND ECONOMIC CORRIDORS

2188. SHRI UMMEDA RAM BENIWAL:

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

(a) whether the Government has undertaken any assessment of the impact of geopolitical disruptions in global maritime trade routes on inland economic corridors and supply-chains in the country;

(b) if so, the details thereof, including the sectors and regions identified as vulnerable to such disruptions;

(c) whether any assessment has been made regarding the impact of such disruptions on industrial, resource-producing and border districts, including Barmer district of Rajasthan; and

(d) if so, the details of measures taken or proposed to strengthen the resilience of logistics and supply-chain networks against such disruptions?

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

(a) to (d): The Government continuously monitors the impact of geopolitical developments on global maritime trade and logistics through institutional mechanisms involving the Ministry of Ports, Shipping and Waterways (MoPSW) and other concerned Ministries & Departments. An Inter-Ministerial Group (IMG), constituted under the Department of Commerce comprising of Ministry of External Affairs (MEA), Ministry of Ports, Shipping and Waterways (MoPS&W), Ministry of Civil Aviation, (MoCA), Ministry of Petroleum & Natural Gas (MoPNG), Reserve Bank of India (RBI), Central Board of Indirect Taxes and Customs (CBIC), Export Credit Guarantee Corporation of India (ECGC), Department for Promotion of Industry and Internal Trade (DPIIT), Agricultural & Processed Food Products Export Development Authority (APEDA), Department of Financial Services (DFS), and Container Corporation Of India (CONCOR), regularly reviews the evolving situation, assesses its implications for maritime trade and supply chains, and facilitates coordinated action to address emerging challenges.

The review mechanism covers issues relating to international shipping routes, movement of export-import cargo, port operations, logistics, freight and insurance costs, and the continuity of supply chains across sectors dependent on maritime trade. Based on these assessments, the Government has taken a number of coordinated measures to facilitate uninterrupted cargo movement and enhance supply-chain resilience, including operational support at major

ports, waiver of ground rent and demurrage charges, facilitation of container evacuation through rail connectivity, trade facilitation measures, and initiatives to reduce logistics costs in coordination with the concerned Ministries, agencies and other stakeholders. Details of the measures taken is given in the enclosed **Statement**.

STATEMENT

The measures taken by Government of India to facilitate uninterrupted cargo movement:

I. Directorate General of Foreign Trade (DGFT), under the Department of Commerce, extended the export obligation period for the Export Promotion Capital Goods (EPCG) and Advance Authorisation Schemes which were expiring between March 01, 2026 and May 31, 2026, upto August 31, 2026 covering 1,017 EPCG and 7,400 Advance Authorisations; restored RoDTEP rates; discharged export obligation of 21,370 EPCG and Advance authorisations through a special drive, thereby unlocking funds held in pending Bank Guarantees. Agricultural & Processed Food Products Export Development Authority (APEDA) ran a helpline for exporters; Government allowed gems-and-jewellery import and vaulting in SEZs/FTWZs;

II. Central Board of Indirect Taxes and Customs (CBIC) issued clarrifications for returned and diverted cargo and extended fee waivers and cargo handling flexibility up to June 30, 2026; Reserve Bank of India (RBI)/ Department of Financial Services (DFS) continued the extended

export credit period from 270 to 450 days till June 05, 2026 and introduced Emergency Credit Line Guarantee Scheme (ECLGS) 5.0 for MSME liquidity.

III. Major Ports gave 100% waiver on ground rent and demurrage and 80% on reefer charges; Container Corporation of India (CONCOR) and Railways waived charges on stranded containers and started double-stack services on the Dedicated Freight Corridor to clear around 10,000-container backlog at the ports.

IV. The Cabinet approved a sovereign guarantee of about US$ 1.5 billion for a domestic maritime insurance pool, reducing the cost of freight and insurance for exports.

V. Ministry of Petroleum & Natural Gas (MoPNG) activated an emergency cell and issued the LPG Control Order and the Natural Gas Supply Regulation Order;

VI. Department of Revenue reduced basic customs duty on 40 critical petrochemical products to zero till July 15, 2026.

INCREASE IN C-SECTION DELIVERIES

2189 SHRI ESWARASAMY K.:
SHRI MURARI LAL MEENA:

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

(a) whether the Government has taken note of the findings of the study conducted by the Indian Institute of Technology (IIT), Madras indicating a

sharp increase in Caesarean sections (C-section) from 2016 till date, particularly in private hospitals;

(b) if so, the details thereof along with the total number and percentage of normal versus C-section deliveries in Government and private hospitals across the country, State/UT-wise including Rajasthan, particularly in Dausa district during the last five years, year-wise;

(c) whether the Government has assessed the reasons for the non-clinically justified C-section deliveries and their impact on maternal health outcomes and healthcare expenditure and if so, the details thereof;

(d) whether the Government has implemented any guidelines or audit mechanisms to regulate, monitor, prevent and fix accountability for C-sections deliveries performed without medical necessity to ensure adherence to WHO recommended thresholds; and

(e) if so, the details thereof along with the steps being taken by the Government to reduce unnecessary C-section deliveries in the country?

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

(a) and (b): The Government is aware of the findings of the Indian Institute of Technology (IIT) Madras study in 2021 which analysed the prevalence of caesarean sections (C-section) between private and public hospitals nationwide, specifically in Tamil Nadu and Chhattisgarh. The study highlights

trends observed over the five-year interval between the two rounds of the National Family Health Survey (NFHS-4 and NFHS-5).

The details of the percentage of deliveries, including C-section deliveries in Government and private hospitals across the country, State/UT wise including Rajasthan, are provided at the link given below.

https://www.nfhsiips.in/nfhsuser/assets/National%20Family%20Health%20Survey%20(NFHS-6)%202023-2024%20Fact%20Sheets.pdf

The details of deliveries, including C-section deliveries of Dausa district of Rajasthan during the last five years is given in the enclosed **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) and (e): Under the National Health Mission (NHM), various measures/initiatives have been taken to regulate, monitor, discourage unnecessary caesarean deliveries across all States/UTs. The key measures are:

- CGHS empanelled hospitals are required to prominently display information regarding the ratio of deliveries by Caesarean section vis-à-vis normal deliveries.
- Data Reporting and monitoring 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, Dakshata, Skilled Birth Attendant (SBA) and Nurse Practitioner Midwifery (NPM) have been instituted.

STATEMENT

The details of deliveries, including C-section deliveries of Dausa district of Rajasthan (*Source: NFHS 5):*

District	Institutional births (%)	Institutional births in public facility (%)	Births delivered by caesarean section (%)	Births in a private health facility that were delivered by caesarean section (%)	Births in a public health facility that were delivered by caesarean section (%)
Dausa	98.2	74.3	8.8	18.4	5.9

REGULATION OF OVERSEAS RECRUITMENT AGENTS

2190. SHRI KIRTI AZAD:

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

(a) the number of complaints received against illegal or unregistered recruiting agents during the last five years, State-wise and destination-country-wise;

(b) the number of such complaints involving fraud, passport retention, non-payment of wages, contract substitution, forced labour, cyber-scam operations or abandonment abroad;

(c) the number of illegal recruiting agents identified, blacklisted, prosecuted or convicted, State-wise and year-wise;

(d) the number of websites, social-media pages, phone numbers, bank accounts or payment handles linked to such illegal recruitment that were blocked, frozen or referred to law-enforcement agencies; and

(e) whether the Government proposes to integrate e-Migrate, State police databases, immigration counters and Indian Missions abroad to track repeat offenders in overseas recruitment fraud, if so, the details thereof?

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

(a) to (e): Recruitment Agencies (RA) in India established for engaging in the recruitment business for overseas employment are regulated as per the provisions under The Emigration Act, 1983 and Rules thereunder. As per Section 10 of the Emigration Act, 1983, no person or agency can function as RA without a valid Registration Certificate (RC) issued by the Registering Authority, i.e., Protector General of Emigrants (PGE). Mandatory registration of RA is aimed at curbing fraud and exploitation of prospective Indian emigrants seeking overseas employment.

The RC holders are required to comply with the provisions under the Emigration Act, 1983, and the terms and conditions of Registration Certificate prescribed in Section 10 of The Emigration Rules, 1983, which are focussed on safeguarding the interests of emigrant workers. The Emigration Act, 1983 and Rules thereunder also provide for punitive actions against the registered RAs for violation of the provisions thereunder.

Issuance of RC is done through eMigrate Portal (https://emigrate.gov.in) only, which is maintained by the Ministry of External Affairs (MEA). List of all the registered RAs in India is publicly available on the eMigrate portal. List of unregistered agents against whom complaints were received, has been published on the eMigrate portal to caution the prospective emigrants. As on date a total of 3,505 such unregistered agents have been notified on the eMigrate portal.

As and when complaints of illegal recruitment activities by unauthorized agents are received in the MEA, they are referred to the State/UT police for

investigation and prosecution under the relevant provisions of the Bharatiya Nyaya Sanhita (BNS) and other legislations in place. Data of complaints of illegal recruitment activities received from the States/UTs, and action taken against them during the last five years are given in the enclosed **Statement-I**. Data of complaints against unauthorized agent registered on eMigrate portal is given in the enclosed **Statement-II**.

Based on available information, the number of complaints received by the Indian Missions/Posts abroad from the emigrant workers including fraud, passport retention, non-payment of wages, contract substitution, forced labour, cyber-scam operations, abandonment, etc. and resolved are given in the enclosed **Statement-III**.

MEA takes necessary actions against illegal recruitment activities conducted through a website, social media handles, and other such means including by asking the service provider to take down such posts. It also refers the matter to the law enforcement agencies for further necessary action as per relevant provisions under the Emigration Act, 1983, and Bharatiya Nyaya Sanhita (BNS), 2023. A total of 208 such cases were referred to concerned internet intermediaries for taking down such posts, out of which, 202 posts were removed.

The eMigrate portal is integrated with the system of Bureau of Immigration (BOI) to facilitate clearance of the emigrant workers holding ECR passports travelling to ECR countries for employment.

STATEMENT-I

Data regarding complaints of illegal recruitment activities and follow up action [2021 – 2025]

Sl. No.	State/UT	Number of Complaints					ATR Submitted by State Police					Number of Cases in which request for issue of prosecution sanction after investigation received					Number of Prosecution Sanctions issued				
		2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025
1.	Andaman and Nicobar Islands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	Andhra Pradesh	1111	688	445	602	448	0	0	5	11	19	0	0	1	0	0	0	0	1	0	0
3.	Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	Assam	0	2	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	Bihar	10	2	6	5	1	4 (FIR registered	0	1(FIR registered)	1(FIR registered)	1(FIR registered)	0	0	0	0	0	0	0	0	0	0
6.	Chandigarh	0	0	3	9	80	0	0	0	0	34 (3 FIRs)	0	0	0	0	0	0	0	0	0	0
7.	Chhattisgarh	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Dadra & Nagar Haveli and Daman & Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Delhi	1	1	4	92	153	0	0	0	0	17 ATR 17 FIR	0	0	0	11	13	0	0	0	11	13
10.	Goa	3	14	5	1	13	0	5	0	1	0	0	0	0	0	0	0	0	0	0	0
11.	Gujarat	2	2	2	9	12	0	0	1	1	0	0	0	0	1	0	0	0	0	0	1
12.	Haryana	0	1	4	2	33	0	0	0	0	09 ATR 0 FIR	0	0	0	1	0	0	0	0	1	0

											+ 5 ATR+1 FIR)										
13.	Himachal Pradesh	0	3	4	0	2	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
14.	Jammu & Kashmir	0	1	1	0	4	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0
15.	Jharkhand	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	Karnataka	7	21	32	33	61	0	4	6	8	0	0	1	3	0	1	0	1	3	0	1
17.	Kerala	65	69	110	277	238	54 (FIRs Registered)	47 (FIRs Registered)	87 (FIRs Registered)	197(FIRs Registered)	158	2	7	7	15	0	2	7	7	1	14
18.	Ladakh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20.	Madhya Pradesh	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21.	Maharashtra	22	8	6	14	22	0	2	1	1	1	0	0	0	1	0	0	0	0	1	0
22.	Manipur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23.	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Mizoram	0	0	2	0	4	0	0	1	0	3 FIR Registered	0	0	0	1	0	0	0	0	0	1
25.	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26.	Odisha	0	0	0	5	7	0	0	0	2 (FIR Registered)	1 (FIR Registered)	0	0	0	0	0	0	0	0	0	0
27.	Puducherry	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28.	Punjab	2	23	56	18	80	0	0	0	38(FIR Registered)	69	0	0	0	0	0	0	0	0	0	0
29.	Rajasthan	91	64	35	87	97	24 (one FIR Registered)	2	0	0	4	4	0	2	0	0	4	0	2	0	0
30.	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31.	Tamil Nadu	85	254	152	106	99	0	6	7	64	52	1	0	1	0	0	1	0	1	0	0
32.	Telangana	74	63	132	96	111	-	19	35	17	47	0	0	0	0	0	0	0	0	0	0
33.	Tripura	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

34.	Uttarakhand	0	0	0	5	5	0	0	0	0	0 ATR 0 FIR	0	0	0	0	0	0	0	0	0	0
35.	Uttar Pradesh	0	1	0	6	31	0	0	0	0	08 ATR 03 FIR	0	0	0	0	0	0	0	0	0	0
36.	West Bengal	74	10	5	10	35	0	1	2	2	12	0	1	0	0	0	0	1	0	0	0

STATEMENT-II

Data of complaints against unauthorized agent registered on eMigrate portal during last five years:

Year	Total Grievances Received	Total Grievances Resolved
2021	70	27
2022	189	98
2023	84	43
2024	120	67
2025	321	224
Total	**784**	**459**

STATEMENT-III

Number of complaints received by Indian Missions/Posts and resolved (fraud, passport retention, non-payment of wages, contract substitution, forced labour, etc.):

S. No.	Name of the Country	Name of the Mission/Post	Complaints received	Complaints resolved	Complaints received	Complaints resolved	Complaints received	Complaints resolved	Complaints received	Complaints resolved	Complaints received	Complaints resolved
			2021	2021	2022	2022	2023	2023	2024	2024	2025	2025
1.	Albania	EOI, Tirana	0	0	0	0	0	0	3	3	5	5
2.	Algeria	EOI, Algiers	8	8	4	4	4	4	7	7	3	3
3.	Angola	HCI, Luanda	12	12	10	10	12	12	8	2	8	2
4.	Bahrain	EOI, Bahrain	335	327	612	579	711	649	603	594	345	310
5.	Bangladesh	HCI, Dhaka	0	0	0	0	0	0	0	0	1	0
6.	Belarus	EOI, Minsk	0	0	0	0	0	0	0	0	1	1
7.	Botswana	HCI, Gaborone	0	0	0	0	0	0	0	0	1	0
8.	Cambodia	EOI, Phnom Penh	0	0	44	44	207	207	982	982	1300	1300
9.	Cameroon	HCI, Yaounde	0	0	0	0	0	0	76	76	0	0
10.	Democratic Republic of Congo	EOI, Kinshasa	0	0	41	30	66	40	50	40	33	25
11.	Egypt	EOI, Cairo	0	0	0	0	0	0	1	1	1	1

12.	Ethiopia	EOI, Addis Ababa	7	7	10	10	14	14	73	73	54	54
13.	France	CGI, Marseille	0	0	0	0	0	0	0	0	1	1
14.	Ghana	HCI, Accra	2	2	3	2	5	5	7	6	5	4
15.	Greece	EOI, Athens	0	0	0	0	0	0	0	0	25	
16.	Guyana	HCI, Georgetown	0	0	0	0	0	0	0	0	2	0
17.	Indonesia	CGI, Bali	0	0	0	0	0	0	0	0	5	5
18.	Iran	EOI, Tehran	0	0	0	0	0	0	2	2	2	2
19.	Iraq	CGI, Erbil	0	0	0	0	0	0	0	0	1	1
20.	Italy	EOI, Rome	0	0	0	0	0	0	0	0	4	4
21.	Jordan	EOI, Amman	0	0	0	0	118	118	23	23	43	43
22.	Kuwait	EOI, Kuwait	4339	2910	5660	3820	7820	4517	3728	2055	4081	2608
23.	Kyrgyzstan	EOI, Bishkek	0	0	0	0	75	75	90	90	105	105
24.	Lao PDR	EOI, Vientiane	3	3	81	74	252	244	592	558	1,488	1,421
25.	Latvia	EOI, Riga	0	0	0	0	0	0	0	0	4	4
26.	Liberia	EOI, Monrovia	0	0	6	6	4	4	3	3	2	2
27.	Malawi	HCI, Lilongwe	0	0	0	0	0	0	1	0	1	0
28.	Malaysia	HCI, Kuala	947	947	412	412	1648	1648	2794	2794	2532	2532

		Lumpur										
29.	Maldives	HCI, Male	203	203	184	184	549	518	1,190	826	855	481
30.	Mauritania	EOI, Nouakchott	0	0	0	0	0	0	1	1	0	0
31.	Mauritius	HCI, Port Louis	0	0	0	0	3	6	6	2	4	4
32.	Morocco	EOI, Rabat	1	1	0	0	0	0	0	0	0	0
33.	Myanmar	EOI, Yangon	0	0	399	338	83	89	203	147	1863	1594
34.	Nepal	CGI, Birgunj	12	12	3	3	2	2	11	11	20	20
35.	Oman	EOI, Muscat	1,077	1,067	2,478	1,927	4,281	4,111	3,114	3,016	2,345	2,241
36.	Qatar	EOI, Doha	1,551	1,552	436	568	139	121	162	334	135	257
37.	Republic of Guinea	EOI, Conakry	0	0	0	0	0	0	0	0	12	12
38.	Russia	EOI, Moscow	0	0	0	0	0	0	0	0	10	10
39.	Russia	CGI, St. Petersburg	0	0	1	1	1	1	1	1	5	5
40.	Rwanda	HCI, Kigali	0	0	0	0	0	0	0	0	1	1
41.	Saudi Arabia	EOI, Riyadh	1128	1122	1947	1941	2279	2250	2223	1999	2198	1660
42.	Saudi Arabia	CGI, Jeddah	650	650	456	456	798	798	630	615	679	665
43.	Senegal	EOI, Dakar	0	0	0	0	0	0	0	0	5	5
44.	Serbia	EOI,	1	1	5	5	3	3	12	12	34	34

		Belgrade										
45.	Seychelles	HCI, Victoria, Mahe	19	19	31	31	58	58	42	42	46	46
46.	Sierra Leone	EOI, Freetown	0	0	4	4	3	3	18	18	27	26
47.	Slovenia	EOI, Ljubljana	0	0	0	0	0	0	0	0	1	0
48.	South Korea	EOI, Seoul	0	0	0	0	0	0	0	0	1	
49.	Sri Lanka	HCI, Colombo	121	121	35	35	108	108	221	215	167	167
50.	Sri Lanka	AHCI, Kandy	0	0	1	1	1	1	1	1	1	1
51.	Syria	EOI, Damascus	0	0	0	0	1	1	4	4	2	2
52.	Thailand	EOI, Bangkok	14	14	0	0	0	0	0	0	0	0
53.	Togo	EOI, Lome	0	0	0	0	0	0	0	0	2	2
54.	Tunisia	EOI, Tunis	0	0	0	0	0	0	0	0	1	1
55.	Turkiye	CGI, Istanbul	0	0	0	0	0	0	1	1	0	0
56.	UAE	EOI, Abu Dhabi	755	755	779	779	528	528	387	387	411	407
57.	UAE	CGI, Dubai	1,972	1,714	2,427	2,366	2,928	2,543	3,030	2,981	3,727	3,309
58.	Uganda	HCI, Kampala	1	1	5	5	2	0	2	2	2	0

59.	Uzbekistan	EOI, Tashkent	0	0	0	0	0	0	800	800	540	540
60.	Vietnam	EOI, Hanoi	1	1	2	2	7	7	21	21	4	4
61.	Zambia	HCI, Lusaka	9	9	2	1	4	2	12	11	9	8

31.07.2026

लोक सेवकों के विरुद्ध न्यायिक कार्रवाई

2191. श्री नीरज मौर्य:

श्री सुनील बोस:

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

(क) विगत पांच वर्षों के दौरान सामने आए ऐसे मामलों की कुल संख्या कितनी है, जिनमें नियंत्रक-महालेखापरीक्षक (कैग) की लेखापरीक्षा रिपोर्टों के निष्कर्षों के आधार पर लोक सेवकों या अभिकरणों के विरुद्ध विधिक या न्यायिक कार्रवाई आरंभ की गई है ;

(ख) सरकार द्वारा कैग की रिपोर्टों के निष्कर्षों के आधार पर विधिक अनुपालन और जवाबदेही तंत्र को सुदृढ करने के लिए क्या उपाय किए गए हैं ; और

(ग) क्या सरकार का मंत्रालयों और राज्यों में कैग की सिफारिशों को प्रभावी ढंग से लागू करने के लिए कानून में संशोधन करने का विचार है?

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

(क): केंद्रीय अन्वेषण ब्यूरो ने कोयला ब्लॉकों के आवंटन और कोयला उत्पादन में वृद्धि के निष्पादन लेखापरीक्षा के संबंध में नियंत्रक एवं महालेखा परीक्षक रिपोर्ट संख्या 7/2012-2013 के आधार पर एक मामला अर्थात आरसी33/2022-ईओ-III-दिल्ली तारीख 12.07.2022 पंजीकृत किया है। जांच पूरी होने पर सक्षम न्यायालय में तारीख 31.03.2025 पर एक क्लोजर रिपोर्ट फाइल की गई थी।

(ख): नियंत्रक एवं महालेखा परीक्षक (सीएजी) के लेखापरीक्षा निष्कर्षों के संबंध में विधिक अनुपालन और जवाबदेही में सुधार करने के उपाय किए गए है । इसमें संबंधित मंत्रालयों और विभागों द्वारा सीएजी की लेखापरीक्षा रिपोर्टों की परीक्षा करना और जहां आवश्यक हो कार्रवाई नोट (एटीएनएस) तैयार करना लोक लेखा समिति (पीएसी) द्वारा सीएजी की रिपोर्टों की समीक्षा करना और फिर

अनुपालन पर नजर रखने के साथ सिफारिशें करना; मंत्रालयों और विभागों के भीतर आंतरिक लेखापरीक्षा और वित्तीय प्रबंधन प्रणालियों को मजबूत करना; अनसुलझे लेखापरीक्षा टिप्पणियों और निरीक्षण रिपोर्टों का समय-समय पर पुनर्विलोकन करना; वित्तीय शासन, आंतरिक नियंत्रण और सामान्य वित्तीय नियमों (जीएफआर), वित्तीय शक्तियों के नियमावली (डीएफपीआर) और अन्य सुसंगत वित्तीय अनुदेश के अनुपालन को बढ़ाने के लिए व्यय विभाग और अन्य उपयुक्त अधिकारियों द्वारा प्रशासनिक अनुदेश का जारी करना; और सुसंगत विधिक ढांचे शामिल है ;

(ग): ऐसा कोई प्रस्ताव नहीं है।

पोषण 2.0 के अंतर्गत निधि का आवंटन

2192. श्री देवेश शाक्यः
सुश्री इकरा चौधरीः
श्री लालजी वर्माः
श्री बाबू सिंह कुशवाहाः
श्री नीरज मौर्यः

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

(क) पोषण 2.0 के अंतर्गत उत्तर प्रदेश में आवंटित निधि में से प्रशासनिक/प्रचारात्मक कार्यकलापों और वास्तविक पोषण सुधार पर अलग-अलग व्यय की गई निधि का अनुपात कितना है;

(ख) क्या ग्रामीण क्षेत्रों में जातिगत और सामाजिक भेदभाव के कारण दलित और पिछड़ा वर्ग बहुल बस्तियों के बच्चे उक्त कारणवश पोषण ट्रैकर और केंद्रों के लाभों से वंचित रह जाते हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) बच्चों के लिए पौष्टिक भोजन तैयार करने वाले आधुनिक केंद्रों/कुटीर उद्योगों की स्थापना करने तथा स्थानीय स्तर पर शिक्षित ग्रामीण युवाओं को इसके साथ जोड़ने के प्रस्ताव का ब्यौरा क्या है; और

(घ) क्या सरकार ने करोड़ों रुपये व्यय होने के बावजूद जमीनी स्तर पर बच्चों में कुपोषण और एनीमिया की दर में कोई वास्तविक कमी न आने के कारणों का पता लगाने के लिए कोई स्वतंत्र संपरीक्षा कराई है?

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

(क) से (घ): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 एक सार्वभौमिक स्वयं चयन की जाने वाली व्यापक योजना है जो 6 वर्ष से कम उम्र के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और पूर्वोत्तर राज्यों तथा आकांक्षी जिलों में किशोरियों (14-18 वर्ष की आयु) सहित देश के सभी पात्र लाभार्थियों हेतु उपलब्ध है। इस मिशन को जाति और सामाजिक भेदभाव के निरपेक्ष सभी लाभार्थियों हेतु क्रियान्वित किया जा रहा है। प्रत्येक लाभार्थी जो ई-केवाईसी प्रक्रिया और चेहरे की पहचान प्रणाली (एफआरएस) से गुजरने का इच्छुक है, वह योजना का लाभ प्राप्त करने का पूरी तरह से हकदार है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, वित्तीय वर्ष 2025-26 के दौरान उत्तर प्रदेश राज्य के लिए 2145.42 करोड़ रुपये जारी किए गए हैं।

उत्तर प्रदेश राज्य सरकार द्वारा दी गई जानकारी के अनुसार इसे पूरक पोषण के उत्पादन के लिए एक विकेन्द्रीकृत कार्यान्वयन तंत्र अपनाया है। टेक-होम राशन (टीएचआर) का उत्पादन मुख्य रूप से उत्तर प्रदेश राज्य ग्रामीण आजीविका मिशन (यूपीएसआरएलएम) के तहत, महिला स्व-सहायता समूहों (एसएचजी) के माध्यम से राज्य सरकार की अनुमोदित नीति के अनुसार किया जाता है। इसके अलावा, 21,796 आंगनवाड़ी केंद्रों को आधुनिक सुविधाओं के साथ 'सक्षम आंगनवाड़ी' के रूप में उन्नयन किया गया है।

नीति आयोग द्वारा 2020 में पोषण अभियान का एक तृतीय-पक्ष मूल्यांकन और प्रभाव आकलन किया गया था तथा देश में कुपोषण से निपटने के लिए इसकी प्रासंगिकता को संतोषजनक

पाया गया है। नीति आयोग ने 2025 में मिशन सक्षम आंगनवाड़ी और पोषण 2.0 का परिणाम-आधारित मूल्यांकन भी किया है। संस्थागत आकलन और घरेलू सर्वेक्षणों के साक्ष्यों से पता चलता है कि अपने वर्तमान स्वरूप में, मिशन पोषण 2.0 एक समेकित और मजबूत दृष्टिकोण के साथ पूर्ववर्ती कार्यक्रमों को आगे बढ़ाते हुए कुपोषण से समग्र रूप से निपटने और बाल विकास को बढ़ावा देने के लिए सरकार के नवीनतम प्रयास को दर्शाता है। इसके अलावा, सूक्ष्म पोषक तत्वों की दिशा में, 6-59 माह की आयु के बच्चों में एनीमिया की व्याप्तता में 8.5 प्रतिशत की गिरावट आई है जो पूरक पोषण कार्यक्रम और संबंधित कार्यकलापों के तहत आयरन-फोलिक एसिड संपूर्ण, फोर्टिफाइड खाद्य पदार्थों के संभावित प्रभाव और बेहतर पहुंच को दर्शाता है।

FERTILIZER CAPACITY EXPANSION IN ODISHA

2193. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

(a) whether the Government has undertaken any assessment for expanding domestic urea and phosphatic & potassic (P&K) fertilizer manufacturing capacity in eastern India to strengthen long-term fertilizer security and reduce logistics costs, if so, the details thereof;

(b) whether in view of its post infrastructure, mineral resources and industrial ecosystem, Odisha has been identified for establishment/expansion of fertilizer manufacturing units or associated downstream facilities, if so, the details thereof;

(c) the measures being taken to strengthen fertilizer storage, distribution infrastructure and advance buffer stocking in the said State, particularly for the Kharif season; and

(d) the details of investments proposed by the Government and Public Sector Undertakings to strengthen the fertilizer value chain and promote Atmanirbhar Bharat in the sector 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), (b) and (d): To enhance the domestic urea production, 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 in Odisha 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 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, with regard to 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 NBS Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/ manufacture these fertilizers/raw materials as per their business dynamics. The NBS scheme is implemented uniformly on pan-India basis including state of Odisha and no regional differentiation is made.

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.

(c): Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.

On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability. The availability of fertilizers has remained adequate across the States during the ongoing Kharif 2026 season.

Further, the details regarding the requirement, availability, sales and buffer stock (closing stock) of fertilizers, viz. Urea, DAP, MOP, and NPKS during the ongoing Kharif 2026 season in the State of Odisha are as under:

ODISHA					
AVAILABILITY OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 26.07.26)					
fig. in LMT					
S. No.	**Product**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 26.07.26**
1	UREA	2.97	4.29	1.93	2.36
2	DAP	1.33	1.60	0.91	0.70
3	MOP	0.59	0.79	0.24	0.55
4	NPKS	1.82	2.28	0.94	1.34

31.07.2026

विधिक व्यवसाय के लिए राष्ट्रीय डिजिटल रजिस्ट्री

2194. श्री चंदन चौहान :

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

(क) क्या सरकार ने देश में अधिवक्ताओं के लिए एक राष्ट्रीय डिजिटल रजिस्ट्री और प्रत्येक अधिवक्ता के लिए एक विशिष्ट डिजिटल पहचान की आवश्यकता और व्यवहार्यता के संबंध में कोई अध्ययन या समीक्षा की है ;

(ख) क्या फर्जी अधिवक्ताओं या कानून की फर्जी डिग्रियों के आधार पर वकालत करने वाले व्यक्तियों के मामले सरकार या बार काउंसिल ऑफ इंडिया के संज्ञान में आए हैं और क्या इस समस्या की व्यापकता के संबंध में कोई अध्ययन किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं ;

(ग) क्या सरकार का यह विचार है कि राष्ट्रीय डिजिटल रजिस्ट्री और वास्तविक समय सत्यापन प्रणाली में फर्जी अधिवक्ताओं पर प्रभावी रूप में अंकुश लगाने तथा आम नागरिकों के हितों की रक्षा करने में मदद मिलेगी ;

(घ) क्या सरकार इस संबंध में बार काउंसिल ऑफ इंडिया, राज्य बार काउंसिल और अन्य संबंधित संस्थाओं के साथ विचार-विमर्श कर रही है ; और

(ङ) यदि हां, तो तत्संबंधी ब्यौरा, कार्ययोजना और इसकी समय-सीमा क्या है ?

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

(क) से (ङ): भारतीय विधिज्ञ परिषद्, समय-समय पर, अधिवक्ताओं के लिए राष्ट्रीय डिजिटल रजिस्ट्री और देश में अधिवक्ताओं के लिए एक विशिष्ट डिजिटल पहचान से संबंधित मामलों पर विचार करती रही है, जिसमें वृत्तिक अभिलेखों के रखरखाव, विधि की डिग्रियों और नामांकन विवरणों तथा

संबंधित प्राधिकारियों के बीच आपसी सामंजस्य जैसे मुद्दे सम्मिलित हैं। विधिज्ञ परिषदों के संज्ञान में, समय-समय पर, अमान्य नामांकन विवरणों और विधि की डिग्रियों से संबंधित मामले और शिकायतें लाई गई हैं । भारतीय विधिज्ञ परिषद् ने प्रमाणपत्र और अभ्यास स्थल (सत्यापन) नियम, 2015 अधिसूचित किए हैं और वह राज्य विधिज्ञ परिषदों, विश्वविद्यालयों, परीक्षा बोर्डों तथा अन्य संबंधित पणधारियों से परामर्श कर रही है और लागू सांविधिक और प्रशासनिक अपेक्षाओं के अनुसार ऑनलाइन नामांकन, सत्यापन और वृत्तिक अभिलेखों के एकीकरण से संबंधित तकनीकी और प्रशासनिक पहलुओं का परीक्षण कर रही है।

GROWTH IN AYUSH AND HERBAL PRODUCTS EXPORT

2195. SHRI GANESH SINGH:

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

(a) the details of the growth achieved in AYUSH and herbal products exports since 2014 along with the contribution of AYUSH Export Promotion Council (AYUSHEXCIL) and its collaboration with the Spices Board of India towards export promotion, quality assurance and global branding;

(b) the details of the roadmap of the Government for substantially expanding AYUSH exports by 2030, including initiatives for market diversification, value addition and international competitiveness;

(c) the measures being taken by the Government to ensure compliance with international quality, phytosanitary and heavy metal standards for

accessing major export markets such as the European Union and the United States; and

(d) the steps being taken by the Government to integrate Madhya Pradesh's medicinal plant growers, Farmer Producer Organisations (FPOs) and processing units, particularly in the Satna– Maihar–Chitrakoot (Vindhya) region, into the AYUSH export value chain?

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

(a): As per the data maintained by the Directorate General of Commercial Intelligence and Statistics (DGCIS), the details of the growth achieved in Ayush and herbal products exports since 2014 are given in the enclosed **Statement.**

Ayush Export Promotion Council (AYUSHEXCIL) has signed a Memorandum of Understanding (MoU) with the Spices Board of India on 25.05.2026. The objective of this MoU is to establish a collaborative framework for strengthening India's global leadership in functional foods, nutraceuticals, herbal extracts, and value-added Ayush and spice-based products. The MoU also aims to facilitate export promotion, market development, and quality standardization of Indian medicinal spices and Ayush based products in international markets.

(b): Ministry of Ayush is implementing a Central Sector Scheme, namely Promotion of International Cooperation for Ayush including Ayurveda, Yoga,

Unani, Siddha, and Homoeopathy. Under this scheme, the Ministry provides support to Indian Ayush drug Manufacturers/ Ayush Service providers to give boost to the export of Ayush products and services; facilitates the International promotion, development and recognition of Ayush systems of medicine; foster interaction of stakeholders and market development of Ayush at international level; promote academics and research through the establishment of Ayush Academic Chairs in foreign countries and holding training workshop/symposiums for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level.

Further, Ministry of Ayush has signed 27 Country to Country MoUs, 16 Ayush Chair MoUs and 57 Institute to Institute level MoUs for the international promotion and propagation of Ayush systems of medicine.

(c): The Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), a subordinate organization under Ministry of Ayush, develops pharmacopoeial standards and lays down the 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. These quality standards also prescribe the permissible limits of Heavy Metals as per World Health Organization (WHO) guidelines. Compliance to these quality standards are mandatory for the production of Ayush drugs being manufactured, sold and

stocked in India. Implementation of these pharmacopoeial standards ensures that the medicines conform to optimum quality standards in terms of identity, purity, and strength. 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.

2. 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 World Health Organization Good Manufacturing Practices (WHO-GMP) and National Accreditation Board for Testing and Calibration Laboratories (NABL) respectively.

3. In addition, the Ministry of Ayush has undertaken the following initiatives to promote quality assurance and certification of Ayush products:

- 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 and CDSCO.
- 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.
- Ayurveda and Yoga has 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.

(d): Government has no specific steps to integrate Madhya Pradesh's medicinal plant growers, Farmer Producer Organisations (FPOs) and processing units, particularly in the Satna– Maihar–Chitrakoot (Vindhya) region, into the Ayush export value chain.

However, to provide a platform for trade of Medicinal Plants (MPs) and easy market access, National Medicinal Plants Board (NMPB) under Ministry of Ayush 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 medicinal plants from 25 herbal markets across India.

In order to provide 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 department) is shared with all State Implementing Agencies and Regional-cum-Facilitation Centres (RCFCs) supporting cultivation of medicinal plants.

STATEMENT

The details of the growth achieved in Ayush and herbal products exports since 2014 are as follows:

S. No	Year	Ayush and herbal products Value in US$	Growth % (Approx.)
1.	2014-15	354681884	-
2.	2015-16	363997122	3%
3.	2016-17	401684817	10%
4.	2017-18	456120626	14%
5.	2018-19	448072586	-2%
6.	2019-20	428075006	-4%
7.	2020-21	539878089	26%
8.	2021-22	612124787	13%
9.	2022-23	628541727	3%
10.	2023-24	651172561	4%
11.	2024-25	689341412	6%

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

Note: Growth %=(New Value−Old Value /Old value) x 100

USE OF BIOMETRIC ATTENDANCE SYSTEM IN PHCs

2196. SHRI ARVIND GANPAT SAWANT:

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

(a) whether the Government tracks the performance of Primary Health Centres (PHCs) using biometric attendance or similar mechanisms to monitor the regular presence of healthcare staff, if so, the details of its pan-India coverage;

(b) the number of PHCs that have successfully achieved National Quality Assurance Standards (NQAS) certification during the last two years;

(c) the number of PHCs which have been fully integrated into the Ayushman Bharat Digital Mission (ABDM) framework to maintain digital health registries and interoperable electronic health records; and

(d) the volume and nature of public grievances received regarding non-functional or understaffed PHCs through central portals like the Centralised Public Grievance Redress and Monitoring System (CPGRAMS) and the average turnaround time taken by the Government to resolve them?

THE MINISTER 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’ & ‘Hospitals’ are State subject. The primary responsibility for monitoring the performance of Primary Health Centres (PHCs) and ensuring regular presence of health care staff through biometric attendance or similar mechanisms lies with respective States/UTs.

However, Government of India has issued a letter dated 20th September, 2024 to all States to implement IT-enabled attendence systems at health facilities to streamline the attendance process, reduce administrative burdens, and provide accurate data for performance evaluation, ensuring that staff are fulfilling their duties effectively and consistently by leveraging technology.

As per the information provided by states/ UTs, Odisha, Andhra Pradesh, Uttar Pradesh, Madhya Pradesh and Chandigarh are using contactless/ Facial Recognition systems. Jharkhand, Himachal Pradesh, Jammu and Kashmir and Haryana have Biometric Attendance Systems in place.

A total of 1,535 PHCs and 1,927 PHCs achieved the National Quality Assurance Standards (NQAS) certification during FY 2024–25 and FY 2025–26, respectively.

As on 27th July 2026, 15,204 PHCs are using Ayushman Bharat Digital Mission (ABDM)-enabled HMIS, which enables them to create, share and access inter-operable health records under ABDM.

The Ministry receives public grievances related to healthcare services and public health facilities through the Centralised Public Grievance Redress and Monitoring System (CPGRAMS) portal. These grievances are examined, evaluated and addressed on case-to-case basis.

MINI MULTI-PURPOSE PORT IN MAYILADUTHURAI

2197. KUMARI SUDHA R.:

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

(a) whether the Government has any plan to set up a mini multi-purpose port in Mayiladuthurai Parliamentary Constituency which has more than 75 km. coastline and given the rich maritime trade legacy of this part of the east coast;

(b) whether the Government proposes to conduct a survey to study the feasibility of a mini multi-purpose port in at least Tranquebar and Poompuhar as they are ideal for miniports;

(c) whether there is any study being done or proposed to consider the trade, tourism, business and shipbuilding potential of the coasts of Mayiladuthurai Constituency; and

(d) whether the Government has any proposal to study the possibility of creating a short-stop navigation route along the east coast connecting big, medium and small ports on the east coast for domestic trade?

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

(a) and (b): Ports other than Major Ports (OTMP), 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. As per information furnished by the Government of Tamil Nadu, the

existing ports at Nagapattinam, Karaikal and Thirukkadaiyur are adequately serving the maritime and logistics requirements of Mayiladuthurai region and surrounding districts. Accordingly, there is no proposal at present for development of a mini multi-purpose port at Mayiladuthurai, including at Tranquebar (Tharangambadi) or Poompuhar and no survey or feasibility study for the same is under consideration.

(c) and (d): No such proposal is under consideration.

AVAILABILITY AND PRICING OF ESSENTIAL MEDICINES

2198. SHRI PUSHPENDRA SAROJ:
ADV. PRIYA SAROJ:

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

(a) whether shortages of essential medicines were faced during the previous year, if so, the details thereof, along with the reasons therefor, including issues relating to production, pricing or distribution, State/district-wise, particularly for Uttar Pradesh;

(b) the details of inspections conducted and action taken by the National Pharmaceutical Pricing Authority against manufacturers and distributors for overcharging, non-compliance with price control orders/disruption in the supply of scheduled medicines, State/district-wise for Uttar Pradesh;

(c) whether the Government has assessed the availability, quality and affordability of generic medicines across the country, if so, the details thereof, State-wise; and

(d) the measures taken to ensure uninterrupted supply of affordable essential medicines and prevent shortages?

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

(a) to (d): The National Pharmaceutical Pricing Authority (NPPA) under the Department of Pharmaceuticals monitors the availability of drugs including generic drugs, identifies shortages, if any, and takes remedial steps to ensure availability of drugs to the consumers. As and when the reports of shortages of particular drug(s) in any part of the country are received through various sources including Price Monitoring and Resource Units set up in States (including Uttar Pradesh), NPPA coordinates with the State Government authorities and companies manufacturing the specific medicines to ensure that the shortages are addressed. During the last one year, NPPA, allowed a one-time increase in the ceiling prices of four medicines namely, Carboplatin Injection 10 mg/ml, Cisplatin Injection 1 mg/ml, Anti-Tetanus Immunoglobulin 250 IU and Anti-Tetanus Immunoglobulin 500IU by 50% based on the feedback received from public health authorities and companies regarding their severe shortages.

NPPA also monitors the compliance with the provisions of the DPCO, 2013 and takes appropriate action on cases of overcharging and other violations, in accordance with the provisions of DPCO, 2013. Till 31.03.2026, NPPA has initiated action in 2737 cases of overcharging. The detailed list of overcharging cases where demand notices have been issued is available on NPPA website (https://nppa.gov.in). Further, NPPA does not maintain state-wise record of overcharging by pharmaceutical companies.

Further, with an objective of making quality generic medicines available at affordable prices to all especially for the poor and the deprived ones, quality generic medicines are provided under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) of the Department through more than 20,000 dedicated outlets known as Jan Aushadhi Kendras (JAKs) at rates that are typically 50% to 80% cheaper than branded medicines. In order to address any supply gaps and ensure smooth supply and availability of affordable generic medicines at JAKs under PMBJP, 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.

In addition, various other measures taken by the Government to improve the availability, affordability and accessibility of essential medicines across the country are as under:

(i) 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.

(ii) 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.

(iii) 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.

(iv) 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.

MONITORING OF ESSENTIAL MEDICINES IN HOSPITALS

2199. SHRI C. N. ANNADURAI:
SHRI G. SELVAM:
DR. RANI SRIKUMAR:

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

(a) whether the Government has made any assessment regarding the availability and uninterrupted supply of essential medicines in Government hospitals, Primary Health Centres and Pradhan Mantri Bhartiya

Janaushadhi Kendras (PMBJKs) in Tamil Nadu during the last three, years if so, the details thereof, year-wise;

(b) the details of the mechanism put in place to monitor the availability, stocking and timely replenishment of essential medicines in healthcare facilities in Tamil Nadu;

(c) whether any steps have been taken to strengthen the procurement, storage and distribution of essential medicines to ensure uninterrupted availability in urban and rural areas of the State, if so, the details thereof;

(d) whether additional PMBJKs have been sanctioned/proposed to be established in underserved areas of the said State; and

(e) the measures being taken to ensure the continuous availability of quality essential medicines at affordable prices 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 (e): As per information provided by Ministry of Health and Family Welfare (MoH&FW), to ensure availability of essential drugs and reduce the Out-of-Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under National Health Mission (NHM). Under this, financial support is provided to States / Union Territories for provision of free essential medicines in public health facilities based

on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

MoH&FW has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities:

I. Sub Health Centre Ayushman Arogya Mandir (SHC-AAMs) - 113
II. Primary Health Centre Ayushman Arogya Mandirs (PHC-AAMs) - 179
III. Community Health Centers (CHCs) - 301
IV. Sub-District Hospital - 318
V. District Hospital (DHs) - 381

Support under the scheme is available for procurement of drugs and strengthening /setting up robust systems of procurement, Quality Assurance, supply chain management and warehousing, prescription audit, grievance redressal, dissemination of Standard Treatment guidelines and establishment of IT enabled platform DVDMS (Drugs & Vaccine Distribution Management System) for monitoring the real status of procurement and availability of essential medicines. To facilitate the monitoring of supply chain management activity at National level, a Central Dashboard has been developed.

Also, under NHM, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes including FDSI.

Quality of drugs procured, under FDSI is ensured through the operational guidelines of the initiative that:-

I. All drugs must be sourced from Good Manufacturing Practices (GMP) compliant manufacturers through robust procurement mechanism.

II. Post supply testing of every batch before distributing to the health facilities.

Pharmaceuticals & Medical Devices Bureau of India (PMBI), the implementing agency of the PMBJP scheme, continuously monitors the availability of medicines including essential medicines at Jan Aushadhi Kendras, (JAKs) including those operating in Tamil Nadu.

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.

With a view to further expand the coverage of the scheme, the Government has set a target to open 25,000 JAKs by March 2027. Government has adopted a franchise-like model for opening of Jan Aushadhi Kendras (JAKs). Any individual entrepreneurs, non-governmental organisations, societies, trusts, firms, private companies, etc., can apply for opening of Jan Aushadhi Kendras, through the scheme's website (www.janaushadhi.gov.in) across the country including those in Tamil Nadu. To facilitate opening of Jan Aushadhi Kendras in the underserved areas, PMBI is regularly writing letters to the concerned administration/district magistrate for providing free space to the applicants in government hospitals.

The product basket under the Pradhan Mantri Bhartiya Janaushadhi Yojna has 2,110 medicines and 315 surgicals, medical consumables and devices, covering all major therapeutic groups, such as cardiovascular, anti-cancer, anti-diabetic, anti-infectives, anti-allergic and gastro-intestinal medicines and nutraceuticals. Almost all generic medicines included in the National List of Essential Medicines, except lab reagents and vaccines, are part of this product basket. Continuous monitoring and appropriate corrective measures are

undertaken to minimize stock shortage and ensure availability of essential medicines across the country including the Tamil Nadu.

ASSESSMENT OF AYUSH WELLNESS CENTRES

2200. SHRI RAMASAHAYAM RAGHURAM REDDY:

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

(a) whether the Government has reviewed the implementation of Yoga, Ayurveda and other AYUSH wellness centres established under Central schemes and if so, the details thereof;

(b) the total number of centres currently functional across the country, State/UT-wise;

(c) whether any independent assessment has been carried out regarding public utilisation and health outcomes of these centres and if so, the details thereof;

(d) whether several sanctioned projects remain incomplete due to delays in fund release or administrative bottlenecks and if so, the details thereof; and

(e) the action taken by the Government to improve accessibility, staffing and accountability in AYUSH Institutions 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): Under Centrally Sponsored Scheme National Ayush Mission (NAM), as per the proposals received from State / UT Governments through their State Annual Action Plans (SAAPs), 12500 units of existing Ayush Dispensaries and Sub Health Centres (SCs) has been upgraded for operationalisation as Ayush Health & Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) [(AAM(Ayush)]. The State/UT-wise status of approved and functional AAM (Ayush) is given in the enclosed **Statement-I.** Further, as reported by State/UT Governments, the State/UT-wise number of beneficiaries availed the services through AAM (Ayush) from year 2021 to 2025 is given in the enclosed **Statement-II**.

Further, there are third party review by NITI Aayog and also NABH assessment besides visit by the Central team in different States/UTs to review the implementation progress of different activities/services being provided by established AAM (Ayush) for holistic healthcare of the community. It has been observed by visiting teams that footfall of the beneficiaries visiting to the AAM (Ayush) has been subsequently increased after upgradation of Ayush Dispensaries/Sub health centres into AAM (Ayush) because in addition to OPD services, these facilities are also providing various other services like Prakriti Parikshan, Yoga related activities at the level of facility as well as community, awareness about uses of common medicinal plants etc.

(d): Under NAM, as per the proposals received from State/UTs through SAAPs, different projects including Integrated Ayush hospitals, Ayush Education Institutions (AEIs), etc. have been approved. However, actual implementation of NAM Scheme lies with respective State/UT Government, the issues related to administrative bottlenecks are being managed at their level. Further, Department of Expenditure, Ministry of Finance, had issued different guidelines time to time regarding procedure for release of funds under Centrally Sponsored Scheme and monitoring utilization of the funds released. As per these issued guidelines, sometime States were unable to fulfil the conditonalities and thus hurdle had been faced in release of subsequent instalment of grant for sanctioned projects.

(e): Under NAM, Ministry of Ayush is supporting the efforts of State /UT Governments by providing financial assistance for infrastructural development to improve accessibility of Ayush services, in addition to it, support is also provided with respect to manpower as per NAM guidelines for smooth functioning of Ayush services in the field through Ayush institutions across the country.

STATEMENT-I

The State/UT wise status of approved and functional Ayushman Arogya Mandir (AAM) (Ayush) and their beneficiaries:

Sl.	Name of States/UTs	Approved AAM	Functional AAM
1	Andaman & Nicobar Islands	6	6
2	Andhra Pradesh	126	126
3	Arunachal Pradesh	89	89

4	Assam	500	500
5	Bihar	294	294
6	Chandigarh	12	12
7	Chhattisgarh	400	400
8	Delhi	0	0
9	Dadra & Nagar Haveli and Daman & Diu	1	1
10	Goa	100	100
11	Gujarat	365	365
12	Haryana	538	538
13	Himachal Pradesh	740	740
14	Jammu & Kashmir	523	523
15	Jharkhand	745	745
16	Karnataka	376	376
17	Kerala	700	700
18	Ladakh	0	0
19	Lakshadweep	7	7
20	Madhya Pradesh	800	800
21	Maharashtra	390	390
22	Manipur	15	15
23	Meghalaya	45	45
24	Mizoram	41	41
25	Nagaland	49	49
26	Odisha	422	422
27	Puducherry	4	4
28	Punjab	158	158
29	Rajasthan	2019	2019
30	Sikkim	18	18
31	Tamil Nadu	650	650
32	Telangana	421	421
33	Tripura	72	72
34	Uttar Pradesh	1034	1034
35	Uttarakhand	300	300
36	West Bengal	540	540
Total		**12500**	**12500**

31.07.2026

STATEMENT-II

State/UT-wise number of beneficiaries availed the services through AAM (Ayush) from year 2021 to 2025:

Sl. No.	State / UT	2021	2022	2023	2024	2025	TOTAL
1	Andaman & Nicobar Islands	0	11090	7982	9181	10648	38901
2	Andhra Pradesh	0	404115	703804	713523	617043	2438485
3	Arunachal Pradesh	1401	25278	55348	71249	78589	231865
4	Assam	0	28092	313319	3343870	6567817	10253098
5	Bihar	103269	194960	231661	291037	740783	1561710
6	Chandigarh	142899	200235	127474	120426	108832	699866
7	Chhattisgarh	140285	1281136	2356871	2346115	2483446	8607853
8	Dadra & Nagar Haveli and Daman & Diu	0	0	2670	26912	26648	56230
9	Delhi	0	0	0	0	0	0
10	Goa	19180	53324	254962	366284	360763	1054513
11	Gujarat	951290	1578001	6333646	5807405	1652306	16322648
12	Haryana	2322803	2514230	2658480	2473949	3516138	13485600
13	Himachal Pradesh	588655	736738	2331404	2342366	2523856	8523019
14	Jammu & Kashmir	0	2685966	3018269	2412595	2222007	10338837
15	Jharkhand	123705	187363	1487747	2691204	3007433	7497452
16	Karnataka	606296	763257	1660552	1896859	1833580	6760544
17	Kerala	1525596	5829043	6672089	8344225	7256661	29627614
18	Ladakh	0	0	0	0	0	0
19	Lakshadweep	8726	38515	55723	42215	52428	197607
20	Madhya Pradesh	1274788	1601107	2590895	4611884	5592863	15671537
21	Maharashtra	726140	764615	1073779	1517652	2072216	6154402
22	Manipur	737	946	5301	13853	21617	42454
23	Meghalaya	0	0	37950	52198	85332	175480
24	Mizoram	10060	34195	94639	126325	134773	399992
25	Nagaland	1498	21480	38444	40948	46224	148594
26	Odisha	901085	6820072	1732981	2595883	2871953	14921974
27	Puducherry	35557	57237	58978	62705	36344	250821
28	Punjab	0	0	0	767453	769821	1537274
29	Rajasthan	1775405	8396431	17740280	39066293	48319142	115297551
30	Sikkim	20778	35094	44061	47806	52697	200436
31	Tamil Nadu	30555959	25456637	11287166	13826356	14331878	95457996
32	Telangana	3833738	2358802	2913265	2061093	1858894	13025792
33	Tripura	0	0	55385	103439	155071	313895
34	Uttar Pradesh	3759536	13245767	16445963	12427257	12058512	57937035
35	Uttarakhand	163669	445740	1706811	1352831	1181869	4850920
36	West Bengal	1164213	8431205	4816907	3677126	3827432	21916883
	Total	**50757268**	**84200671**	**88914806**	**115650517**	**126475616**	**465998878**

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JAN AUSHADHI KENDRAS IN ASSAM

2201. SHRI GAURAV GOGOI:

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

(a) the number of Jan Aushadhi Kendras (JAKs) currently operational in Assam, district-wise;

(b) the number of districts having no JAKs in the said State till date;

(c) the number of JAKs specifically located within/adjacent to tea estate areas in plantation districts of the said State; and

(d) the total value of medicines sold through these Kendras in the said State during the last five years, 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) and (b): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme, a total of 202 Jan Aushadhi Kendras have been opened in the State of Assam as on 30.06.2026. The district-wise number of JAKs opened is at STATEMENT. 3 districts viz. Bajali, Tamulpur and West Karbi Anglong in the State of Assam do not have any operational Jan Aushadhi Kendra.

(c): No such data of Jan Aushadhi kendras are maintained specifically for tea estate areas.

(d): Financial year-wise details of sales of Jan Aushadhi medicines being sold through Jan Aushadhi Kendras in the State of Assam during the last five financial years are as under:-

Sl. No.	Financial Year	Sales at MRP (₹ in crore)
1.	2021-22	5.17
2.	2022-23	6.51
3.	2023-24	8.08
4.	2024-25	11.56
5.	2025-26	18.56
Total		49.88

District-wise data of sale of Jan Aushadhi Medicines is not maintained.

STATEMENT

District-wise number of JAKs opened as on 30.06.2026 in Assam

Sl. No.	Name of the district	No. of JAKs
1	Barpeta	4
2	Bongaigaon	4
3	Cachar	40
4	Darrang	3
5	Dhemaji	6
6	Dhubri	6
7	Dibrugarh	13
8	Goalpara	4
9	Golaghat	3
10	Hailakandi	9
11	Jorhat	4
12	Kamrup	7
13	Karbi Anglong	2
14	SRIBHUMI	17
15	Kokrajhar	4
16	Lakhimpur	2
17	Marigaon	5
18	Nagaon	14
19	Nalbari	3
20	Dima Hasao	1

21	Sivasagar	2
22	Sonitpur	5
23	Tinsukia	8
24	Chirang	4
25	Baksa	1
26	Udalguri	2
27	Kamrup Metro	19
28	Biswanath	2
29	Majuli	2
30	South Salmara Mancachar	2
31	Charaideo	2
32	Hojai	2
Grand Total		**202**

जिला अस्पतालों और चिकित्सा महाविद्यालयों का उन्नयन

2202. श्रीमती अनिता नागरसिंह चौहान:

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

(क) क्या सरकार को इस बात की जानकारी है कि संसदीय क्षेत्र संख्या 24 (रतलाम-झाबुआ-अलीराजपुर, मध्य प्रदेश) के जनजाति बहुल जिलों में विशेषज्ञ चिकित्सकों, चिकित्सा शिक्षा और स्वास्थ्य सुविधाओं की उपलब्धता सीमित है;

(ख) यदि हां, तो उक्त संसदीय क्षेत्र में जिला अस्पतालों को चिकित्सा महाविद्यालयों में उन्नत करने या नए सरकारी चिकित्सा महाविद्यालय स्थापित करने के लिए विगत दो वर्षों के दौरान प्राप्त प्रस्तावों की वर्तमान स्थिति क्या है तथा सरकार द्वारा स्वीकृत या उसके विचाराधीन परियोजनाओं का जिला-वार ब्यौरा क्या है;

(ग) क्या सरकार उक्त जनजातीय जिलों में चिकित्सा शिक्षा और तृतीयक स्वास्थ्य देखभाल सेवाओं को सुदृढ़ करने के लिए किसी विशेष योजना के कार्यान्वयन पर विचार कर रही है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा सरकार द्वारा उक्त संसदीय क्षेत्र से प्राप्त पात्र प्रस्तावों के शीघ्र अनुमोदन के लिए क्या कार्रवाई की जा रही है?

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

(क) से (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय, 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए चिकित्सा महाविद्यालयों की स्थापना' के लिए केंद्रीय प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों को वरीयता दी जाती है, जहाँ कोई मौजूदा सरकारी या निजी चिकित्सा महाविद्यालय नहीं है। केंद्र और राज्य सरकारों के बीच निधि साझाकरण की व्यवस्था पूर्वोत्तर और विशेष श्रेणी राज्यों के लिए 90:10 तथा अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के तहत, मध्य प्रदेश में चौदह (14) मेडिकल कॉलेजों सहित सभी 157 प्रस्तावित सरकारी चिकित्सा महाविद्यालयों को अनुमोदन दे दिया गया है। इनमें से छह (06) चिकित्सा महाविद्यालय आदिवासी बहुल इलाकों में हैं। मध्य प्रदेश में अनुमोदित चिकित्सा महाविद्यालयों का ब्यौरा संलग्न **विवरण** में दिया गया है।

चूंकि जन स्वास्थ्य राज्य का विषय हैं, इसलिए विशेषज्ञ डॉक्टरों की उपलब्धता सुनिश्चित करने की मुख्य ज़िम्मेदारी संबंधित राज्य सरकार की है। तथापि, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, डॉक्टरों और स्वास्थ्य कर्मियों की कमी के प्रभाव को कम करने के लिए उन्हें देश के ग्रामीण और दूर-दराज़ के इलाकों में काम करने के लिए प्रोत्साहित करने के प्रयोजनार्थ कई तरह के प्रोत्साहन और मानदेय दिए जाते हैं:

i. ग्रामीण और दूरदराज के क्षेत्रों में सेवा करने वाले विशेषज्ञ चिकित्सकों को दुर्गम क्षेत्र भत्ता और उनके आवासीय क्वार्टरों के लिए भत्ता प्रदान किया जाता है।

ii. ग्रामीण और दूरदराज के क्षेत्रों में सीज़ेरियन सेक्शन करने के लिए विशेषज्ञों की उपलब्धता बढ़ाने हेतु स्त्रीरोग विशेषज्ञों/ आपातकालीन प्रसूति परिचर्या (ईएमओसी) प्रशिक्षित, बालरोग विशेषज्ञों और एनेस्थेटिस्ट/ जीवन रक्षक एनेस्थीसिया कौशल (एलएसएएस) प्रशिक्षित चिकित्सकों को मानदेय भी प्रदान किया जाता है।

iii. चिकित्सकों के लिए विशेष प्रोत्साहन, समय पर गर्भावस्था-पूर्व जाँच (एएनसी) और रिकॉर्डिंग सुनिश्चित करने के लिए सहायक नर्स और मिडवाइफ (एएनएम) के लिए प्रोत्साहन, किशोर प्रजनन और यौन स्वास्थ्य संबंधी कार्यकलाप के लिए प्रोत्साहन प्रदान किए जाते हैं।

iv. राज्यों को, विशेषज्ञों को आकर्षित करने के लिए परस्पर सहमति से तय वेतन देने की भी अनुमति है, जिसमें "यू कोट, वी पे" जैसी कार्यनीतियों में लचीलापन शामिल है।

v. राष्ट्रीय स्वास्थ्य मिशन के तहत दुर्गम क्षेत्रों में सेवा कर रहे कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में प्रवेश 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 राष्ट्रीय स्वास्थ्य मिशन के तहत डॉक्टरों के बहु-कौशल को बढ़ावा दिया जाता है। स्वास्थ्य परिणामों में सुधार लाने के लिए एनआरएचएम के तहत मौजूदा मानव संसाधन का कौशल संवर्धन एक अन्य प्रमुख कार्यनीति है।

<u>विवरण</u>

'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए चिकित्सा महाविद्यालयों की स्थापना' संबंधी केंद्र-प्रायोजित योजना के तहत मध्य प्रदेश में अनुमोदित चिकित्सा महाविद्यालयों का ब्यौरा:

<u>(रुपये करोड़ में)</u>

क्र. सं.	जिलों का नाम	अनुमोदन की तिथि	अनुमोदित लागत	केंद्रीय हिस्सा
	दतिया	29.12.2014	189.00	113.40

क्र. सं.	जिलों का नाम	अनुमोदन की तिथि	अनुमोदित लागत	केंद्रीय हिस्सा
	खंडवा*	29.12.2014	189.00	113.40
	रतलाम	14.03.2016	189.00	113.40
	शहडोल*	14.3.2016	189.00	113.40
	विदिशा	14.03.2016	189.00	113.40
	छिंदवाड़ा*	03.03.2017	189.00	113.40
	शिवपुरी	04.10.2017	189.00	113.40
	सतना	15.06.2018	250.00	150.00
	राजगढ़	25.11.2019	325	195
	मंडला*	25.11.2019	325	195
	नीमच	25.11.2019	325	195
	मन्दसौर	25.11.2019	325	195
	श्योपुर	25.11.2019	325	195
	सिंगरौली*	19.02.2020	325	195

* आदिवासी-बहुल ज़िले

SCREENING FOR SICKLE CELL DISEASES IN TRIBAL AREAS

2203. SHRIMATI JUNE MALIAH:

SHRI DHAVAL LAXMANBHAI PATEL:

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

(a) the total number of individuals screened under the National Sickle Cell Anaemia Elimination Mission up in the States of Gujarat and West Bengal, district-wise;

(b) the total number of individuals diagnosed with the disease and currently receiving active medical treatment in those States, district-wise;

(c) the number of Genetic Status Cards distributed by the Government to screened individuals in the Dharampur and Kaprada talukas of Gujarat's

Valsad district to facilitate pre-marital and genetic counselling and to determine genetic compatibility; and

(d) the details of the supply chain mechanism for Hydroxyurea tablets to Primary Health Centres in remote tribal areas along with the number of patients currently receiving free therapy under the said mission?

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

(a) to (d): Under National Sickle Cell Anaemia Elimination Mission (NSCAEM), screenings in the targeted age group of 0-40 years are conducted at all health facilities from District Hospitals (DH) upto Ayushman Arogya Mandir (AAM) level in affected 17 tribal states for diagnosis of Sickle Cell Disease (SCD).

As reported by States on SCD portal, as on 26.07.2026, more than 7.26 crore screenings have been conducted in tribal dominated areas of the country and a total of 2,48,375 individuals have been identified as diseased and 20,37,733 as carriers of SCD. Number of individuals screened, identified as "Carriers" and "Patients" in Gujarat and West Bengal, as on 26.07.2026, is as follows:

S. No.	State Name	Total Screenings conducted	No. of Carrier	No. of Diseased
1	Gujarat	83,66,066	5,48,820	30,521
2	West Bengal	25,53,640	3,810	897

31.07.2026

As on 26.07.2026, more than 10.49 lakh Genetic Status Cards have been distributed to the screened individuals in the Valsad district including Dharampur and Kaprada talukas to facilitate pre-marital and genetic counselling and to determine genetic compatibility.

Hydroxyurea has been included in NHM Essential Drugs List at Sub-Health Centres, Primary Health Centres (PHC)/ Urban PHC, Community Health Centres (CHC) and DHs to address the issue of access to medicine. This Ministry provides technical and financial support to the States/UTs including Gujarat and West Bengal, for conducting screenings and procurement of drugs including Hydroxyurea and Folic Acid for sickle cell anaemia, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. To monitor the drug procurement and ensure the availability of essential medicines in public health facilities, Drugs and Vaccine Distribution Management System (DVDMS) has been launched by the Govt. of India.

Patients living with SCD are provided with the following services/ facilities for improving their quality of life through AAM- SHCs and AAM- PHCs:

- Follow-up of diseased individuals at frequent intervals.
- Counseling regarding lifestyle management, pre-marriage and pre-natal decisions.
- Nutritional supplementation support through distribution of folic acid tablets.
- Conducting yoga and wellness sessions.

- Management of crisis symptoms and referral to higher facilities.

केंद्रीय उर्वरक भंडारण डिपो की स्थापना

2204. श्री जय प्रकाश:

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

(क) क्या सरकार ने इस तथ्य पर ध्यान दिया है कि हरियाणा के हिसार लोक सभा निर्वाचन क्षेत्र में बुवाई के मौसम के दौरान किसानों को उर्वरकों की समय पर उपलब्धता सुनिश्चित करने के लिए इफ्को/एनईएल या केंद्रीय उर्वरक भंडारण डिपो (सीएफएसडी) स्थापित करने की आवश्यकता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार उक्त जिले में एक विशाल उर्वरक गोदाम/डिपो स्थापित करने या मौजूदा भंडारण क्षमता बढ़ाने के किसी प्रस्ताव पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) विगत तीन वर्षों के दौरान हरियाणा के लिए यूरिया, डीएपी और अन्य उर्वरकों के आवंटन, उपलब्धता और मांग का जिला-वार/वर्ष-वार ब्यौरा क्या है;

(घ) क्या सरकार किसानों को समय पर पर्याप्त उर्वरक उपलब्ध कराने, नकली कमी और कालाबाजारी को रोकने तथा वितरण प्रणाली को अधिक प्रभावी बनाने के लिए किसी नई कार्ययोजना को लागू करने की योजना बना रही है; और

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

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

(क) से (ङ): हरियाणा राज्य सहित राज्यों/संघ राज्य क्षेत्रों में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में उठाए जाने वाले कदम इस प्रकार हैं:

(i) प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। कृषि एवं किसान कल्याण विभाग द्वारा आकलित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरकों का यथेष्ट/पर्याप्त मात्रा में 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) तथा उत्पादन के बीच के अंतर को आयात के माध्यम से पूरा किया जाता है। समय पर उपलब्धता सुनिश्चित करने हेतु मौसम में किए जाने वाले आयात को भी पहले से ही अंतिम रूप दे दिया जाता है।

(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 पर्याप्त रेक देने, उर्वरकों को प्राथमिकता देने और रेकों की समय पर निकासी के लिए रेल मंत्रालय के साथ नियमित समन्वय बैठकें आयोजित की जाती हैं।

(vi) राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

उपर्युक्त को देखते, चल रहे खरीफ मौसम 2026 के दौरान हरियाणा राज्य में उर्वरकों नामत: यूरिया, डीएपी, एमओपी और एनपीकेएस की उपलब्धता पर्याप्त बनी रही। दिनांक 01.04.2026 से

31.07.2026

26.07.2026 तक राज्य में इन उर्वरकों की आवश्यकता, उपलब्धता, बिक्री और शेष स्टॉक के बारे में जानकारी निम्नानुसार है:-

चल रहे खरीफ मौसम 2026 के दौरान हरियाणा राज्य में उर्वरकों की स्थिति (दिनांक 01.04.26 से 26.07.2026 तक)					
आंकड़ें एलएमटी में					
क्र. सं.	**उत्पाद**	**आवश्यकता**	**उपलब्धता**	**बिक्री**	**दिनांक 26.07.2026 तक शेष स्टॉक**
1	**यूरिया**	6.38	9.89	7.77	2.13
2	**डीएपी**	1.30	1.63	1.20	0.44
3	**एमओपी**	0.42	0.38	0.14	0.24
4	**एनपीकेएस**	0.33	0.43	0.16	0.27
1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता					
2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री					

इसके अलावा**,** हरियाणा में पिछले **3** वर्षों के लिए जिलावार उर्वरक उपलब्धता की स्थिति के बारे में जानकारी**,** जैसा कि राज्य कृषि विभाग द्वारा सूचित किया गया है, संलग्न **विवरण** में दी गई है।

इसके अलावा, उर्वरकों की कालाबाजारी, जमाखोरी, विपथन और अन्य कदाचारों जैसे मामलों का समाधान करने के लिए उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के तहत एक आवश्यक वस्तु के रूप में घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के तहत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार राज्य सरकारों को ऐसे कदाचारों में संलिप्त व्यक्तियों के विरुद्ध कार्रवाई करने की शक्तियां प्रदान की गई हैं। इन कदाचारों के संबंध में उर्वरक विभाग स्तर पर प्राप्त होने वाली कोई भी शिकायत आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए संबंधित राज्य सरकार को भेजी जाती है।

इसके अलावा, कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) राज्य सरकार के साथ परामर्श करके कालाबाजारी, जमाखोरी, घटिया उर्वरक पाए जाने और विपथन संबंधी मामलों के खिलाफ राज्य सरकार द्वारा की गई प्रवर्तन कार्रवाई की साप्ताहिक आधार पर नियमित रूप से निगरानी कर रहा है। डीएएंडएफडब्ल्यू द्वारा दी गई सूचनानुसार, इन कदाचारों को रोकने के लिए देश

में, वित्त वर्ष 2026-27 के दौरान अर्थात 01.04.2026 से 24.07.2026 तक 1,69,031 छापे मारे गए हैं जिनमें चूककर्ताओं के खिलाफ 9,127 मामलों में कारण बताओ नोटिस जारी किए गए हैं, 2,868 लाइसेंस निलंबित/रद्द कर दिए गए हैं और 270 एफआईआर दर्ज की गई हैं। डीएएंडएफडब्ल्यू द्वारा दी गई सूचना के अनुसार उक्त अवधि के दौरान हरियाणा में चूककर्ताओं के खिलाफ जारी किए गए कारण बताओ नोटिस, निलंबित/रद्द किए गए लाइसेंस और दर्ज की गई एफआईआर की संख्या क्रमशः 42, 50 और 8 है।

इसके अलावा, हरियाणा राज्य सरकार ने सूचित किया है कि उन्होंने वास्तविक किसानों को सब्सिडी वाले उर्वरकों के पारदर्शी, लक्षित और विनियमित वितरण को सुनिश्चित करने के लिए एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) को 'मेरी फसल मेरा ब्यौरा' (एमएफएमबी) पोर्टल के साथ एकीकृत किया है। इस एकीकृत प्रणाली को 08 अक्टूबर 2025 से पूरे राज्य में लागू किया गया है। इस प्रणाली के तहत केवल वे किसान पात्र हैं जो 'मेरी फसल मेरा ब्यौरा' पोर्टल पर पंजीकृत हैं।

विवरण

पिछले तीन वर्षों के दौरान हरियाणा में यूरिया उपलब्धता की स्थिति

		2023-24			2024-25			2025-26		
क्र.सं.	जिला	आवश्यकता	उपलब्धता	बिक्री	आवश्यकता	उपलब्धता	बिक्री	आवश्यकता	उपलब्धता	बिक्री
1	3	4	5	6	4	5	6	4	5	6
2	अम्बाला	88408	97350	87368	79223	89807	62655	82331	99362	97073
3	भिवानी	70480	83532	82990	71165	78356	44502	64257	77558	74519
4	च.दादरी	20982	23447	22714	23890	26237	17796	25073	30015	28400
5	फरीदाबाद	12587	13507	14091	14226	15656	9459	14918	17276	15228
6	फतेहाबाद	152256	173889	173664	144858	176957	108889	146570	182384	184019
7	गुडगाँव	17954	18996	19473	20532	22164	14825	21356	24194	24292
8	हिसार	123311	149181	152335	139054	157038	94035	129675	168092	166001
9	झज्जर	41341	45784	43516	48071	54426	32383	41713	55441	53505
10	जींद	165482	177511	180415	163986	189756	110318	156902	199643	189875
11	कैथल	163114	186264	186763	164163	187266	107437	149493	185964	178518
12	करनाल	177869	198907	202635	180985	202506	131380	171826	205323	205538
13	कुरूक्षेत्र	139726	148887	148773	126424	134963	92679	136466	152791	150045

14	महेंद्रगढ़	50480	53575	52259	54768	59543	34716	51677	61039	58115
15	मेवात	27124	28506	31168	30796	33798	22703	34162	37402	38329
16	पलवल	67395	70001	69585	70405	76161	49250	70711	76363	76417
17	पंचकुला	13365	15211	16541	14056	15740	10934	11356	14666	15809
18	पानीपत	82561	90946	86053	81882	88315	59330	88996	103070	95329
19	रेवाड़ी	55879	59162	58665	64099	68647	43506	69259	78339	71110
20	रोहतक	82234	95457	90508	87923	99663	60356	86795	119612	104602
21	सिरसा	184401	210727	211337	189946	223537	141370	181621	233309	236820
22	सोनीपत	129939	140302	139083	121524	139236	79382	119660	142972	130915
23	यमुनानगर	87760	114460	100952	134240	155316	78861	94935	125576	125115
	कुल	**1954649**	**2195603**	**2170892**	**2026216**	**2295087**	**1406766**	**1949751**	**2390392**	**2319574**

पिछले तीन वर्षों के दौरान हरियाणा में डीएपी उपलब्धता की स्थिति

		2023-24			2024-25			2025-26		
क्र.सं.	जिला	आवश्यकता	उपलब्धता	बिक्री	आवश्यकता	उपलब्धता	बिक्री	आवश्यकता	उपलब्धता	बिक्री
1	3	4	8	10	4	8	10	4	8	10
2	अम्बाला	19723	24184	24115	20992	33203	24610	25831	34784	28582
3	भिवानी	37875	46191	40858	28540	34859	28475	30708	35288	30562
4	च.दादरी	10246	10988	13621	8470	10549	10487	11899	14339	12538
5	फरीदाबाद	4693	5231	5920	4748	5631	5296	5315	6606	5128
6	फतेहाबाद	33915	36834	38957	39703	39826	41050	44565	49541	46850
7	गुडगाँव	7327	7854	9634	5789	7624	7191	6475	7210	7047
8	हिसार	47825	53192	50005	42386	47117	44969	49608	59377	52323
9	झज्जर	15478	16994	18058	17400	21316	18684	18272	21534	18694
10	जींद	35593	38812	35930	33829	42874	35685	34828	46287	36832
11	कैथल	30384	35194	31474	27702	32504	29106	31418	37969	33337
12	करनाल	39462	45032	40101	34137	49182	41356	41199	50390	46388

13	कुरूक्षेत्र	32015	41023	33795	28357	35686	31900	34372	42611	43124
14	महेंद्रगढ़	21103	22975	21027	16821	20337	16813	16964	20577	17612
15	मेवात	8828	9412	11365	5808	9415	9063	7474	9870	8827
16	पलवल	19062	20750	19381	13941	19423	17585	20118	24531	20877
17	पंचकुला	3198	3750	4477	3738	5008	4860	4153	4921	5222
18	पानीपत	16170	17969	17541	14915	18324	16597	18111	21175	20099
19	रेवाड़ी	25026	29003	22338	16247	18950	17196	20386	25161	20402
20	रोहतक	16588	19818	19359	18545	22165	19256	21250	26321	23088
21	सिरसा	65523	76041	71053	61609	70130	63771	72519	82534	79840
22	सोनीपत	26955	30888	29378	28098	30834	26437	31021	38801	30309
23	यमुनानगर	23716	30914	22096	26363	26779	23917	28925	34326	27008
	कुल	**540704**	**623049**	**580481**	**498138**	**601735**	**534304**	**575410**	**694153**	**614690**

FINANCIAL BENEFITS UNDER PMMVY

2205. SHRI RAJU BISTA:

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

(a) the total number of women enrolled/actively receiving financial benefits under the Pradhan Mantri Matru Vandana Yojana (PMMVY) in West Bengal, during the last three years, year-wise and district-wise; and

(b) the details of incentives/health services provided to women under PMMVY in the said State?

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

(a) and (b): 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 (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 objectives of PMMVY are to provide cash incentive for partial compensation for the wage loss so that the woman can take adequate rest before and after delivery of the first child; and to improve health seeking behaviour amongst the Pregnant Women & Lactating Mothers (PW&LM). The scheme also seeks to promote positive behavioural change towards girl child by providing additional cash incentive for the second child, if that is a girl child. The district-wise number of beneficiaries enrolled and paid in the State of West Bengal under PMMVY since inception (from 01.01.2017) till 31.03.2026 is as under:

S. No	District	Beneficiaries enrolled	Beneficiaries Paid
1	24 PARAGANAS NORTH	1,66,465	1,06,497
2	24 PARAGANAS SOUTH	2,09,719	1,30,325
3	ALIPURDUAR	49,240	38,369
4	BANKURA	1,23,490	84,907
5	BIRBHUM	1,13,048	73,029
6	COOCHBEHAR	97,371	59,285
7	DARJEELING	14,901	8,877
8	DINAJPUR DAKSHIN	61,951	44,647
9	DINAJPUR UTTAR	74,687	47,400
10	HOOGHLY	1,40,034	92,210
11	HOWRAH	1,06,450	68,154
12	JALPAIGURI	63,873	44,407
13	JHARGRAM	29,463	19,552
14	KALIMPONG	2,750	2,034
15	KOLKATA	3,956	2,332
16	MALDAH	1,35,773	87,746
17	MEDINIPUR EAST	2,05,630	1,42,155
18	MEDINIPUR WEST	1,75,551	1,33,188
19	MURSHIDABAD	3,08,342	2,01,933
20	NADIA	1,45,087	95,215
21	PASCHIM BARDHAMAN	29,307	17,761
22	PURBA BARDHAMAN	1,50,632	1,05,542
23	PURULIA	66,417	32,440

WATERWAYS TRANSPORT IN TAMIL NADU

2206. SHRI G. SELVAM:

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

(a) whether the Government has undertaken any assessment of the potential for expansion of coastal passenger transport, ferry services and inland water transport in Tamil Nadu during the last three years;

(b) if so, the details of the studies conducted, locations identified and the recommendations made for improving coastal and inland water connectivity in the State;

(c) whether the Government proposes to develop new coastal passenger ferry routes, modern ferry terminals and multimodal water transport infrastructure in Tamil Nadu, if so, the details thereof, district-wise; and

(d) the steps taken by the Government to promote safe, affordable and environmentally sustainable water transport, tourism and employment opportunities through such projects in Tamil Nadu?

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

(a) and (b): No such study has been conducted by the Government of India.

(c): Under the Sagarmala scheme of the Ministry of Ports, Shipping and Waterways (MoPSW), the following 4 projects worth Rs. 42 crore have been undertaken in the state of Tamil Nadu:

I. Upgradation of Nagapattinam Port infrastructure for the passenger ferry service from Nagapattinam (India) to Kankesanthurai (Sri Lanka)

II. Creation of berthing facilities for the tourist vessels at Agni Theertham

III. Creation of additional berthing facilities for the tourist vessels at Pamban Approaches, Mandapam.

IV. Development of Passenger jetty at Kanyakumari

(d): The details of development of cargo / river cruise tourism planned for five National Waterways in Tamil Nadu are given in the enclosed **Statement**.

STATEMENT

Details of development of cargo/river cruise tourism planned for 05 National Waterways (NWs) in Tamil Nadu:

(a) Buckingham Canal (constituent of NW-4): Jetty for Cargo/River Cruise Tourism circuits are as follows:

I. Mahabalipuram to Ediyur Bridge

II. Cooum River Portion of Buckingham Canal near Marina Beach

III. Pulicat Lake

IV. Ennore Port to ETPS for Cargo movement

(b) Bhavani River (NW-20): Jetty for river cruise tourism at Bhavani – Sangameswar Temple.

(c) Kaveri-Kollidam River (NW-55) : Jetty for river cruise tourism near Chidambaram.

(d) Pazhyar River (NW-77) : Jetty near Kanyakumari for river cruise tourism movement.

(e) Ponniyar River (NW-80) : Jetty for river cruise movement.

एंटीबायोटिक्स का दुरुपयोग और पैकेजिंग पर चेतावनी

2207. डॉ. राजकुमार सांगवान:

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

(क) क्या सरकार ने देश में एंटीबायोटिक्स के दुरुपयोग के प्रतिकूल प्रभावों का आकलन करने के लिए कोई अध्ययन कराया है, यदि हां, तो इसकी रोकथाम के लिए किए जा रहे प्रयासों सहित तत्संबंधी ब्यौरा क्या है;

(ख) क्या यह तथ्य है कि देश में एंटीबायोटिक्स की पैकेजिंग पर स्पष्ट चेतावनियों/प्रतीकों के अभाव के कारण इनका अनुपयुक्त और अत्यधिक उपयोग हो रहा है, यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है; और

(ग) क्या सरकार एंटीबायोटिक्स के बढ़ते दुरुपयोग को ध्यान में रखते हुए इनकी पैकेजिंग पर विशेष कोडिंग, कलर- कोडिंग, स्पष्ट चिन्हों, चेतावनियों या क्यूआर कोड को अनिवार्य करने का विचार कर रही है ताकि मरीज और फार्मासिस्ट दवा की पहचान कर सकें, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(**क**) से (ग): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने सूचित किया है कि उसने अपने रोगाणुरोधी प्रतिरोध निगरानी और अनुसंधान नेटवर्क (एएमआरएसएन) के माध्यम से

रोगाणुरोधी प्रतिरोध (एएमआर) के बढ़ते स्तरों का दस्तावेजीकरण करने के लिए व्यापक निगरानी अध्ययन किए हैं। यह राष्ट्रव्यापी नेटवर्क कई अस्पतालों में प्रमुख जीवाणु और कवक रोगजनकों में प्रतिरोध पैटर्न की निगरानी करता है और इसके माध्यम से जीवों के मामले में जैसे कि *ई. कोलाई, क्लेबसिएला, स्टैफिलोकोकस ऑरियस* और अन्य प्राथमिकता वाले रोगजनकों के संबंध में आमतौर पर उपयोग किए जाने वाले एंटीबायोटिक दवाओं के लिए बढ़ते प्रतिरोध का दस्तावेजीकरण किया गया है। सार्वजनिक स्वास्थ्य महत्व के रोगजनकों में एएमआर पर डेटा नीचे दिए गए लिंक पर उपलब्ध है:

https://www.icmr.gov.in/icmrobject/uploads/Report/1763981012_icmramrsnannualreport2024.pdf

https://www.icmr.gov.in/icmrobject/uploads/Documents/1725536060_annual_report_2023.pdf

आईसीएमआर ने यह भी सूचित किया है कि जय प्रकाश नारायण एपेक्स ट्रॉमा सेंटर, अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), दिल्ली के सहयोग से उसने अस्पताल से प्राप्त संक्रमणों को कम करने और प्रतिरोधी जीवों के प्रसार को सीमित करने के लिए स्वास्थ्य देखभाल सुविधा केन्द्रों में सशक्त संक्रमण निवारण और नियंत्रण (आईपीसी) पद्धतियों को बढ़ावा दिया है। इसके अतिरिक्त, आईसीएमआर एंटीबायोटिक दवाओं के तर्कसंगत निर्धारण को सुनिश्चित करने, दवा के चयन, इलाज के लिए खुराक और चिकित्सा की अवधि को अनुकूलित करने, चिकित्सक के पर्चे की जांच (प्रिस्क्रिप्शन ऑडिट) करने और स्वास्थ्य पेशेवरों को प्रशिक्षित करने के लिए रोगाणुरोधी प्रबंधन कार्यक्रम (एएमएसपी) के कार्यान्वयन का समर्थन करता है, ताकि रोगाणुरोधी प्रतिरोधी रोगजनकों के उद्भव और संचरण की गति धीमी की जा सके।

केन्द्रीय औषध मानक नियंत्रण संगठन (सीडीएससीओ) सहित स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने एंटीबायोटिक पर्चियों की निगरानी और विनियमन विशेष रूप से काउंटर पर बिक्री के लिए,

दुरुपयोग को रोकने और एंटी-माइक्रोबियल प्रतिरोध (एएमआर) मुद्दों का समाधान करने के लिए विभिन्न उपाय किए हैं:

(i) एंटीबायोटिक्स को औषध नियमावली, 1945 की अनुसूची एच और एच1 में शामिल किया गया है। इन दवाओं में विशिष्ट सावधानी लेबलिंग आवश्यकताएं होती हैं और इन्हें केवल एक पंजीकृत चिकित्सक के पर्ची के तहत बेचा जाता है।

(ii) औषध एवं प्रसाधन सामग्री नियम, 1945 को दिनांक 01. 03. 2014 से संशोधित किया गया था जिसमें एक नई अनुसूची एच1 को शामिल किया गया तथा जिसमें विभिन्न एंटीबायोटिक्स, क्षय रोग रोधी औषधियां और कतिपय आदत बनाने वाली औषधियां शामिल हैं। अनुसूची एच1 में विनिदष्ट औषध की आपूर्ति को आपूर्ति के समय एक अलग रजिस्टर में दर्ज किया जाता है और ऐसे रिकार्ड तीन वर्षों तक रखे जाते हैं और ये निरीक्षण के लिए उपलब्ध होते हैं।

(iii) एंटीबायोटिक्स के दुरुपयोग के प्रतिकूल प्रभावों के संबंध में आवश्यकताओं का कड़ाई से अनुपालन करने और जनता में जागरूकता बढ़ाने के लिए राज्य औषध विनियामकों और अन्य हितधारकों को विभिन्न नोटिस/परामर्शी/पत्र जारी किए गए हैं।

(iv) देश में औषधों की बिक्री को औषध एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके अंतर्गत नियम, 1945 के उपबंधों के अंतर्गत राज्य सरकार द्वारा नियुक्त राज्य लाइसेंसिंग प्राधिकरणों (एसएलए) द्वारा लाइसेंसिंग और निरीक्षण की प्रणाली के माध्यम से विनियमित किया जाता है। एसएलए को उक्त अधिनियम और नियमों के उपबंधों के उल्लंघन के विरुद्ध कार्रवाई करने के लिए कानूनी रूप से शक्तियां प्रदान की गई हैं।

(v) राज्यों को यह भी सलाह दी गई है कि वे जेनेरिक औषधियों के नुस्खे सुनिश्चित करें और जन स्वास्थ्य सुविधा केन्द्रों में नियमित रूप से प्रिस्क्रिप्शन ऑडिट करें। राष्ट्रीय गुणवत्ता आश्वासन

मानकों (एनक्यूएएस) के तहत प्रमाणित होने के लिए प्रिस्क्रिप्शन ऑडिट की प्रथा आवश्यक शर्तों में से एक है।

(vi)एंटीबायोटिक दवाओं के विवेकपूर्ण उपयोग को बढ़ावा देने और एएमआर के बारे में जागरूकता पैदा करने के लिए, राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी) ने ऑडियो, वीडियो, सोशल मीडिया संदेश और आउटडोर मीडिया सहित मीडिया सामग्री तैयार की गई है जो सार्वजनिक डोमेन में उपलब्ध है और आगे प्रसार के लिए राज्यों/केंद्र शासित प्रदेशों के साथ साझा भी किए गए हैं।

(vii) स्वास्थ्य और परिवार कल्याण मंत्रालय ने लोगों को जागरूक करने के लिए रेड लाइन अभियान शुरू किया है जिसके तहत मुख्य रूप से एंटीबायोटिक्स की दवाओं की पैकेजिंग पर लाल वर्टिकल (ऊर्ध्वाधर) रेखा के साथ चिह्नित किया जाता है और अन्य प्रिस्क्रिप्शन पर दी जाने वाली दवाओं को चिकित्सक के पर्चे के बिना नहीं दी जानी चाहिए।

औषधि नियम, 1945 के नियम 96 और 97 के तहत रोगाणुरोधी के लिए लेबलिंग आवश्यकताएं निर्धारित की गईं हैं। औषधि नियम, 1945 को वर्ष 2023 में नियम 96 के उप-नियम (6) को जोड़कर संशोधित किया गया है ताकि यह अनिवार्य किया जा सके कि अनुसूची एच2 में सूचीबद्ध शीर्ष 300 दवा फॉर्मूलेशन ब्रांड जिसमें कतिपय रोगाणुरोधी भी शामिल हैं, के निर्माता प्राथमिक पैकेजिंग लेबल पर या द्वितीयक लेबल पर जहां जगह अपर्याप्त है, बार कोड या क्यूआर कोड प्रिंट करेंगे या चिपकाएंगे ताकि प्रमाणन के लिए सॉफ्टवेयर अनुप्रयोगों के माध्यम से पठनीय डाटा संग्रहीत किया जा सके।

REVISION OF PASSPORT FEE

2208. SHRI ABHISHEK BANERJEE:

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

(a) whether the Government has undertaken any cost study, regulatory impact assessment or affordability assessment before revising passport and passport-related service fees under the Passports (Amendment)Rules, 2026 notified vide G.S.R. 516(E), if so, the details thereof;

(b) the legislative, administrative and cost-based rationale for the revised fee structure, along with the category-wise increase over the earlier fees;

(c) the component-wise cost considered for passport issuance, including application processing, biometrics, police verification, cyber security, passport booklet printing, e-Passport chip embedding and dispatch;

(d) the per-application amount payable to service providers under the Passport Seva Programme Phase II and the manner in which it differs from Phase I; and

(e) the unit cost of manufacturing and embedding the e-Passport chip and the extent to which this cost has contributed to the revised passport fees?

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

(a) to (e): Passport fees are revised from time to time after a comprehensive review of the cost of providing passport and related services, operational requirements, and service delivery improvements. Earlier, passport fees have been revised in 1971 [vide G.S.R. 1783 dated 11.11.1971], 1980 [vide G.S.R.

691(E) dated 11.12.1980], 1993 [vide G.S.R. 503 (E) dated 10.07.1993], 2002 [vide G.S.R. 235 (E) dated 28.03.2002] and 2012 [vide G.S.R. 731 (E) dated 28.09.2012], and now in 2026 [vide G.S.R. 516(E) dated 25.06.2026]. A number of initiatives have been taken for improvement of passport services including implementation of upgraded Passport Seva Programme (PSP) Version 2.0 and e-Passports which has enhanced the quality, security and efficiency of passport services, while increasing the cost of service delivery. In addition, the increase in the cost of various inputs and service delivery over the fourteen years since the last revision in 2012 made it necessary to revise the passport fees.

The current increase in passport fees is 67%, after 14 years. For reference purposes, it was increased 67% over 4 years in 1971; 100% over 9 years in 1980; 500% over 13 years in 1993; 233% over 9 years in 2002 and 50% over 10 years in 2012.

Provisions for Passport applications being accompanied by prescribed fee are in Section 5(1) of the Passports Act 1967 and Rule 8 of the Passports Rules 1980. Copy of the Gazette notification revising fee from 1st July 2026 is given in the enclosed **Statement-I.** The details of category-wise increase over the earlier fees are given in the enclosed **Statement-II**.

The issuance of a passport involves several components of expenditure. The major direct cost elements include: Cost of Passport Booklet, Printing of data in the Passport booklet, Payment to Service Provider, Payment to Police

Department for Police Verification, Payment to Department of Post, Courier charges, Expenditure on Technical support and cost of ePassport project including its operation and maintenance for validation of ePassports through Public Key Directory in compliance with International Civil Aviation Organization (ICAO) guidelines. Besides there, there are a number of other expenditure relating to establishment and infrastructure.

The amount payable to service providers has increased in comparison to the Passport Seva Programme Version 1.0 (Phase I) and on the basis of high production cost, India Security Press (ISP) has substantially increased the cost of chip based ePassport booklets. Further, there are additional costs associated with ePassport booklet, namely Personalization (applicant's data printing) cost, cost on ePassport project and other operational costs.

STATEMENT-I

MINISTRY OF EXTERNAL AFFAIRS

NOTIFICATION

New Delhi, dated the 20th June, 2026.

G.S.R. 516(E).— In exercise of the powers conferred by section 24 of the Passports Act, 1967(15 of 1967), the Central Government hereby makes the following rules further to amend the Passports Rules, 1980, namely:—

1. (1) These rules may be called the Passports (Amendment) Rules, 2026.

(2) They shall come into force with effect from the 1st day of July, 2026.

2. For Schedule IV to the Passports Rules, 1980, the following Schedule shall be substituted, namely:--

'SCHEDULE IV

(*See* rule 8)

Schedule of fees payable in respect of applications for passport and travel documents

Sl. No.	Particulars of application	Scale of fees			
		Normal Fee		*Tatkaal* fee (inclusive of normal fee)	
		India	Abroad	India	Abroad
		Rs.	$	Rs.	$
(1)	(2)	(3)	(4)	(5)	(6)
I. PASSPORT— **(a) Applicants (18 years of age and above / Minors aged between 15 to 18 years, if applied under this category) :**					
1.	For an ordinary fresh passport or reissue of passport containing 36 pages	2500	125	5000	250
2.	For an ordinary fresh passport or reissue of passport containing 60 pages	3500	175	6000	300
3.	For an ordinary passport in lieu of lost or damaged passport containing 36 pages	5000	250	7500	375
4.	For an ordinary passport in lieu of lost or damaged passport containing 60 pages	6000	300	8500	425
(b) Minor Applicants (below 18 years of age) :					
5.	For an ordinary fresh passport or reissue of passport containing 36 pages	1750	90	4250	215

6.	For an ordinary passport in lieu of lost or damaged passport containing 36 pages	4250	215	6750	340
II. SPECIAL TRAVEL DOCUMENT—					
7.	Emergency Certificate	NA	15	NA	NA
8.	Certificate of Identity	1000	50	NA	NA
III. MISCELLANEOUS SERVICES—					
9.	Issue of Police Clearance Certificate or Surrender Certificate or Global Entry Program verification or any other Miscellaneous certificates based on the passport	750	40	NA	NA

Note:

1. "NA" means "not applicable".

2. The validity of passports issued under serial number I(a) shall not exceed ten years, and the validity of passports issued under serial number I(b) shall be for five years or until the applicant attains the age of 18 years, whichever is earlier.

3. There shall be a discount of ten per cent. in passport fee for fresh applications (and not for re-issue) in respect of minors up to the age of 8 years and senior citizens (persons above the age of 60 years).'.

[No. 401/01/20/2025]

B.S. MUBARAK, Jt. Secy. and Chief Passport Officer

Note.— The Passport Rules, 1980 were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i), vide notification number G.S.R. 691(E), dated the 11th December, 1980 and last amended vide notification number G.S.R. 156 (E), dated the 24th February, 2025.

STATEMENT-II

Details of category-wise increase over the earlier passport fees

S. No.	Particulars of Application	Earlier fee (as fixed in 2012) (in Rs.)		Revised Fee (as fixed in 2026) (in Rs.)	
		Normal Fee	Tatkaal Fee (inclusive of normal fee)	Normal Fee	Tatkaal Fee (inclusive of normal fee)
	I. **Passport** (a) **Applicants (18 years and above, also applicable to minors aged between 15-18 years) :**				
1.	For an ordinary fresh / reissue of passport containing 36 pages	Rs. 1500	Rs. 3500	Rs. 2500	Rs. 5000
2.	For an ordinary fresh / reissue of passport containing 60 pages	Rs. 2000	4000	Rs. 3500	Rs. 6000
3.	For an ordinary passport in lieu of lost / damaged passport containing 36 pages	Rs. 3000	Rs. 5000	Rs. 5000	Rs. 7500
4.	For an ordinary passport in lieu of lost / damaged passport containing 60 pages	Rs. 3500	Rs. 5500	Rs. 6000	Rs. 8500
	(b) **Minor Applicants (below 18 years of age) :**				
5.	For an ordinary fresh / reissue of passport containing 36 pages	Rs. 1000	Rs. 3000	Rs. 1750	Rs. 4250
6.	For an ordinary passport in lieu of lost / damaged passport containing 36 pages	Rs. 3000	Rs. 5000	Rs. 4250	Rs. 6750
	II. **Special Travel Document**				
7.	Emergency Certificate	NA	N.A.	**NA**	**N.A.**
8.	Certificate of Identity	Rs. 1000	N.A.	**NA**	**N.A.**

	III. **Miscellaneous Services**				
9.	Issue of Police Clearance Certificate or Surrender Certificate or any other Miscellaneous certificates based on the passport	Rs. 500	N.A.	Rs. 750	N.A.

FUND ALLOCATION UNDER ICDS

2209. DR. T. SUMATHY *ALIAS* THAMIZHACHI THANGAPANDIAN:

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

(a) the details of allocation, release and utilisation of funds under the Integrated Child Development Services (ICDS) from 2014 to 2024, year-wise and State-wise including Tamil Nadu;

(b) the number of Anganwadi centres and ICDS projects in the said State fully funded and operational during the said period; and

(c) whether the said State has contributed funds above its mandated share under ICDS since 2015, if so, the details thereof, year-wise, including the amount contributed and the components supported therein?

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

(a) to (c): The year wise state wise number of Anganwadi Centres (AWCs) and projects under Mission Saksham Anganwadi and Poshan 2.0 including State of Tamil Nadu is available on the Poshan Tracker public dashboard at the link: https://www.poshantracker.in/statistics.

The State and UT wise details of funds released under Mission Saksham Anganwadi and Poshan 2.0 from FY 2014-15 to FY 2024-25 are given in the enclosed **Statement.**

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 them through sustained engagements and video conferences so as to ensure uninterrupted delivery of services to the beneficiaries.

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
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

STATEMENT

Status of fund released under Saksham Anganwadi and Poshan 2.0 Scheme from 2014-15 to 2024-25

(Rs in Lakh)

Sl. No.	State/UTs	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
1	Andhra Pradesh	99446.78	68818.48	56387.46	58474.18	70988.53	69100.42	69281.10	74460.38	80071.09	70568.20	64572.82
2	Bihar	116266.84	102372.56	98099.36	92217.01	115848.70	127888.67	127059.58	157443.07	170092.48	185928.90	226292.03
3	Chhattisgarh	51703.52	51151.54	41939.90	56762.73	54868.36	48339.67	50434.13	60514.42	65580.00	57945.59	73329.71
4	Goa	2617.25	1228.04	1067.70	1649.60	1660.28	1559.15	2024.07	1083.56	1469.20	1394.69	1343.79
5	Gujarat	48886.15	64185.05	69417.36	62275.13	63148.37	68684.12	61594.01	83343.97	91213.99	112680.34	60131.70
6	Haryana	31158.68	16081.19	20871.79	20914.78	21131.73	18029.66	18113.67	17303.35	19502.72	22578.36	23269.21
7	Jharkhand	46904.30	46217.72	48163.54	42081.45	51573.37	43355.99	45784.76	35297.77	43057.44	66430.42	49695.45
8	Karnataka	82856.77	96394.53	53686.59	92834.76	91901.57	76966.72	68641.75	100370.19	74840.35	91296.50	88684.80
9	Kerala	24726.35	28554.27	34357.05	32460.32	31092.42	32140.86	31991.60	38797.67	42384.14	30664.43	43574.03
10	Madhya Pradesh	122544.60	108673.52	110506.46	116645.68	116552.92	121491.90	122037.59	108546.91	98973.29	112311.11	114454.06
11	Maharashtra	90781.88	104166.66	105660.17	102957.15	171214.38	133136.17	118783.20	171338.93	162594.23	169951.77	136884.28
12	Odisha	87511.73	65643.69	72497.49	95323.96	79544.95	85993.04	84652.26	93659.57	91559.27	96879.90	94815.97
13	Punjab	25893.06	13689.39	16982.50	20168.46	17631.87	20144.35	17029.04	38351.68	7507.59	30787.13	26548.31
14	Rajasthan	73992.88	49851.78	62397.70	67542.98	66618.80	58453.75	63125.61	68264.63	96337.52	109196.98	74185.29
15	Tamil Nadu	67902.29	63744.93	47085.82	49336.98	65197.17	64868.45	61071.19	65538.13	64893.13	88078.90	63847.46
16	Telangana	46057.10	37918.23	29877.27	38468.27	44681.12	45841.08	39931.03	48232.68	53332.86	50786.94	43076.21
17	Uttar Pradesh	272553.08	281398.92	278089.75	215246.75	202972.91	236406.00	198558.94	239978.59	272052.80	266868.77	269461.74
18	West Bengal	97578.85	79465.80	66563.30	99426.41	124775.06	116399.75	104720.89	66835.22	122672.48	123756.19	151379.95
19	Delhi	17855.94	13775.25	14168.00	10868.44	9096.33	13293.20	10087.07	13291.00	18262.75	16181.26	16041.41
20	Puducherry	1275.34	1673.27	2299.22	1455.40	472.38	489.43	424.39	277.80	10.80	447.72	368.11
21	Himachal Pradesh	17184.09	19507.32	23696.07	21612.57	31881.17	25181.85	25552.07	24798.74	26829.51	30109.10	31307.47
22	Jammu & Kashmir	26031.19	27362.65	26732.11	19328.24	37406.56	31999.86	28902.02	40573.74	47881.91	53088.35	66279.24

23	Uttarakhand	20165.67	35710.06	21399.62	27990.11	32798.93	30309.77	32450.25	35365.25	41641.38	28824.07	21632.94
24	Andaman & Nicobar	891.78	1421.03	1207.51	1295.81	1291.31	1190.78	1525.44	1452.18	384.23	1129.15	962.92
25	Chandigarh	996.18	1420.25	762.19	1077.47	1416.88	1347.93	1227.33	1407.78	3160.69	1979.69	1455.98
26	D &Nagar Haveli	281.31	210.97	569.61	323.11	534.55	573.81	901.54	933.39	561.73	1196.64	913.45
27	Daman & Diu	195.77	133.55	307.96	279.45	272.33	267.58					
28	Lakshadweep	138.16	155.91	146.95	165.31	348.31	132.51	204.43	210.23	1876.57	1962.41	1888.81
29	Ladakh	-	-	-	-	-	-	2299.04	1467.47	42.83	288.11	134.52
30	Arunachal Pradesh	15557.38	12923.23	11346.05	14588.50	12389.79	12430.77	8191.64	17082.84	13763.55	16206.09	10260.91
31	Assam	103517.50	92972.20	64397.66	70237.54	83867.16	121893.00	108068.38	131989.88	165128.07	223331.30	248234.32
32	Manipur	14929.58	10267.27	9998.54	17647.46	16856.60	16157.52	17383.44	22892.04	13430.30	20127.94	34287.14
33	Meghalaya	14357.78	12418.60	19135.66	19864.97	17661.64	18484.66	17693.12	17332.82	17857.61	26968.59	13793.18
34	Mizoram	5695.57	5371.93	4666.49	6174.29	4465.18	4814.39	7421.38	5178.09	4280.74	10026.87	5529.22
35	Nagaland	12202.63	8796.00	15149.57	16652.36	12138.78	15370.48	14921.34	15465.18	17561.09	26290.93	14701.24
36	Sikkim	2998.60	2022.73	1625.01	1983.22	2003.53	2023.90	2429.48	2573.06	2031.36	3348.65	1806.59
37	Tripura	14074.20	18194.62	11710.57	13101.10	18714.14	16615.07	15237.47	18672.47	14954.55	24422.41	15340.54

FACILITIES PROVIDED TO FISHERMEN FROM THANJAVUR

2210. SHRI MURASOLI S.:

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

(a) the number of seafarers or fishermen from Thanjavur district registered under the Seamen's Provident Fund Organisation during the last five years;

(b) the welfare benefits disbursed to such registered beneficiaries during the same period; and

(c) whether any Directorate General of Shipping training facility or certification centre is accessible to residents of Thanjavur district, if not, whether any proposal exists to establish one and if so, the details thereof?

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

(a) and (b): 09 (Nine) seafarers have been registered under the Seamen's Provident Fund Organisation during the last five years.

(c): Residents of Thanjavur district have access to Directorate General of Maritime Administration (DGMA) approved 176 Maritime Training Institutes (MTIs) across India. Further, there are, at present 35 DGMA approved MTIs in Tamil Nadu and neighbouring regions. List is given in the enclosed **Statement**.

STATEMENT

List of MTIs in Tamil Nadu region

S. No	MTI Name	District
1	AMET City College	Chennai

2	AMET Institute of Science and Technology	Chennai
3	AMET University	Chennai
4	Balaji Seamen Training Institute	Chennai
5	CMC Maritime Academy	TirunelveliThoothukudi Highway
6	CMC Maritime Academy, Chennai (Campus)	Chennai
7	Coimbatore Marine College	Coimbatore
8	Cosmopolitan Technology of Maritime	Sriperumbadur
9	GKM College of Engineering And Technology	Chennai
10	GKM Institute of Marine Sciences And Technology	Chennai
11	HIMT College	Kalpakkam
12	HIMT Tidal Park	Chennai
13	Hindustan Institute of Maritime Training	Chennai
14	Immanuel Arasar College of Marine Engineering	Marthandam
15	Indian Maritime College	Chennai
16	Indian Maritime University,Chennai (NIPM / NMA)	Chennai
17	Indus Seafarers Training Academy	Chennai
18	International Maritime Academy	Chennai
19	Jeyanthinather Academy of Marine Studies	Thoothukudi
20	Maritime Foundation	Chennai
21	Massa Maritime Academy	Chennai
22	Mohammad Sathak Engineering College	Kilakarai
23	Noorul Islam Centre for Higher Education	Kanyakumari
24	PLUTUS INSTITUTE OF MARINE SCIENCE	Vanur
25	PSN College of Engineering And Technology	Tirunelvelli
26	Perunthalaivar Kamarajar Institute of Maritime Science and Engineering	Chidambaram
27	Pondicherry Maritime Academy	Puducherry
28	R.L. Institute of Nautical Sciences	Madurai
29	SSNT COLLEGE	Ambathur
30	School of Seamanship & Nautical Technology	Maduranthakam
31	Seaskills Maritime Academy	Coimbatore
32	Southern Academy of Maritime Studies	Chennai
33	Srivenkateshwara College of Engineering	Sriperumbadur

34	Tamil Nadu Maritime Academy	Tuticorin
35	Vels Academy of Maritime Education And Training	Chennai

ALTERNATIVE SOURCES OF EXPORT OF FERTILIZERS

2211. SHRI BALASHOWRY VALLABHANENI:

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

(a) whether it is true that Russia is a major exporter of Ammonia and Sulphur to India, if so, the details thereof;

(b) whether the damage to the pipeline connecting Togliantti in Russia to the Black Sea port of Odesa in Ukraine disrupted supplies and led to a sharp increase in the price of imported Sulphur to US$ 550 per ton from US$ 250 per ton; and

(c) if so, the manner in which the Government is likely to find alternative source of the said 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): Russia is not a major exporter of Ammonia to India. However, Russia exported small quantities of Sulphur to India. Out of 21.4 LMT Sulphur imported in India during 2025-26, 1.47 LMT (6.8%) was imported from Russia.

(b): The pipeline connecting Togliatti in Russia to the Black Sea port of Odesa in Ukraine is an ammonia pipeline. It transported liquid ammonia before its regular

operations were suspended in February 2022. The pipeline sustained damage due to conflict-related incidents in the Kharkiv region is June 2023 and the Donetsk region in October 2025.

Because the infrastructure of the Togliatti-Odesa pipeline is exclusively dedicated to the transport of liquid ammonia, its disruption had no direct impact on global or domestic sulphur supplies. India primarily imports its sulphur from Middle Eastern countries. The increase in the import price of sulphur resulted mainly due to supply chain disruptions arising from the West Asia crisis, alongside a corresponding escalation in global freight rates, maritime insurance premiums, and logistics bottlenecks.

(c): The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/ manufacture these fertilizers/raw materials including Ammonia and Sulphur as per their business dynamics.

To ensure adequate availability of sulphur, Department of Fertilizers vide OM dated 30.03.2026 & 17.06.2026 has requested Ministry of Petroleum and Natural Gas (MoPNG) to advise/direct all PSU refineries i.e. IOCL, BPCL, HPCL, MRPL, CPCL and NRL, to prioritize supply of sulphur to the fertilizer sector to meet its critical requirements.

To reduce dependence on imported ammonia, the Government is encouraging domestic production and procurement of Green Ammonia under the National Green Hydrogen Mission. Under the National Green Hydrogen Mission, the Strategic Interventions for Green Hydrogen Transition (SIGHT) scheme focuses on demand aggregation and procurement of Green Ammonia for the fertilizer sector, under which a provision has been made for procurement of approximately 7 LMT per annum of Green Ammonia by the Fertilizer companies for production of DAP/NPK fertilizers. Green Ammonia Supply Agreements (GASA) has been signed on 30th March 2026 between fertilizers companies and Solar Energy Corporation of India Limited (SECI) for 10 years. The supply of Green Ammonia to fertilizer Companies will begin after 3 years from the date of signing of GASA. As per the signed agreement, differential amount between the cost of Green Ammonia and Grey Ammonia will be borne by the Department of Fertilizers.

ALANG-SOSIYA SHIP RECYCLING YARD

2212. SHRI HARIBHAI PATEL:
SHRI KOTA SRINIVASA POOJARY:

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

(a) the total tonnage and number of vessels recycled at Alang-Sosiya Ship Recycling Yard and the reasons for the decline in recycling volumes;

(b) the health and social infrastructure created for workers, including hospital facilities, housing colony and welfare amenities;

(c) the regulations and safety training measures in place, including HKC compliance status and connectivity improvements to the yard; and

(d) the steps taken by the Union Government and Government of Gujarat/GMB to support the ship recycling industry during the recession period?

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

(a): In 2025, India became the world's leading ship recycling nation. The Indian share of global ship recycling has risen to 35.4% in 2025 from 30.1% in 2024 as per the latest UN Trade & Development (UNCTAD) report. Ship recycling in India has significantly increased to 2.99 million GT in 2025 from 1.86 million GT in 2024 i.e. 60% increase. Alang-Sosiya Ship Recycling Yard, established in 1982-83 in Gujarat, is handling 98% of India's ship recycling activity. The yard has 128 currently operational plots having recycling capacity of 4.5 million Light Displacement Tonnage (LDT) per annum. Since the inception, more than 8,900 ships aggregating more than 71 million LDT have been recycled at Alang yard.

The global ship recycling volumes have declined by ~30% from 12.05 Million Gross Tons (GT) in 2019 to 8.48 Million GT in 2025, which may be attributed to vessels being utilized to a higher life span due to factors like higher

charter rates since Covid-19 pandemic, higher prices of new vessels and geopolitical situations like the Red Sea crisis. While absolute recycling volumes have declined amid a broader global downward trend, India's relative market share has shown more resilience w.r.t. the global scenario.

(b): A comprehensive health, safety, and welfare framework has been established for workers at the Alang-Sosiya Ship Recycling Yard. A multispeciality hospital was commissioned in March 2019 and upgraded in January 2025 to a 35-bed Level III Trauma Centre. Operated by the Indian Red Cross Society, the hospital provides advanced medical facilities, including an Intensive Care Unit (ICU), MRI, CT scan, Burns Unit, and Operation Theatre. Staffed by 43 healthcare professionals, the hospital offers free medical services and has treated more than 4.79 lakh patients as of June 2026. In addition, financial assistance is provided for the maintenance and operation of another primary hospital at Alang, Gujarat.

For worker welfare, the Gujarat Maritime Board (GMB) has developed a housing colony with accommodation for 1,008 persons, supported by essential civic amenities.

(c): The Ministry of Ports, Shipping and Waterways (MoPSW) has taken various steps to ensure compliance of the Alang-Sosiya ship recycling yards with the Hong Kong Convention (HKC), 2009 which entered into force in June 2025. The MoPSW established a comprehensive legal framework through the Recycling of Ships Act, 2019, the Recycling of Ship Rules, 2021 and the Recycling of Ships

Regulations, 2026 aligning domestic ship recycling practices with the HKC requirements. Ship recycling facilities are required to maintain approved Ship Recycling Facility Management Plans and implement recycling operations through approved Ship Recycling Plans. To ensure compliance, the GMB has empanelled recognized oganisation for inspection, certification and compliance verification, while also regularly conducting audits, safety monitoring and environmental compliance checks.

The GMB maintains environmental safeguards through a Treatment, Storage and Disposal Facility (TSDF) comprising hazardous and non-hazardous waste landfills, effluent treatment facilities, and incineration facilities.

More than 1.57 lakh workers have been trained at the Safety and Labour Welfare Institute established by the Gujarat Maritime Board (GMB) in 2003. Mandatory safety training, use of personal protective equipment (PPE), firefighting, emergency response, and occupational health monitoring are strictly implemented for workers in the ship recycling yards.

To strengthen the ship recycling ecosystem, financial assistance of ₹ 53.5 crore under the Ferrous Scrap Development Fund (FSDF) has been released to Indian ship recycling yards. As a result of these proactive measures undertaken, 115 ship recycling plots at Alang have achieved HKC compliance, demonstrating India's readiness and leadership in safe and environmentally sound ship recycling.

To improve connectivity between the Alang-Sosiya Ship Recycling Yard and Bhavnagar (located approximately 52 km away), a 7.7 km four-lane road from Trapaj Junction to Alang has been completed, connecting the yard to National Highway-51.

(d): To enhance the competitiveness of the Indian ship recycling industry, the Government of India has launched the Shipbreaking Credit Note Scheme. Under the scheme, ship owners receive a credit note equivalent to 40% of the scrap value of a recycled ship when the recycling is carried out at an HKC-compliant Indian ship recycling yard. The credit note can be utilized towards payment of up to 5% of the contract value of a new ship built at an Indian shipyard, thereby promoting both domestic ship recycling and shipbuilding.

Other measures include Nil import duty on ships imported for recycling until March 2035 and financial relaxations of ₹ 145.23 crore extended by GMB to plot permission holders during the last five financial years.

Further, the Government of India has approached the European authorities to expedite the inclusion of eligible Indian ship recycling yards in the European Union (EU) list of approved ship recycling facilities.

EMPOWERMENT OF WOMEN AND CHILDREN

2213. SHRI JANARDAN SINGH SIGRIWAL:

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

(a) whether the Government is implementing various schemes for the welfare, protection, education, nutrition and empowerment of women and children in the country, if so, the details thereof;

(b) whether funds have been allocated, released/utilized under the said schemes during the last three years and the current year, if so, the details thereof, scheme-wise and State/UT-wise including Bihar;

(c) whether the Government has assessed the impact of said schemes on the socio-economic development of women and children in the country, if so, the details thereof;

(d) whether any new initiatives/reforms have been introduced to improve the implementation, monitoring and outreach of the said schemes, if so, the details thereof; and

(e) whether the Government proposes to expand coverage and enhance financial support under the said schemes and if so, the details thereof?

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

(a) to (e): Various schemes implemented by the Ministry of Women & Child Development for the welfare, protection, education, nutrition and empowerment of women and children in the country have been reviewed and clubbed into three Umbrella Missions, viz. (1) Mission Saksham Anganwadi & Poshan 2.0 for improving nutrition & health indicators (2) Mission Shakti, for safety, protection

and empowerment of women; and (3) Mission Vatsalya, for protection, care and welfare of children in difficult circumstances. Details of the schemes are as under:

(i) Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0): In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mothers, Adolescent Girls (14 – 18 years); Early Childhood Care and Education [3-6 years]; Anganwadi infrastructure including modern, upgraded Saksham Anganwadi, Poshan Abhiyaan and Scheme for Adolescent Girls have been reorganised under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0).

Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services are provided to the eligible beneficiaries i.e Supplementary Nutrition (SNP), Pre-school Non-Formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure. Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. Central Government is responsible for the overall planning and policy under the scheme whereas its day-to-day implementation falls under the ambit of State Government or UT administration.

Further, Scheme for Adolescent Girls (SAG) was revised from 01.04.2022 onwards and was subsumed under Mission Saksham Anganwadi and Poshan 2.0. The Scheme aims at providing nutritional support to Adolescent Girls (AGs) [14-18 years] for improving their health and nutritional status under the nutrition component and providing them IFA supplementation, Health check-up and Referral Service, Nutrition & Health Education and Skilling etc. fall under non-nutrition component of the Scheme. The targeted beneficiaries under the Scheme are AGs in the age group of 14 to 18 years in Aspirational Districts and all North Eastern States.

(ii) Mission Shakti: The 'Mission Shakti' aims at strengthening interventions for women safety, security and empowerment. It seeks to focus on proposing strategies for improving convergence across Ministries/ Departments and at different levels of governance. Mission Shakti comprises of two sub-schemes 'Sambal' and 'Samarthya' for safety and security of women and empowerment of women respectively.

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

- **One Stop Centres (OSCs)-** One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the

country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women.

- **Women Helpline (WHL)-** Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services all across the country.
- **Beti Bachao Beti Padhao (BBBP)-** Beti Bachao Beti Padhao (BBBP) Scheme was launched on 22nd January 2015 to help address Child Sex Ratio (CSR) and related issues of empowerment of girls and women over a life cycle continuum. Beti Bachao Beti Padhao (BBBP) scheme has transformed from policy initiative into national movement by mobilizing various stakeholders, including government agencies, media civil society and general public.
- **Nari Adalat-** Nari Adalat scheme provides a platform for alternative grievance redressal for women at the gram panchayat level. The Adalats are mandated to help women in distress at the panchayat level in resolving smaller issues relating to domestic violence, and other gender-based violence by negotiation, mediation, and reconciliation with mutual consent for accessible justice.

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

- **Pradhan Mantri Matru Vandana Yojana (PMMVY)-** The PMMVY is a Centrally Sponsored Maternity Benefit Scheme under which cash incentives of ₹5,000/- is provided directly to the Bank/Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for first child. The eligible beneficiaries receive the remaining cash incentive, as per approved norms towards maternity benefit under Janani Suraksha Yojana after institutional delivery, so that on an average a woman gets ₹6,000/-. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child subject to the second child being a girl.
- **Shakti Sadan-** Under the overarching ‘Mission Shakti’, erstwhile schemes of ‘Swadhar Greh’ for women in difficult circumstances and ‘Ujjawala Home’ for Prevention of Trafficking, have been merged w. e. f. 01.04.2022 and known as ‘Shakti Sadan Scheme’, which is an Integrated Relief and Rehabilitation Home-for women in distressful situations including trafficked women. It aims at creating a safe and enabling environment for the women in such difficult situations, to enable them to overcome the adverse circumstances.
- **Sakhi Niwas-** The Sakhi Niwas Scheme (Working Women Hostel) is a demand driven centrally sponsored scheme, under which funds are released

directly to the States/UTs for implementation of the scheme and aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and even rural areas where employment opportunity for women exist.

- **Palna-** Palna Scheme is implemented with the aim of expanding the outreach of crèches to ensure that women everywhere have the opportunity to work and do not drop out from workforce because of care responsibilities. Palna aims to provide day-care crèche facilities to the children (06 months – 06 years).
- **SANKALP: Hub for Empowerment of Women (HEW) -** The SANKALP: HEW (Hub for Empowerment of Women) which functions as a Project Monitoring Unit (PMU) for all components of Mission Shakti. It serves as a single window system to bridge the information and knowledge gap regarding schemes and facilities available for women as well as guide them to avail the benefits and entitlements.

(iii) Mission Vatsalya: Mission Vatsalya (erstwhile Child Protection Services Scheme (ICPS)) is a Centrally Sponsored Scheme (CSS) which is implemented through States/Union Territories (UTs) to deliver services for better outreach and protection for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) which include Institutional Care and Non-Institutional Care in a mission mode with the objective to: (i) Support and sustain Children in difficult circumstances (ii) Develop context-based solutions for holistic

development of children from varied backgrounds (iii) Provide scope for green field projects for encouraging innovative solutions (iv) Cement convergent action by gap funding, if required.

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

The State-wise and year-wise details of the funds released under the schemes of the Ministry during the last three years and current year are given in the enclosed **Statement**.

NITI Aayog has got conducted a third-party evaluation of 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 studies found that the schemes of the Ministry are relevant.

Initiatives undertaken to improve the implementation, monitoring and outreach of the schemes of the Ministry are as under:

I. For last mile tracking of Service Delivery, Ministry of Women and Child Development (MWCD) has developed Facial Recognition System (FRS) in Poshan Tracker Application for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker. The Nominee Module has been introduced in Poshan Tracker to ensure uninterrupted delivery of Take-Home Ration (THR) to the

beneficiaries; Pregnant Women, Lactating Mothers, and Adolescent Girls. If due to any reason, the registered beneficiary is unable to visit the Anganwadi Centre to receive their THR through FRS, she can nominate a nominee on her behalf to receive her THR.

II. 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.

III. 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.

IV. All the mandatory provisions like Aadhaar verification, DBT enablement of bank account etc. are checked at the time of registration for faster processing.

V. Search and Track Status for all enrolled beneficiaries to check the approval and payment status of their applications.

VI. 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.

VII. 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.

VIII. MIS Data can be generated at State/ District/ Block/ Village/ Ward/ Project/ Sector/ Anganwadi level for detailed monitoring/ analysis.

IX. Available database of the Pregnant Women & Lactating Mothers from Poshan Tracker is used to create a “Due List” of potential beneficiaries on PMMVY Portal accessible at AWW/ASHA level.

Under the schemes of the Ministry, expansion of coverage and enhancement of financial support is made based on the schematic norms and Annual Programme Implementation Plan (APIP)/ Programme Approval Board (PAB) proposals received from the respective State/ UT during APIP meetings.

STATEMENT

State-wise and year-wise details of the funds released under the schemes of the Ministry during the last three years and current year:

I. Mission Saksham Anganwadi & Poshan 2.0

(**Rs in crores**)

S. No.	State/UT	2023-24	2024-25	2025-26	2026-27 (as on 20.07.2026)
1	Andaman and Nicobar Islands	12.15	9.63	8.1	4.46
2	Andhra Pradesh	705.68	645.73	759.76	276.91

3	Arunachal Pradesh	162.06	102.61	118.5	68.52
4	Assam	2233.31	2482.34	1548.67	957.74
5	**Bihar**	**1859.29**	**2262.92**	**905.43**	**281.23**
6	Chandigarh	19.79	14.56	9.87	5.34
7	Chattisgarh	579.46	733.3	518.22	159.21
8	Dadra & Nagar Haveli and Daman & Diu	11.97	9.13	5.92	2.04
9	Delhi	161.81	160.41	150.21	71.19
10	Goa	13.95	13.44	19.74	6.17
11	Gujarat	1126.8	601.32	699.13	173.97
12	Haryana	225.78	232.69	67.12	65.35
13	Himachal Pradesh	301.09	313.07	328.59	94.66
14	Jammu & Kashmir	530.88	662.79	401.62	231.27
15	Jharkhand	664.3	496.95	429.26	36.9
16	Karnataka	912.96	886.85	863.64	149.96
17	Kerala	306.64	435.74	283.81	148.57
18	Ladakh	19.62	18.89	16.41	8.72
19	Lakshadweep	2.88	1.35	0.82	0
20	Madhya Pradesh	1123.11	1144.54	937.45	451.84
21	Maharashtra	1699.52	1368.84	1405.45	261.47
22	Manipur	201.28	342.87	199.99	112.18
23	Meghalaya	269.69	137.93	182.04	32.29
24	Mizoram	100.27	55.29	52.69	23.98
25	Nagaland	262.91	147.01	146.29	27.99
26	Odisha	968.8	948.16	911.27	336.05
27	Puducherry	4.48	3.68	4.02	1.26
28	Punjab	307.87	265.48	190.73	69.13
29	Rajasthan	1091.96	741.85	843.51	175.06
30	Sikkim	33.49	18.07	18.21	14.62
31	Tamil Nadu	880.79	638.47	636.6	96.3
32	Telangana	507.87	430.76	209.2	154.86
33	Tripura	244.22	153.41	154.73	42.95
34	Uttar Pradesh	2668.69	2694.62	2145.42	808.56
35	Uttarakhand	288.24	216.33	271.05	99.1

36	West Bengal	1237.56	1513.8	1333.9	305.11

II. Mission Vatsalya

(Rs. in crores)

S. No.	Name of the State	2023-24	2024-25	2025-26	2026-27 (as on 26.07.2026)
1	Andhra Pradesh	25.01	44.03	38.72	2.01
2	Arunachal Pradesh	24.35	5.32	7.74	1.09
3	Assam	59.66	31.39	29.61	6.31
4	**Bihar**	**65.18**	**53.35**	**51.95**	**8.00**
5	Chhattisgarh	44.66	39.10	28.79	5.79
6	Goa	0.00	5.14	3.07	0.77
7	Gujarat	47.10	19.50	2.49	2.89
8	Haryana	16.17	6.40	7.85	0.73
9	Himachal Pradesh	21.15	37.68	22.56	2.32
10	Jammu & Kashmir	43.64	44.75	33.79	5.33
11	Jharkhand	37.66	18.73	31.64	0.65
12	Karnataka	90.94	86.48	45.48	2.88
13	Kerala	22.27	12.03	13.80	2.09
14	Madhya Pradesh	60.85	117.24	61.82	2.52
15	Maharashtra	95.38	144.97	78.90	3.93
16	Manipur	29.24	68.15	34.36	2.75
17	Meghalaya	31.28	22.30	42.75	6.09
18	Mizoram	53.09	37.06	33.65	2.34
19	Nagaland	29.28	33.92	25.66	1.91
20	Orissa	60.28	68.83	51.92	9.69
21	Punjab	15.44	14.76	13.94	0.97
22	Rajasthan	42.84	74.98	30.43	6.94
23	Sikkim	5.80	16.21	8.51	0.89
24	Tamil Nadu	128.70	122.82	89.14	18.15
25	Telangana	39.98	36.97	27.26	6.84
26	Tripura	32.09	19.23	18.11	1.40
27	Uttar Pradesh	103.57	92.05	107.15	11.01
28	Uttarakhand	32.63	14.49	20.14	3.70

29	West Bengal	57.42	70.18	47.50	12.41
30	Andaman & Nicobar Island	2.68	3.13	3.60	0.20
31	Chandigarh	5.83	7.63	4.90	1.04
32	Dadra & Nagar Haveli and Daman & Diu	3.19	9.91	2.89	0.88
33	Delhi	3.89	7.62	6.63	1.40
34	Lakshadweep	0.36	0.00	0.09	0.00
35	Ladakh	4.39	3.81	3.20	0.54
36	Puducherry	5.67	4.17	3.21	0.68

III. Mission Shakti

(Rs. in crores)

Sl No.	**State/UT**	**2023-24**	**2024-25**	**2025-26**	**2026-27 (as on 20.07.2026)**
1	A&N Islands	3.04	0.88	1.70	0.45
2	Andhra Pradesh	76.56	50.50	47.73	18.84
3	Arunachal Pradesh	9.03	12.17	11.11	1.50
4	Assam	204.96	98.64	39.07	26.61
5	**Bihar**	**1.58**	**151.29**	**218.22**	**38.49**
6	Chandigarh	5.32	4.96	6.16	1.94
7	Chhattisgarh	30.40	79.56	94.72	15.79
8	DNHDD	2.31	5.26	2.64	1.24
9	Delhi	31.45	25.80	8.77	8.30
10	Goa	0.94	2.68	2.06	0.75
11	Gujarat	97.94	82.39	72.30	13.78
12	Haryana	11.71	38.78	33.52	0.29
13	Himachal Pradesh	19.85	31.98	27.30	7.66
14	Jammu and Kashmir	58.40	58.88	34.27	7.91
15	Jharkhand	13.66	39.51	56.77	6.91
16	Karnataka	144.85	174.93	85.62	18.99
17	Kerala	69.17	11.15	77.66	7.51

18	Ladakh-UT	1.87	1.93	2.28	0.00
19	Lakshadweep	0.69	0.27	0.50	0.00
20	Madhya Pradesh	136.15	279.83	131.73	52.59
21	Maharashtra	30.32	154.62	160.88	46.88
22	Manipur	40.65	26.23	27.84	3.82
23	Meghalaya	7.58	10.25	21.91	3.94
24	Mizoram	14.44	19.59	22.55	5.81
25	Nagaland	18.63	26.56	12.10	6.06
26	Odisha	13.85	57.10	40.84	25.04
27	Puducherry	1.37	2.30	3.10	0.26
28	Punjab	42.89	38.05	38.43	4.94
29	Rajasthan	144.17	106.43	115.84	39.44
30	Sikkim	5.14	2.90	5.82	0.63
31	Tamil Nadu	44.48	124.85	159.36	38.94
32	Telangana	22.12	16.04	26.31	7.32
33	Tripura	14.53	13.59	16.51	3.24
34	Uttar Pradesh	40.02	34.81	34.39	49.32
35	Uttarakhand	41.80	28.07	49.11	11.03
36	West Bengal	7.20	6.42	7.92	1.44

RECOGNITION AND INTEGRATION OF KALARICHIKITSA

2214. DR. M. P. ABDUSSAMAD SAMADANI:

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

(a) whether the Government recognizes Kalarichikitsa (the traditional healing and musculoskeletal treatment system associated with Kalaripayattu) as an independent or specialized branch of traditional medicine and if so, the details thereof;

(b) whether there are any active proposals or expert committees currently evaluating the formal integration of Kalarichikitsa under the AYUSH

(Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) framework and if so, the details thereof;

(c) the steps being taken by the Government to document, scientifically validate and preserve the unique pharmacological and orthopedic practices of Kalarichikitsa;

(d) whether the Government plans to introduce institutionalized training, certification, or research grants for Kalarichikitsa practitioners to prevent the extinction of this ancient knowledge system; and

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

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

(a) to (e): Ministry of Ayush deals only with the development and propagation of Ayush healthcare systems namely, “Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy”.

INDIAN SYSTEM OF MEDICINE

2215. SHRI S. VENKATESAN:

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

(a) the total number of students enrolled in AYUSH Institutions under the Indian System of Medicine (ISM) over the last year; and

(b) the details of the specific statistics regarding the availability and functionality of laboratory facilities in these Institutions?

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

(a): The total number of students enrolled in Ayush Institutions under the Indian System of Medicine (ISM) over the last year is given in the enclosed **Statement-I**.

(b): The details of the specific statistics regarding the availability and functionality of laboratory facilities in these Institutions are given in the enclosed **Statement-II.**

STATEMENT-I

The total number of students enrolled in Ayush Institutions under the Indian System of Medicine (ISM) over the last year (academic year 2025-26)*:

S. No.	Stream	Number of students enrolled
1.	Ayurveda	42,554
2.	Unani	2601
3.	Siddha	907
4.	Sowa Rigpa	35
Total		**46,097**

*Source by National Commission for Indian System of Medicine (NCISM).

STATEMENT II

The details of the specific statistics regarding the availability and functionality of laboratory facilities in these Institutions for the academic year 2025-26*

S. No.	Stream	Number of Available and Functional Laboratories in ISM
1.	Ayurveda	850
2.	Unani	75

3.	Siddha	23
4.	Sowa Rigpa	21
Total		**969**

*Source by NCISM.

घटिया उर्वरक

2216. श्री लालजी वर्मा:
श्री चंदन चौहान:

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

(क) क्या सरकार ने इस बात पर ध्यान दिया है कि कंपनियां बहुधा किसानों को नकली और घटिया उर्वरक बेचती हैं, जिससे फ़सलों को क्षति होती है और किसानों को आर्थिक हानि उठानी पड़ती है और यदि हां, तो पिछले पांच वर्षों में किसानों या किसान समूहों द्वारा दर्ज कराए गए ऐसे मामलों की उत्तर प्रदेश सहित राज्यवार संख्या कितनी है और इन पर की गई कार्रवाई का ब्यौरा क्या है;

(ख) क्या इतनी सारी शिकायतें दर्ज होने के बावजूद, एफआईआर दर्ज करने और उर्वरक ज़ब्त करने के अलावा ऐसी धोखाधड़ी करने वाली कंपनियों के विरुद्ध कोई कठोर और ठोस कार्रवाई नहीं की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस पर सरकार की क्या प्रतिक्रिया है;

(ग) क्या सरकार का ऐसी कंपनियों के विरुद्ध कठोर कार्रवाई करने के लिए कोई दिशा-निर्देश जारी करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार ने संज्ञान लिया है कि उर्वरकों की सीमित या विलंबित आपूर्ति के कारण किसान नकली उर्वरक खरीदने को विवश हो जाते हैं; और

(ङ) यदि हां, तो सरकार द्वारा नकली और घटिया उर्वरक की बिक्री को रोकने और किसानों को अच्छी गुणवत्ता वाले उर्वरक समय पर उपलब्ध कराने के लिए क्या ठोस 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): उत्तर प्रदेश राज्य सहित देश भर 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 की शुरुआत से पहले, कृषि एवं किसान कल्याण विभाग (डीए एंड एफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, राज्य-वार और माह-वार उर्वरकों की आवश्यकता का आकलन करता है। डीएएण्डएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग (डीओएफ) मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।

(ii) सभी प्रमुख सब्सिडी वाले उर्वरकों की गतिविधि की निगरानी पूरे देश में एक ऑन-लाइन वेब-आधारित निगरानी प्रणाली द्वारा की जाती है जिसे एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) कहा जाता है।

(iii) यूरिया और अन्य उर्वरकों की मांग (आवश्यकता) और उत्पादन के बीच के अंतर को आयात के माध्यम से पूरा किया जाता है। मौसम के लिए आयात भी बहुत पहले ही तय कर लिया जाता है ताकि समय पर उपलब्धता सुनिश्चित की जा सके।

(iv) राज्य सरकारों को समय पर मांग-पत्र जारी करके आपूर्ति को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय करने की नियमित रूप से सलाह दी जाती है।

(v) रेलगाड़ियों में उचित संख्या में रैक देने, उर्वरकों को प्राथमिकता देने और राज्यों के लिए रेलगाड़ियों को समय पर निकालने 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 रही है जिसका विवरण निम्नानुसार है:

चल रहे खरीफ मौसम 2026 (01.04.2026 से 28.07.2026 तक) के दौरान देश में उर्वरकों की उपलब्धता

आंकड़े एलएमटी में

क्र.सं.	**उत्पाद**	**आवश्यकता**	**उपलब्धता**	**डीबीटी बिक्री**	**28.07.2026 की स्थिति के अनुसार अंतिम स्टॉक**
1	**यूरिया**	121.5	176.03	110.8	65.23
2	**डीएपी**	35.06	42.67	26.24	16.43
3	**एमओपी**	11.09	14.28	5.79	8.49
4	**एनपीकेएस**	53.44	88.45	44.24	44.2
1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता					
2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री					

इसके अलावा, उत्तर प्रदेश राज्य सरकार ने सूचित किया है कि उत्तर प्रदेश राज्य में उर्वरकों की कोई कमी या आपूर्ति में देरी नहीं है और सरकार किसानों को अधिसूचित कीमतों पर उर्वरकों की समय पर उपलब्धता सुनिश्चित करने के लिए पूरी तरह से प्रतिबद्ध है।

इसके अलावा, कालाबाजारी, घटिया उर्वरकों और अन्य कदाचारों के मामलों का समाधान करने के लिए, उर्वरकों को आवश्यक वस्तु अधिनियम-1955 के तहत एक आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश-1985 के तहत अधिसूचित किया गया है। राज्य सरकारें आवश्यक वस्तु (ईसी) अधिनियम के उपबंधों के अनुसार, इस तरह की कदाचार में शामिल व्यक्तियों के खिलाफ कार्रवाई करने के लिए पर्याप्त रूप से सशक्त हैं। इन कदाचारों के संबंध में उर्वरक विभाग के स्तर पर प्राप्त शिकायतों को आवश्यक वस्तु अधिनियम-1955 और उर्वरक नियंत्रण आदेश-1985 के तहत उचित कार्रवाई करने के लिए संबंधित राज्य सरकार को भेजा जाता है। 01.04.2021 से अब तक उर्वरकों से संबंधित शिकायतों के निवारण के लिए एक ऑनलाइन प्लेटफॉर्म, सीपी-ग्राम्स पोर्टल

के माध्यम से उर्वरक विभाग में प्राप्त शिकायतों के बारे में राज्य-वार जानकारी संलग्न **विवरण-I** में दी गई है।

इसके अलावा, डीएएंडएफडब्ल्यू राज्य सरकारों के साथ परामर्श करके साप्ताहिक आधार पर कालाबाजारी, जमाखोरी, घटिया उर्वरकों और विपथन के मामलों के खिलाफ राज्यों द्वारा की गई प्रवर्तन कार्रवाई की नियमित निगरानी कर रहा है। डीएएंडएफडब्ल्यू द्वारा दी गई सूचना के अनुसार, वित्त वर्ष 2025-26 में देश में 4,84,663 छापे मारे गए, 17,392 कारण बताओ नोटिस जारी किए गए, 6,941 लाइसेंस निलंबित/रद्द कर दिए गए और 847 एफआईआर दर्ज की गई। वित्त वर्ष 2026-27 में अर्थात 01.04.2026 से 24.07.2026 तक, इन कदाचारों पर अंकुश लगाने के लिए चूककर्ताओं के विरुद्ध 1,69,031 छापे मारे गए, 9,127 कारण बताओ नोटिस जारी किए गए, 2,868 लाइसेंस निलंबित/रद्द कर दिए गए और 270 एफआईआर दर्ज की गईं; वित्त वर्ष 2026-27 में जब्त किए गए उर्वरकों की मात्रा के साथ प्रवर्तन गतिविधियों की राज्य-वार जानकारी संलग्न **विवरण-II** में दी गई है।

इसके अलावा, उत्तर प्रदेश राज्य सरकार ने सूचित किया है कि उर्वरक (नियंत्रण) आदेश, 1985 के तहत प्रवर्तन गतिविधियों के दौरान, नकली और घटिया उर्वरकों के उत्पादन, बिक्री और वितरण से संबंधित मामले पाए गए हैं। उर्वरक (नियंत्रण) आदेश, 1985 और अन्य लागू कानूनों के प्रावधानों के अनुसार अपराधियों के खिलाफ उचित कानूनी कार्रवाई शुरू की गई थी। पिछले पांच वर्षों के दौरान पाए गए ऐसे मामलों का विवरण नीचे दिया गया है:

क्र.सं.	**वित्त वर्ष**	**मामलों की संख्या**	**दर्ज किए गए एफआईआर**
1	2021-22	3	3
2	2022-23	13	13
3	2023-24	6	6
4	2024-25	16	16
5	2025-26	19	19

इसके अलावा, राज्य ने यह भी सूचित किया है कि नकली और घटिया उर्वरकों के उत्पादन, बिक्री और वितरण पर अंकुश लगाने के लिए, संबंधित अधिकारियों के समन्वय में राज्य कृषि विभाग द्वारा नियमित प्रवर्तन अभियान चलाया जाता है। इस तरह के प्रवर्तन गतिविधियों के दौरान, निरीक्षण और औचक छापे मारे जाते हैं, उर्वरक स्टॉक को भौतिक रूप से सत्यापित किया जाता है, और उर्वरक (नियंत्रण) आदेश, 1985 के उपबंधों के अनुसार गुणवत्ता परीक्षण के लिए उर्वरक के नमूने लिए जाते हैं। ऐसे मामलों में जहां उर्वरक के नमूने गैर-मानक पाए जाते हैं या जहां वैधानिक प्रावधानों का उल्लंघन पाया जाता है, वहां उर्वरक (नियंत्रण) आदेश, 1985 और आवश्यक वस्तु अधिनियम, 1955, जहां लागू हो, के संगत प्रावधानों के तहत उचित विभागीय और कानूनी कार्रवाई शुरू की जाती है।

विवरण–I

01.04.2021 से अब तक उर्वरकों से संबंधित शिकायतों के निवारण के लिए ऑनलाइन प्लेटफॉर्म, सीपी-ग्राम्स पोर्टल के माध्यम से उर्वरक विभाग में प्राप्त शिकायतों के बारे में राज्य-वार ब्यौरा:

क्र.सं.	राज्य	शिकायतों की संख्या
1	अंडमान और निकोबार द्वीप समूह	1
2	आंध्र प्रदेश	14
3	असम	2
4	बिहार	86
5	छत्तीसगढ	18
6	दिल्ली	6
7	गुजरात	15
8	हरियाणा	36
9	जम्मू और कश्मीर	5
10	झारखंड	5
11	कर्नाटक	21
12	केरलम	3
13	मध्य प्रदेश	39
14	महाराष्ट्र	17
15	मणिपुर	1
16	मिजोरम	3

17	**उड़ीसा**	8
18	**पंजाब**	25
19	**राजस्थान**	41
20	**तमिलनाडु**	14
21	**तेलंगाना**	6
22	**उत्तर प्रदेश**	227
23	**उत्तराखंड**	4
24	**पश्चिम बंगाल**	14
	सकल योग	**611**

विवरण–II

खरीफ मौसम 2026 - 01.04.2026 से 24.07.2026 तक की अवधि के दौरान कालाबाजारी, जमाखोरी, विपथन आदि को रोकने तथा गुणवत्ता जांच के लिए राज्य सरकार द्वारा की गई कार्रवाई:

खरीफ मौसम 2026 01.04.2026 से 24.07.2026 तक की अवधि के दौरान कालाबाजारी, जमाखोरी, विपथन आदि को रोकने तथा गुणवत्ता जांच के लिए राज्य सरकार द्वारा की गई कार्रवाई																	
		कालाबाजारी			जमाखोरी			घटिया गुणवत्ता			विपथन			ज़ब्त किए गए सामान की मात्रा (बोरियों के रूप में)	कुल		
राज्य	निरीक्षण/छापों की संख्या	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर		जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर
अंडमान और निकोबार द्वीप समूह	32	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
आंध्र प्रदेश	5270	4	4	0	94	66	4	37	0	0	0	0	0	0	135	70	4
अरुणाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
असम	3204	6	0	0	6	0	0	0	0	0	4	4	0	0	16	4	0
बिहार	15074	652	627	57	1	149	15	0	0	0	0	0	0	0	653	776	72
छत्तीसगढ	5143	209	48	5	34	9	2	63	0	1	0	0	1	30029	306	57	9
दादर एवं नगर	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
दिल्ली	150	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
गोवा	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

गुजरात	7563	39	0	1	4	3	0	17	0	8	1	0	5	0	61	3	14
हरियाणा	494	8	7	0	22	31	6	9	6	0	3	6	2	0	42	50	8
हिमाचल प्रदेश	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
जम्मू एवं कश्मीर	9147	0	0	0	0	0	0	0	0	0	0	0	1	1562	0	0	1
झारखंड	633	10	0	0	25	2	0	0	0	0	0	0	1	0	35	2	1
कर्नाटक	15702	2132	2	0	0	0	0	76	0	0	5	0	6	4208	2213	2	6
केरल	630	0	0	0	0	0	0	6	0	0	2	0	0	2202	8	0	0
मध्य प्रदेश	1021	0	0	4	0	0	0	0	0	9	23	22	0	0	23	22	13
महाराष्ट्र	40574	850	575	17	728	222	1	563	426	39	16	20	7	0	2157	1243	64
मणिपुर	61	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
मेघालय	330	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
मिजोरम	97	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
नागालैंड	92	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ओडिशा	9716	0	2	0	0	0	1	4	2	0	0	0	0	120	4	4	1
पुदुचेरी	37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
पंजाब	1859	10	0	0	0	0	0	51	7	4	49	0	8	0	110	7	12
राजस्थान	8280	712	20	1	139	28	3	121	0	1	167	1	6	4288	1139	49	11
तमिलनाडु	5377	0	0	0	138	0	6	221	0	0	118	0	2	0	477	0	8

तेलंगाना	11658	28	9	6	0	0	0	0	2	0	3	2	1	0	31	13	7
त्रिपुरा	964	0	0	0	165	0	0	0	0	0	0	0	0	0	165	0	0
उत्तर प्रदेश	9896	1092	363	25	46	58	2	87	69	5	23	58	6	3826	1248	548	38
उत्तराखंड	351	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
पश्चिम बंगाल	15601	5	2	0	264	16	0	35	0	0	0	0	0	0	304	18	0
कुल	169031	5757	1659	117	1666	584	40	1290	512	67	414	113	46	46235	9127	2868	270

ASSESSMENT OF CONTAMINATION IN AYUSH MEDICINES

2217. SHRI SHAFI PARAMBIL:

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

(a) whether the Government has conducted any nationwide assessment of heavy metal contamination, pharmaceutical adulteration and mislabelling in AYUSH medicines and if so, the findings thereof;

(b) the number of samples collected and tested during the last five years, category-wise along with the number exceeding the prescribed limits for mercury, lead, arsenic and cadmium;

(c) the details of the number of manufacturers found selling adulterated or mislabelled AYUSH medicines and the action taken against them;

(d) whether the Government maintains data on adverse liver injury linked to AYUSH medicines and if so, the details thereof; and

(e) whether the Government proposes to strengthen pharmacovigilance and introduce mandatory public disclosure of quality testing results for licensed AYUSH products and if so, the details thereof?

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

(a): As prescribed in Drugs and Cosmetics Act, 1940 and Drugs Rules, 1945, enforcement of the legal provisions relating to quality control, including testing, compliance and issuance of licenses of Ayush drugs, is vested with the Drug Controllers/ Licensing Authorities appointed by the concerned State/ Union Territory Governments. The notified officers under State/UT Governments are also empowered to enforce the provisions of Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954 & Rules made there-under. Quality surveillance of Ayush medicines is undertaken by the State/UT drug inspectors through periodic inspections, sampling and testing of drugs in Government-approved drug testing laboratories. Further, the Ministry of Ayush has established an Ayush Vertical in the Central Drugs Standard Control Organisation (CDSCO) to strengthen the enforcement of the provisions of the Drugs and Cosmetics Act, 1940 and the rules made thereunder. The Ayush Vertical undertakes regulatory activities, including conducting joint inspections of manufacturing units in coordination with the State Drug Inspectors and CDSCO officials to ensure pharmaceutical adulteration and mislabelling.

Ministry of Ayush undertakes surveillance of mislabeling in Ayush medicines in the form of misleading/ objectionable advertisements through the Pharmacovigilance Program for Ayush drugs under the Central Sector Scheme namely, Ayush Oushadhi Gunavatta Evam Uttpadan Samvardhan Yojana (AOGUSY). The Program functions with an objective to monitor and report

misleading advertisements relating to Ayush drugs for appropriate regulatory action along with reporting suspected Adverse Drug Reactions (ADRs).

In addition, Ministry of Ayush has launched Ayush Suraksha portal, wherein misleading advertisements, suspected adverse drug reactions and instances of mislabeling are reported and monitored for appropriate action.

(b): As per the information received from the State/UT Governments, the number of samples collected and tested during the last five years, category-wise along with the number exceeding the prescribed limits for mercury, lead, arsenic and cadmium are given in the enclosed **Statement-I.**

The Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), a sub-ordinate organization under the Ministry of Ayush functions as the Appellate Drugs testing Laboratory for testing or analysis of Ayush drugs and receives samples from Government agencies under the provisions of Drugs & Cosmetics Act, 1940 & Rules made there-under for quality testing. During last five years, 372 samples of Ayush drugs have been tested by PCIM&H. The details are given in the enclosed **Statement-II**.

(c): As per the information received from the State/UT Governments, the details of the number of manufacturers found selling adulterated or mislabeled Ayush medicines and the action taken against them are given in the enclosed **Statement-III**.

(d): Ministry of Ayush maintains data on suspected adverse drug reactions (ADRs) associated with Ayush drugs under the Pharmacovigilance Program. A reporting mechanism for adverse drug reactions is also available in the Ayush Suraksha portal. However, no specific case of suspected adverse liver injury linked to Ayush medicines has been reported under the Programme till date.

(e): Yes, Ministry of Ayush is implementing a Central Sector Scheme, namely Ayush Oushadhi Gunavatta evam Uttpadan Samvardhan Yojana (AOGUSY) since 2021 for five years. The scheme has interalia one of the components, “Pharmacovigilance Program for Ayush Drugs” with its major objectives to keep vigilance over Ayush drugs and to reduce the pollution of misleading advertisements. The program 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 strengthen the pharmacovigilance system for Ayush drugs, Ministry of Ayush has launched an IT enabled online portal “Ayush Suraksha” to track the reported Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) and suspected Adverse Drug Reactions (ADRs) on 30th May 2025.The portal features a centralized dashboard for capturing of MLAs/OAs and tracking of suspected ADRs for prompt regulatory action and comprehensive data analysis.

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 .CDSCO

STATEMENT-I

As per the information received from State/UT Licensing Authorities, number of samples collected and tested during the last five years, category wise along with the number exceeding prescribed limits for mercury, lead, arsenic and cadmium is as follows:

S. No.	State/UT	Year	Number of samples collected and tested during the last five years, category wise	Number exceeding prescribed limits for lead, Mercury, Arsenic, Cadmium
1.	Andaman & Nicobar	2022-23	00	NIL
		2023-24	05	
		2024-25	36	
		2025-26	13	
		2026-27 (till June 2026)	00	
2.	Tripura	2022-23	395	NIL
		2023-24	68	
		2024-25	145	

		2025-26	55	
		2026-27 (till 25-05-2026)	09	
3.	Odisha	2021-22	1901	NIL
		2022-23	1415	
		2023-24	650	
		2024-25	153	
		2025-26	892	
4.	Tamil Nadu	2022-23	2835	NIL
		2023-24	2320	NIL
		2024-25	1696	NIL
		2025-26	2692	NIL
		2026-27 (till June 2026)	813	NIL
5.	Telangana	Last five years	285	NIL
6.	Kerala	Number of samples collected and tested during the last five years-2675		1
		2021	378	
		2022	479	
		2023	540	
		2024	435	
		2025	843	
7.	Himachal Pradesh	2021-22	443	NIL
		2022-23	816	
		2023-24	576	
		2024-25	738	
		2025-26	353	
8.	Assam	2021	118	NIL
		2022	77	
		2023	364	
		2024	410	
		2025	366	
9.	Delhi	2021-22	433	NIL
		2022-23	335	

		2023-24	577	
		2024-25	694	
		2025-26	1312	
10.	Goa	2021-22	75	NIL
		2022-23	227	
		2023-24	114	
		2024-25	89	
		2025-26	191	
11.	Sikkim	2021-22	62	NIL
		2022-23	92	
		2023-24	101	
		2024-25	114	
		2025-26	115	
12.	Uttar Pradesh	NIL		
13.	Manipur	NIL		
14.	Madhya Pradesh	NIL		

STATEMENT-II

The details of the samples of ASU&H drugs has been tested by PCIM&H during last five years are attached as follows:

Year	**Homoeopathy**	**ASU**	**Total**
2022-23	239	28	267
2023-24	01	47	48
2024-25	01	19	20
2025-26	10	25	35
2026-27	01	01	02
Total	**252**	**120**	**372**

STATEMENT-III

State/UT wise details of the number of manufactures found selling adulterated or mislabeled Ayush medicines and the action taken against them are as follows:

S.no.	Name of the State/ UT	Number of manufactures found selling adulterated or mislabeled Ayush medicines	Details of Action taken
1.	Tripura	Nil. No manufacturing unit is available in Tripura.	NA
2.	Kerala	Number of adulterated medicine from 2019 – 5 Legal action has been initiated against the manufacturers according to the provisions of Drugs and Cosmetics Act 1940	1. Final complaint against M/s Petlad Mahal Arogya Mandal Pharmacy, P.O, Piplata, Kheda, Gujarat filed before JFMC ll,Kollam Case No.ST 2049/2024- Under Trial 2. Final complaint against M/s Agasthya Pharmaceuticals, Sidha Marma Chikitsalayam, S.S.I Unit, Thonnakkal (P.O), Mangalapuram, Thiruvananthapuram filed before JFMC ll, Attingal Case No.ST 23/2021- Under Trial 3. Final complaint against M/s Petlad Mahal Arogya Mandal Pharmacy, P.O, Piplata, Kheda, Gujarat filed before JFMC II, KOLLAM Case No.CC 1862/2024- Under Trial 4. Final complaint against M/s Petlad Mahal Arogya Mandal Pharmacy, P.O, Piplata, Kheda, Gujarat filed before JFMC II, KOLLAM Case No.CC 1863/2024- Under Trial 5. Final complaint against M/s Petlad Mahal Arogya Mandal Pharmacy, P.O,

			Piplata, Kheda, Gujarat filed before JFMC II, KOLLAM Case No.CC 1864/2024- Under Trial
		Number of mislabeled medicines from 2019 - 3	1. Final Complaint against M/s Bala Herbals, Industrial Estate, Edakkulangara, Karunagappally Filed before JFMC 1- Karunaga pally Case No ST 585/2023- Under Trial 2. Final Complaint against M/s Altis Life Sciences, Khasra No-380,Suraj Majra Labana, Baddi- 173205, District Solan, H.P and Teleone Consumers Product pvt Ltd, P.O, Box No.10555, Pitam pura, New delhi- 110034 Filed before JFMC V,Vanchiyoor Case No CMP 53O/2O2O- Under Trial 3. Final Complaint against AVN Formulations Pvt. Ltd 175-A,Vilachery Main Road, Madurai, Tamil nadu Filed before JFMC 3, Kozhikode Case No ST 147 12023- Under Trial
3.	Telangana	01	Show cause notice has been issues and the license of Karnataka Antibiotics & Pharmaceuticals Ltd., Plot No. 37, Site No.-34/4, nttf Main Road, Peenya Industrial Area, 2nd Phase, Bangalore has been cancelled for other violations of schedule T of D & C Act
4.	Uttar Pradesh	NIL	
5.	Odisha	NIL	
6.	Manipur	NIL	
7.	Tamil Nadu	NIL	
8.	Delhi	NIL	
9.	Sikkim	NIL	

10.	Goa	NIL	
11.	Madhya Pradesh	NIL	
12.	Himachal Pradesh	NIL	

TAMPERING OF AUTOPSY

2218. SHRI PARSHOTTAMBHAI RUPALA:

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

(a) whether the Union Government, in coordination with State Governments, has taken measures to prevent manipulation or tampering of autopsy reports, including standardized postmortem protocols and digital records in the country, if so, the details thereof, State-wise;

(b) whether mandatory use of certified Personal Protective Equipment (PPE) has been enforced by the Government for doctors and morgue staff during postmortems to prevent occupational exposure to infections such as tuberculosis, HIV and hepatitis, along with regular health screening and training, if so, the details thereof; and

(c) whether the Government has initiated programmes to upgrade postmortem infrastructure across the country, including modern mortuaries, ventilation and bio-safety systems, advanced forensic equipment and adequate staffing, if so, the details thereof, State-wise?

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

(a) to (c): '*Health'* being a State subject, the primary responsibility to address the issue of manipulation or tampering of autopsy reports and to provide standardized postmortem protocols along with digital records lies with the respective States/UTs.

Nonetheless, the Government of India enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified the Clinical Establishments (Central Government) Rules, 2012 amended in 2018 and 2020 (CE Rules) to provide for registration and regulation of Government (except those of Armed Forces) as well as private clinical establishments belonging to recognized systems of medicine. As per CE Act, the clinical establishments are required to fulfill the conditions of minimum standards for each type of service provided. Further, every clinical establishment having Mortuary shall comply with the minimum standards for Mortuary. The minimum standards for Mortuary has been approved by National Council for Clinical Establishments. The CE Act is adopted by 19 States/UTs (12 States, viz., Arunachal Pradesh, Assam, Bihar, Jharkhand, Haryana, Himachal Pradesh, Mizoram, Rajasthan, Sikkim, Telangana, Uttarakhand & Uttar Pradesh and 7 UTs, viz., Andaman & Nicobar Islands,

Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Jammu & Kashmir, Ladakh, Lakshadweep & Puducherry).

'*Health'* being a State subject, the States / UTs which have adopted the CE Act are primarily responsible for enforcing/implementing the provisions of the CE Act in the respective States/UTs. The Act has empowered a registering authority at the district level under the chairmanship of the District Collector / District Magistrate to take actions including imposing penalties in respect of violation of its provisions. The Act also provides for cancellation of registration, if the provisions of the Act are not complied with. The clinical establishments in the States/UTs, which have not adopted and implemented the CE Act, are registered and regulated by the respective State Acts.

SAKHI ONE STOP CENTRES IN ANDHRA PRADESH

2219. SHRI BASTIPATI NAGARAJU:

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

(a) the details of beneficiaries assisted under One Stop Centres (OSCs), along with the category of services availed in Andhra Pradesh during the last five years, year-wise and centre-wise;

(b) the details of vacancies in the posts of Social Counsellors, Case Workers, and Legal Aid Personnel in the OSCs in the said State, district-wise;

(c) the details of the funds allocated/utilised under the said scheme in the said State during the last five years, year-wise; and

(d) the number of cases referred from OSCs to the police, hospitals, legal services authorities and shelter homes in Andhra Pradesh during the last five years, along with the outcome of such referrals, year-wise and district-wise?

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

(a) and (b): One Stop Centre (OSC) Scheme for women is being implemented since 1st April 2015. It provides integrated services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. As on date, 988 One Stop Centres have been made operational across the country, which have assisted over 15.20 lakh women in the country, including in the State of Andhra Pradesh. As on date, 36 OSCs are operational in Andhra Pradesh. During the last five years, i.e. from 2021-22 to 2025-26, the number of women assisted through OSCs in the State of Andhra Pradesh is as under:

Year	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26**
No of women assisted	4049	4356	2993	3134	4911

The Central Government provides 100% financial assistance to States/ UTs for appointment/hiring 13 manpower resources including 1 Centre Administrator, 2 Case Workers, 1 Psycho-social Counsellor, 1 Para Legal Personnel/ Lawyer, 1 Para Medical Personnel at each OSC. The overall implementation of the OSC scheme lies with the State Governments and UT Administrations.

(c): The details of the funds released under the One Stop Centre scheme in Andhra Pradesh during the last five years, year-wise is as under:

(Amount in Lakhs)

Financial Year	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26**
Released	249.56	72.95	605.57	189.06	1207.86

(d): The number of cases referred from OSCs to the police, hospitals, legal services authorities and shelter homes in Andhra Pradesh during the last five years is as under:

Year	**Police**	**Hospitals**	**Legal Services**	**Shelter Homes**	**Total**
2021-22	125	123	77	98	423
2022-23	222	142	63	61	488
2023-24	205	145	57	63	470
2024-25	233	227	93	180	733
2025-26	429	266	103	270	1068
TOTAL	**1214**	**903**	**393**	**672**	**3182**

LOGISTICS INFRASTRUCTURE DEVELOPMENT AT PORTS

2220. SHRI THARANIVENTHAN M. S.:

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

(a) the present status of logistics infrastructure development at ports in Tamil Nadu to support exporters, including capacity augmentation, connectivity improvements and modernisation projects at major and non-major ports;

(b) the details of projects undertaken under Sagarmala Programme and other Central initiatives for improving port connectivity, cargo handling efficiency, warehousing, multimodal logistics and export facilitation in Tamil Nadu including Arani Assembly Constituency;

(c) the details of funds allocated, released and utilised for such logistics infrastructure projects in Tamil Nadu during the last five years; and

(d) the steps being taken by the Government to strengthen port-based logistics infrastructure, improve connectivity with industrial clusters, reduce export transportation costs and enhance the competitiveness of exporters from Tamil Nadu?

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

(a) to (d): Major Ports are under the administrative control of the Central Government whereas Ports other than Major Ports (OTMP), 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. The details of various logistics infrastructure development projects

at major and non major ports in Tamil Nadu including capacity augmentation, connectivity improvements and modernisation are given in the enclosed **Statement-I.**

Sagarmala programme has a dedicated pillar of port connectivity which focuses on the last mile and immediate hinterland connectivity of the ports via road, rail and inland waterways. Further, Department for Promotion of Industry and Internal Trade (DPIIT) has undertaken a comprehensive assessment of port connectivity and prepared a Comprehensive Port Connectivity Plan (CPCP) in 2022 by reviewing connectivity of the operational ports and identified the ports which needed improvement of road and/or rail connectivity with nearby economic hubs. Subsequently, MoPSW, in consultation with Ministry of Road, Transport and Highways and Ministry of Railways has identified a total of 294 rail and road connectivity projects, out of which, 84 projects (63 Rail and 21 Road) have been completed.

Government has also taken various initiatives to enhance port capacity, improve operational efficiency, mechanization of berths, capital dredging for deep-draft vessels, which has resulted in cargo handling capacity of Major Ports to 1,728 Million Tonnes Per Annum (MTPA) as of March 2026.

Details of projects undertaken under Sagarmala scheme for improving port connectivity, cargo handling efficiency, multimodal logistics and export facilitation in Tamil Nadu are given in the enclosed **Statement-II.**

STATEMENT-I

The details of funds allocated, released and utilised for logistics infrastructure projects in Tamil Nadu during the last five years:

a. Kamrajar Port:

Sl. No	Project	Project Cost (in cr.)	Fund Uitlized (in cr.)
1	Container Terminal Phase-I Stage-II	558.00	342.00
2	IOCL Captive Jetty	921.00	868.48
3	Coal Berth-4	198.94	292.21
4	Fire Fighting Facilities	24.99	5.59
5	1 MLD Desalination Plant	21.92	19.5
6	Coal Berth-3	244.5	261.05
7	Capital Dredging Phase-VI (18 m Draft)	440.70	3.44
8	RFID & ANPR Based Gate Control System	5.54	3.66
9	Integrated Command & Control Centre (ICCC)	15.00	10.90
10	Rehabilitation of Northern Breakwater	91.52	85.75
11	Driver Amenity Building	3.65	3.64
12	Seafarers Club Building	7.25	7.21
13	Pass Section Building	4.52	4.57
14	Upgradation of Railway Tracks	35.20	32.46
15	Improvement of Southern Port Access Road on deposit basis to TNRDC	195.00	154.09
16	Augmentation-doubling of southern rail connectivity to KPL	88.81	90.52

b. V.O. Chidambaranar Port:

Sl. No.	Project	Project Cost (in cr.)	Fund Uitlized (in cr.)
1	Development of Bunkering and Refueling facilities for Green Methanor at VoC Port	35.00	21.00
2.	Construction of Widening the Koampallam Surplus Course (KSC) bridge and Rail over Bridge (ROB)	20.85	20.00

3.	Development and Operation of a full-fledged Truck Parking Terminal adjacent to NH7A opposite to Fisheries college at V. O . Chidambaranar	23.69	10.00
4.	Coastal berth with dredged depth of 10.0m to handle vessels up to 15000 DWT -length 150m at VoCPT	36.00	29.99
5.	Dredging the dock basin for coastal cargo berth at VOCPT - Dredging in front of dedicated coastal berth	98.00	20.89

c. Chennai Port Authority:

Sl No	Name of the Project	Project Cost (in cr.)	Fund Uitlized (in cr.)
1	Development of Paved storage for handling export cargo.	54.00	25.73
2	Development of Buffer Parking Yard for Trailers/Trucks at the backup area of Berth No 24B(BD-I)	52.85	39.42
3	Development of Paved storage yards at Marshalling Yard and JD (East) backup area for handling EXIM cargos at Chennai Port	63.34	21.803
4	Construction of four EXIM Godowns and development of concrete roads around the Exim Godowns in ChPA.	70.21	21.736
5	Modernisation and Upgradation of Chennai Fishing Harbour	97.95	44.394
6	Construction of Bunker Berth at Chennai Port	44.00	22.00
7	Coastal cargo berth at ChPA	80.00	30.08

d. Tamil Nadu Maritime Board (Other than Major Ports)

S. No	Project	Estimated Cost Rs. in Cr	Funds released Rs. in Cr	Funds Utilized Rs.in Cr
1	Extension of Passenger Berthing Facility at Kanyakumari Port	31.50	9.50	9.50
2	Creation of Additional Berthing Facilities at Villondi Theertham	3.66	1.78	1.06
3	Creation of Berthing Facilities for Tourist Vessels at Agni Theertham	7.58	7.21	5.73
4	Construction of Floating Jetty at Mandapam	3.66	1.78	1.06
5	Upgradation of Nagapattinam Port Infrastructure	10.47	9.62	7.79

	for Passenger Ferry Service between Nagapattinam (India) and Kankesanthurai (Sri Lanka)			
6	Modern elevated steel bridge for safe transport of tourists from Vivekananda Rock to Thiruvalluvur statue	37.00	15.53	15.53
7.	Construction of Breakwater both in North and South side of entrance channel- Berth-1- Berth-2 and Capital Dredging at Cuddalore Port -From entrance channel till cargo berths	135.00	67.50	67.50
8.	Construction of a fishing harbour at Poompuhar in Nagapattinam District in Tamil Nadu	148.00	37.00	37.00
9.	Expansion of fishing harbour at Chinnamuttomin Kanyakumari District in Tamil Nadu	74.00	18.38	18.38
10.	Fishing harbor at Mookaiyur in Ramanathapuram district in Tamil Nadu	113.90	28.48	28.48

STATEMENT-II

Details of projects undertaken under Sagarmala scheme for improving port connectivity, cargo handling efficiency, multimodal logistics and export facilitation in Tamil Nadu :

Sl. No.	Project Name	Implementing Agency	Project Pillar	Project Status	Project Cost (₹ Cr)	MoPSW Share (₹ Cr)	Fund Released (₹ Cr)
1	Upgradation of Nagapattinam Port Infrastructure for the passenger ferry service from Nagapattinam (India) to Kankesanthurai (Sri Lanka)	Tamil Nadu Maritime Board	Coastal Shipping and IWT	Under Implementation	10.47	10.47	9.62
2	Creation of Berthing facilities for the tourist vessels at Agni	Tamil Nadu Maritime Board	Coastal Shipping and IWT	Under Implementation	7.58	7.58	7.21

	Theertham, Tamil Nadu'.						
3	Creation of additional berthing facilities for the tourist vessels at Villoondi Theertham, Tamil Nadu	Tamil Nadu Maritime Board	Coastal Shipping and IWT	Under Implementation	3.66	3.66	1.79
4	DDUGKY Phase II Tamil Nadu	Ministry of Rural Development (DDU-GKY)	Coastal Community Development	Under Implementation	10.67	3.66	3.37
5	Modernization and up-gradation of Chennai Fishing Harbour”.	Chennai Port Authority	Coastal Community Development	Under Implementation	97.95	48.97	44.39
6	Development of Passenger jetty at Kanyakumari	Tamil Nadu Maritime Board	Coastal Shipping and IWT	Under Implementation	20.00	10.00	9.50
7	Development and Operation of a full-fledged Truck Parking Terminal adjacent to NH7A opposite to Fisheries college at V. O . Chidambaranar	V. O. Chidambaranar Port Authority	Port Modernization	Completed	23.69	10.00	10.00
8	Coastal berth with dredged depth of 10.0m to handle vessels up to 15000 DWT - length 150m at VoCPT	V. O. Chidambaranar Port Authority	Coastal Shipping and IWT	Completed	36.00	29.99	29.99
9	Coastal Cargo Berth at ChPT	Chennai Port Authority	Coastal Shipping and IWT	Completed	80.00	30.08	30.08
10	Construction of Breakwater both in	Tamil Nadu Maritime Board	Port Modernization	Completed	135.00	67.50	67.50

	North and South side of entrance channel- Berth-1- Berth-2 and Capital Dredging at Cuddalore Port -From entrance channel till cargo berths						
11	Development of paved storage yard at Chennai Port for handling export cargo	Chennai Port Authority	Port Modernization	Completed	51.46	25.73	25.73
12	Construction of Bunker berth at Chennai Port	Chennai Port Authority	Port Modernization	Completed	44.00	22.00	22.00
13	Construction of a fishing harbour at Poompuhar in Nagapattinam District in Tamil Nadu	Fisheries Department, GoTN	Coastal Community Development	Completed	148.00	37.00	37.00
14	Expansion of fishing harbour at Chinnamuttomin Kanyakumari District in Tamil Nadu	Fisheries Department, GoTN	Coastal Community Development	Completed	74.00	18.38	18.38
15	DDUGKY Phase I Tamil Nadu	Ministry of Rural Development (DDU-GKY)	Coastal Community Development	Completed	2.94	0.59	0.59
16	Construction of widening the Korampallam Surplus course bridge and rail over bridge -RoB including widening of road from	V. O. Chidambaranar Port Authority	Port Connectivity	Completed	41.55	20.00	20.00

	western boundary to TTPS						
17	Dredging the dock basin for coastal cargo berth at VOCPT -Dredging in front of dedicated coastal berth	V. O. Chidambaranar Port Authority	Port Modernization	Completed	98.00	20.89	20.89
18	National Technology Centre for Ports, Waterways and Coasts (NTCPWC) at IIT Madras.	IIT Chennai	Coastal Community Development	Completed	77.03	39.67	39.67
19	Fishing harbor at Mookaiyur in Ramanathapuram district in Tamil Nadu	Fisheries Department, GoTN	Coastal Community Development	Completed	113.90	28.48	28.48
20	Construction of fish landing centre at Kunthukal in Ramanathapuram District of Tamil Nadu.	Fisheries Department, GoTN	Coastal Community Development	Completed	74.00	18.50	16.65
21	Modern elevated steel bridge for safe transport of tourists from Vivekananda Rock to Thiruvalluvur statue	Tamil Nadu Maritime Board	Port Connectivity	Completed	37.00	15.53	15.53
22	Development of Buffer Parking yard for Trailers / Trucks at the backup areas of Berth No. 24B(BD-	Chennai Port Authority	Port Modernization	Completed	49.06	39.42	39.42

	II) in Chennai Port Authority						
23	Construction of four EXIM godowns and concrete roads around EXIM godowns at Chennai Port	Chennai Port Authority	Port Connectivity	Under Implementation	54.34	27.17	21.74
24	Development of paved storage yard at marshalling yard and JD (east) back up area for handling EXIM cargoes	Chennai Port Authority	Port Modernization	Under Implementation	45.90	22.95	21.80
Total					**1,336.2**	**558.22**	**541.33**

TRAUMA CARE FACILITY

2221. SHRI SAPTAGIRI SANKAR ULAKA:

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

(a) whether the Government is aware that the 200-bed Level-I Trauma Care Facility at Panikoili in Jajpur district, Odisha, constructed at a cost of about Rs.102 crore and inaugurated in June 2025, remains non-operational and if so, the details thereof and the reasons therefor;

(b) the current status of infrastructure, medical equipment, sanctioned posts and recruitment of doctors, nurses and paramedical personnel;

(c) whether the Government has received any proposal from the Government of Odisha for operationalisation of the facility as a Government Hospital/Sub-Divisional Hospital and if so, the details thereof;

(d) whether any proposal to operate the facility under Public-Private Partnership (PPP) mode is under consideration and if so, the details thereof; and

(e) the steps taken by the Government in this regard and the timeline fixed for making the facility fully operational in view of its strategic location on NH-16 and NH-20?

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

(a) to (e): As reported by the Government of Odisha, a 200-bed Level-I Trauma Care Facility has been established at Panikoili in Jajpur district, Odisha, to strengthen emergency and trauma care services in the region. The Government has decided to operate the facility under the Public-Private Partnership (PPP) model and has engaged HLL Lifecare Ltd., Kerala, as the operating partner to manage and operationalize the facility, ensuring the delivery of quality, efficient, and specialized trauma care services.

चिकित्सा पर्यटन

2222. श्री दर्शन सिंह चौधरी:

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

(क) क्या सरकार को जानकारी है कि देश में उच्च-गुणवत्ता वाली स्वास्थ्य सेवाओं, किफायती उपचार और कुशल चिकित्सा विशेषज्ञों के कारण चिकित्सा पर्यटन एक तेज़ी से उभरता हुआ क्षेत्र है जिसमें वैश्विक स्तर पर अपार संभावनाएं हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार चिकित्सा पर्यटन को बढ़ावा देने, अंतर्राष्ट्रीय रोगियों के लिए स्वास्थ्य सेवाओं को अधिक सुलभ बनाने और राज्यों के सहयोग से विश्व-स्तरीय चिकित्सा अवसंरचना विकसित करने के लिए कोई विशेष नीति या कार्य-योजना कार्यान्वित कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) चिकित्सा पर्यटन के लिए भारत आने वाले विदेशी रोगियों की संख्या कितनी है, उससे होने वाली आय कितनी है, पिछले तीन वर्षों में मान्यता प्राप्त अस्पतालों की संख्या कितनी है और सरकार द्वारा इस क्षेत्र के विकास के लिए किए गए प्रमुख उपायों का ब्यौरा क्या है; और

(घ) क्या सरकार ने 'हील इन इंडिया' पहल के अंतर्गत चिकित्सा पर्यटन को और अधिक प्रोत्साहित करने के लिए चिकित्सा वीज़ा प्रक्रिया को सरल बनाया 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 (घ): चिकित्सा पर्यटन क्षेत्र तेजी से विकसित होता हुआ क्षेत्र है, और जिसमें अपार वैश्विक संभावनाएं हैं और केंद्र सरकार विभिन्न मंत्रालयों/विभागों/व्यापारिक निकायों के साथ-साथ निजी क्षेत्र के अस्पतालों की विभिन्न पहलों के माध्यम से इसे विधिवत रूप से व्यवस्थित किया जा रहा है। केंद्र

सरकार, अपने विभिन्न पहलों के माध्यम से मुख्य रूप से पर्यटन मंत्रालय के माध्यम से, चिकित्सा और स्वास्थ्य पर्यटन सहित देश के विभिन्न पर्यटन उत्पादों को बढ़ावा देती है।

विदेश मंत्रालय ने सूचित किया है कि विदेशों में भारतीय दूतावासों/विदेशी पोस्टो में आपातकालीन वीजा सेवाएं उपलब्ध हैं और गृह मंत्रालय द्वारा निर्धारित शर्तों की पूर्ति के अधीन, शीघ्रता पूर्वक चिकित्सा/आयुष वीजा जारी करने हेतु हर संभव प्रयास किया जाता है। विदेशों में स्थित भारतीय दूतावासों/वाणिज्य दूतावासों द्वारा चिकित्सा वीजा के आपातकालीन मामलों को तत्काल निपटाने के लिए सर्वोपरि प्राथमिकता दी जाती है। सभी भारतीय दूतावासों/वाणिज्य दूतावासों ने ऐसे आपातकालीन मामलों के लिए एक हेल्पलाइन नंबर भी उपलब्ध कराया है। इसके अतिरिक्त, गृह मंत्रालय ने सूचित किया है कि ई-मेडिकल वीजा की वैधता 60 दिनों से बढ़ाकर 1 वर्ष कर दी गई है; ई-मेडिकल वीजा पर अनुमत प्रवेशों की संख्या 03 से बढ़ाकर बहुप्रवेश कर दी गई है और ई-मेडिकल वीजा सुविधा का विस्तार 176 देशों के नागरिकों के लिए कर दिया गया है। यह भी सूचित किया गया है कि भारतीय ई-वीजा व्यवस्था में ई-आयुष (एम3) और ई-आयुष परिचारक (एम4) वीजा के साथ आयुष चिकित्सा प्रणाली के अंतर्गत विभिन्न सेवाएं शामिल हैं। इसके अतिरिक्त, स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) विभिन्न सरकारी मंत्रालयों/विभागों के साथ-साथ नेटहेल्थ, भारतीय वाणिज्य एवं उद्योग महासंघ (फिक्की), सेवा निर्यात संवर्धन परिषद (एसईपीसी) आदि जैसे निजी हितधारकों के बीच हितधारक परामर्श और समन्वय कार्यकलापों के माध्यम से चिकित्सा पर्यटन क्षेत्र की सहायता करता है।

गृह मंत्रालय से प्राप्त जानकारी के अनुसार, पिछले 3 वर्षों (दिनांक 01.01.2023 से 31.12.2025) में चिकित्सा पर्यटन के लिए भारत आने वाले विदेशी नागरिकों की संख्या का विवरण निम्नलिखित है:

वीज़ा श्रेणी	**2023**	**2024**	**2025**	**कुल योग**
आयुष परिचारक वीज़ा (ई)	0	104	475	579
आयुष वीज़ा, आयुष वीज़ा (ई)	0	1054	2321	3375

मेडिकल परिचारक / मेडिकल परिचारक (ई)	15650	18510	22748	56908
मेडिकल वीज़ा/ मेडिकल वीज़ा (ई)	643541	624761	482786	1751088
कुल योग	**659191**	**644429**	**508330**	**1811950**

SPECIAL COURTS UNDER PREVENTION OF ATROCITIES AND PREVENTION OF CIVIL RIGHTS ACT

2223. SHRI G. LAKSHMINARAYANA:

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

(a) the details 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 details of pendency, conviction rate and average disposal time of cases under the said Act during the last five years, State-wise;

(c) the details of chargesheets filed and the average time taken from registration of an FIR to filing of the chargesheet during the said period, State/UT-wise;

(d) the details of sanctioned strength and vacancies of judicial officers, Special Public Prosecutors and court staff in such courts, State/UT-wise; and

(e) the details of funds sanctioned, released and utilised for judicial infrastructure relating to these courts since 2018, year-wise and State/UT-wise?

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

(a): 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 in the enclosed **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 in the enclosed **Statement-II** and corresponding details for the Schedule Tribes is given in the enclosed **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 in the enclosed **Statement-IV (A-E)** and corresponding details for the Schedule Tribes is given in the enclosed **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.

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:

		2019				2020				2021			
Sl. No.	State/UT	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**

Contd.

Sl. No.	State/UT	2022				2023			
		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:

		2019				2020				2021			
Sl. No.	State/UT	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**

Contd.

Sl. No.	State/UT	2022				2023			
		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 & D	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
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	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
35	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 D&D	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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															

PM PRANAM SCHEME

2224. SHRI LAVU SRIKRISHNA DEVARAYALU:
SHRI PUTTA MAHESH KUMAR:

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

(a) the total amount of funds sanctioned and released to the states under the PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother Earth (PM PRANAM) scheme since inception, State-wise and year-wise;

(b) the area and farmers covered under the scheme, State-wise and district-wise for Andhra Pradesh;

(c) the financial assistance released to farmers, State-wise and district-wise for Andhra Pradesh indicating the timeline by which the first incentive under the scheme is planned to be disbursed;

(d) whether there are issues in incentive disbursal, if so, the details thereof;

(e) whether the Government plans to continue the said scheme during the financial year 2025–26, if so, the details of the proposed extension and budgetary allocations; and

(f) the total quantity of chemical fertilisers, Urea, DAP, NPK, MOP consumed during the last five years, year-wise and State-wise?

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

(a) to (e): The Cabinet Committee on Economic Affairs (CCEA), on June 28, 2023, approved the “PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth (PM-PRANAM)” for the period from 2023-24 to 2025-26. This initiative aims to support the mass movement initiated by States and Union Territories (UTs) to preserve the health of Mother Earth through the promotion of sustainable and balanced fertilizer use, adoption of alternative fertilizers, promotion of organic farming, and implementation of resource conservation technologies.

All States/UTs are covered under the PM-PRANAM scheme, including the State of Andhra Pradesh. The incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, under the Scheme is equivalent to 50% of the fertilizer subsidy saved by the State. The incentives can be utilized for promotional activities (IEC) & R&D relating to agricultural infrastructure and increase in the yield. The remaining 50% of the subsidy is retained by Govt. of India.

The incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) has not yet been disbursed.

(f): The State-wise details regarding the sales of Urea, DAP, MOP and NPKS during the last five years are given in the enclosed **Statement.**

STATEMENT

The State-wise details regarding the sales of Urea, DAP, MOP and NPKS during the last five years

fig. in LMT

S. N.	State	2021-22				2022-23				2023-24				2024-25				2025-26			
		UREA	DAP	MOP	NPKS	UREA	DAP	MOP	NPKS	UREA	DAP	MOP	NPKS	UREA	DAP	MOP	NPKS	UREA	DAP	MOP	NPKS
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	14.83	3.60	1.78	13.99	15.87	4.64	1.18	13.73	14.99	4.20	1.31	14.02	15.70	4.34	1.71	15.78	17.06	5.45	1.82	15.59
3	Arunachal Pradesh	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00
4	Assam	3.60	0.52	0.55	0.19	3.56	0.63	0.47	0.19	3.73	0.72	0.44	0.23	4.10	0.62	0.57	0.48	4.60	0.72	0.55	0.40
5	Bihar	21.53	5.52	1.38	3.96	21.96	5.66	1.26	4.25	23.24	6.51	1.39	4.39	25.60	5.83	1.84	6.04	25.33	6.57	1.80	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	8.00	3.53	0.83	1.31	8.38	3.14	0.56	1.06	8.99	4.34	0.60	1.30	10.07	3.83	0.76	2.34	9.81	3.25	0.82	2.57
8	Dadra and Nagar Haveli	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	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
10	Delhi	0.26	0.03	0.00	0.00	0.28	0.05	0.00	0.00	0.32	0.04	0.00	0.00	0.40	0.04	0.00	0.00	0.21	0.05	0.00	0.00
11	Goa	0.02	0.00	0.00	0.03	0.02	0.00	0.00	0.03	0.02	0.01	0.00	0.02	0.02	0.00	0.00	0.03	0.02	0.00	0.00	0.03
12	Gujarat	21.90	5.00	1.09	6.69	24.73	6.10	0.81	5.23	24.30	6.29	0.80	6.97	24.23	5.42	0.92	8.35	23.99	5.32	0.95	8.28
13	Haryana	20.75	4.96	0.57	0.54	20.46	5.59	0.35	0.26	21.77	5.83	0.36	0.44	22.65	5.34	0.47	1.03	23.20	5.46	0.44	0.82
14	Himachal Pradesh	0.74	0.00	0.04	0.19	0.74	0.02	0.04	0.35	0.68	0.01	0.03	0.32	0.65	0.03	0.03	0.32	0.79	0.05	0.03	0.28
15	Jammu and kashmir	1.67	0.44	0.19	0.00	1.60	0.48	0.17	0.00	1.45	0.44	0.16	0.00	1.36	0.43	0.14	0.01	1.60	0.43	0.21	0.02
16	Jharkhand	2.57	0.91	0.01	0.45	2.56	0.77	0.04	0.45	3.04	0.94	0.03	0.33	3.73	0.84	0.03	0.85	3.22	0.93	0.05	0.76
17	Karnataka	17.84	5.73	2.54	18.72	18.21	6.21	1.41	16.67	15.65	6.42	1.54	15.84	19.17	5.86	2.21	20.90	18.85	6.09	2.46	21.35
18	Kerala	1.15	0.14	0.77	1.26	1.12	0.19	0.78	1.02	0.96	0.16	0.70	1.26	1.15	0.20	0.83	1.26	1.14	0.22	0.87	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	29.18	12.03	1.18	4.96	32.39	13.85	0.62	4.79	34.37	15.50	0.67	5.41	38.09	11.66	1.08	9.77	42.43	11.47	1.08	11.16
21	Maharashtra	23.68	5.87	3.26	25.75	24.66	7.18	1.38	20.46	23.48	7.36	1.42	23.04	26.41	6.47	2.22	28.79	27.27	5.81	2.55	29.63
22	Manipur	0.14	0.01	0.00	0.01	0.31	0.04	0.04	0.03	0.25	0.01	0.02	0.00	0.14	0.02	0.02	0.01	0.19	0.04	0.01	0.02
23	Meghalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.03	0.00	0.00	0.00
24	Mizoram	0.01	0.00	0.00	0.00	0.10	0.01	0.00	0.00	0.13	0.00	0.00	0.00	0.20	0.00	0.00	0.00	0.11	0.00	0.00	0.00
25	Nagaland	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.02	0.00	0.00	0.00
26	Odisha	5.53	2.37	1.07	2.49	5.60	1.94	0.61	2.63	5.84	2.74	0.66	2.42	6.67	2.56	0.77	3.28	7.26	2.78	0.74	3.57
27	Puducherry	0.15	0.01	0.02	0.07	0.17	0.02	0.01	0.06	0.13	0.01	0.01	0.07	0.15	0.02	0.01	0.08	0.14	0.01	0.01	0.08
28	Punjab	31.34	6.27	0.64	1.21	29.45	7.17	0.41	0.58	30.68	7.24	0.50	0.73	32.56	6.61	0.71	1.41	31.39	6.66	0.61	1.29
29	Rajasthan	22.59	6.10	0.24	1.20	25.17	8.47	0.14	0.72	25.39	9.37	0.15	1.08	26.40	6.90	0.20	2.55	28.05	7.80	0.18	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.40	2.39	2.53	8.17	10.05	2.76	1.65	7.38	10.11	2.71	1.63	7.94	10.92	2.56	1.94	8.49	11.43	2.89	2.02	8.73
32	Telangana	17.12	2.98	1.39	13.24	18.83	3.71	0.74	12.90	19.03	3.68	0.92	13.62	20.08	3.64	1.14	14.97	20.94	4.38	1.04	14.74
33	Tripura	0.18	0.01	0.01	0.01	0.19	0.02	0.02	0.02	0.14	0.03	0.02	0.02	0.17	0.02	0.04	0.03	0.17	0.03	0.02	0.03
34	Uttarakhand	2.09	0.31	0.04	0.22	2.05	0.52	0.03	0.11	2.31	0.38	0.04	0.20	2.31	0.40	0.04	0.21	2.21	0.48	0.04	0.17
35	Uttar Pradesh	71.12	21.20	1.91	6.36	74.72	22.38	1.22	4.79	74.53	21.61	1.21	7.93	79.18	19.51	1.76	10.50	80.37	20.25	1.91	10.01
36	West Bengal	13.30	2.70	1.89	10.34	14.05	3.77	2.36	9.61	12.20	3.20	1.83	9.20	15.77	3.12	2.57	12.24	14.76	3.65	2.34	11.14
All India		341.73	92.64	23.93	121.37	357.26	105.31	16.32	107.31	357.81	109.73	16.45	116.80	387.92	96.29	22.02	149.72	396.60	100.80	22.56	150.37

एनएचएम के अंतर्गत वित्तीय सहायता

2225. डॉ. राजेश मिश्राः

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

(क) राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत राज्यों को 108 आपातकालीन प्रतिक्रिया सेवा और जननी एक्सप्रेस गाड़ियों के संचालन और अनुरक्षण के लिए दी जाने वाली वार्षिक आर्थिक सहायता का ब्यौरा क्या है;

(ख) क्या सरकार को जानकारी है कि सीधी ज़िले में एम्बुलेंस प्रतिक्रिया समय बहुत अधिक है और गाड़ियाँ खराब होने के कारण गर्भवती महिलाएँ और गंभीर रूप से बीमार रोगी बहुधा समय पर अस्पताल नहीं पहुँच पाते हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) पिछले दो वर्षों में संसदीय निर्वाचन क्षेत्र के लिए स्वीकृत की गई नई एम्बुलेंस और एडवांस्ड लाइफ़ सपोर्ट (एएलएस) एम्बुलेंस की कुल संख्या कितनी है;

(घ) ज़िले में ठीक से काम कर रही ऐसी गाड़ियों की कुल संख्या कितनी है; और

(ङ) क्या इन सेवाओं को उपलब्ध कराने वाली एजेंसियों को बकाया भुगतान समय पर किया जा रहा है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके कारण क्या हैं?

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

(क): "जन स्वास्थ्य" और "अस्पताल" राज्य के विषय हैं, इसलिए विशेष रूप से आपातकालीन देखभाल नेटवर्क के लिए पर्याप्त रूप से उपकरणों से लैस एम्बुलेंस सहित जन स्वास्थ्य देखभाल प्रणाली को सुदृढ़ करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है।

हालांकि, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, स्वास्थ्य और परिवार कल्याण मंत्रालय राज्यों/संघ राज्य क्षेत्रों को उनकी आवश्यकताओं के आधार पर कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में उनसे प्राप्त प्रस्तावों के अनुसार तकनीकी और वित्तीय सहायता प्रदान करता है, जिसमें डायल 108, डायल 102/104, बेसिक लाइफ सपोर्ट (बीएलएस) और एडवांस लाइफ सपोर्ट (एएलएस) एम्बुलेंस के लिए प्रावधान शामिल है और अनुमोदन राज्यों/संघ राज्य क्षेत्रों को कार्यवाही अभिलेख(आरओपी) के रूप में प्रदान किए जाते हैं। डायल 108 मुख्यतः एक आपातकालीन प्रतिक्रिया प्रणाली है, जिसे मुख्य रूप से गहन परिचर्या वाले रोगियों, ट्रॉमा और दुर्घटना से पीड़ितों आदि की देखभाल के लिए डिज़ाइन किया गया है। आरओपी को निम्नलिखित लिंक पर देखा जा सकता है:

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

(ख) से (ङ): मध्य प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, सीधी जिले में 108 एम्बुलेंस सेवा का औसत प्रतिक्रिया समय ग्रामीण क्षेत्रों में 19 मिनट 51 सेकंड और शहरी क्षेत्रों में 18 मिनट 17 सेकंड है। इसी प्रकार, जननी का औसत प्रतिक्रिया समय ग्रामीण क्षेत्रों में औसतन 15 मिनट 33 सेकंड और शहरी क्षेत्रों में 13 मिनट 50 सेकंड है। ये परिचालन समय-सीमाएँ भारत सरकार (एनएएस) द्वारा निर्धारित सेवा डिलीवरी मानकों के अनुरूप हैं।

राज्य द्वारा सूचित किया गया है कि पिछले दो वित्त वर्षों में सीधी संसदीय निर्वाचन क्षेत्र में कोई नई बेसिक लाइफ सपोर्ट (बीएलएस) या एडवांस्ड लाइफ सपोर्ट (एएलएस) एम्बुलेंस स्वीकृत नहीं की गई है। जिले का मौजूदा बेड़ा बिना किसी यांत्रिक या लॉजिस्टिक व्यवधानों के साथ पूरी तरह से परिचालनरत है। सक्रिय तैनाती में 17 बेसिक लाइफ सपोर्ट (बीएलएस) एम्बुलेंस, 03 एडवांस्ड लाइफ सपोर्ट (एएलएस) एम्बुलेंस और 19 जननी एक्सप्रेस (रोगी परिवहन वाहन) शामिल हैं।

इसके अतिरिक्त, राज्य ने सूचित किया है कि राज्य स्तर पर कोई बकाया देनदारियाँ या विक्रेता भुगतान लंबित नहीं हैं। राज्य वैध चालान प्राप्त होते ही सभी वित्तीय निपटानों को व्यवस्थित रूप से तुरंत निष्पादित करता है।

महिलाओं में एनीमिया और कुपोषण की व्यापकता

2226. श्री राजकुमार रोतः

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

(क) क्या यह सच है कि राजस्थान के जनजाति बहुल क्षेत्रों में गर्भवती महिलाओं में एनीमिया और कुपोषण की समस्या बहुत गंभीर है और अप्रैल 2025 से फरवरी 2026 के बीच डूंगरपुर जिले में जांच की गई 10,175 गर्भवती महिलाओं में से लगभग 7,000 महिलाएं एनीमिया से पीड़ित पाई गईं;

(ख) यदि हाँ, तो पिछले पाँच वर्षों के दौरान जनजाति बहुल क्षेत्रों में एनीमिया से पीड़ित गर्भवती महिलाओं के मामलों का वर्षवार ब्यौरा क्या है;

(ग) क्या यह सच है कि उक्त अवधि के दौरान डूंगरपुर जिला अस्पताल में जारी की गई 4,584 यूनिट खून में से 2,544 यूनिट गर्भवती महिलाओं को चढ़ानी पड़ीं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और इसके कारण क्या हैं, साथ ही 'पोषण अभियान' और 'आयरन-फोलिक एसिड (आईएफए) कार्यक्रम' के बावजूद ऐसी स्थिति होने के पीछे क्या कारण हैं;

(घ) क्या सरकार का जनजाति बहुल जिलों में गर्भवती महिलाओं में एनीमिया और कुपोषण की रोकथाम के लिए कोई विशेष कार्ययोजना कार्यान्वित करने का विचार है; और

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

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

(क) से (ग): राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण-5 (एनएफएचएस-5, 2019-21) के अनुसार, राजस्थान राज्य में गर्भवती महिलाओं में एनीमिया की व्याप्तता 46.3 प्रतिशत है और 15-49 वर्ष आयु वर्ग की अनुसूचित जनजाति की महिलाओं में यह 61.6 प्रतिशत है। एनएफएचएस-5 (2019-21) के अनुसार, डूंगरपुर जिले में 15-49 वर्ष आयु वर्ग की सभी महिलाओं में एनीमिया की व्याप्तता 72.6 प्रतिशत है और राजस्थान राज्य में यह 54.4 प्रतिशत है।

राजस्थान राज्य से प्राप्त जानकारी के अनुसार, अप्रैल 2025 से फरवरी 2026 के दौरान डूंगरपुर जिले में कुल 34,304 गर्भवती महिलाओं की जांच की गई। इनमें से 3,152 महिलाओं में गंभीर एनीमिया (हीमोग्लोबिन 7 ग्राम/डेसीलीटर से कम) पाया गया। इसी अवधि के दौरान, डूंगरपुर स्थित सरकारी मेडिकल कॉलेज और संबद्ध अस्पताल द्वारा 5,390 यूनिट रक्त और रक्त अवयव उपलब्ध कराए गए। इनमें से 1,662 यूनिट रक्त का उपयोग गर्भवती महिलाओं में गंभीर एनीमिया के उपचार हेतु रक्त आधान के लिए किया गया।

(घ) और (ङ): राजस्थान राज्य से प्राप्त जानकारी के अनुसार, मातृ स्वास्थ्य में सुधार के लिए प्रधान मंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए) प्रत्येक माह की 9वीं, 18वीं और 27वीं तारीख को, शक्ति दिवस प्रत्येक मंगलवार को, और मातृ शिशु स्वास्थ्य एवं पोषण (एमसीएचएन) दिवस प्रत्येक गुरुवार को आयोजित किया जाता है।

भारत सरकार, आदिवासी बहुल जिलों सहित, पूरे देश में गर्भवती महिलाओं के मातृ स्वास्थ्य परिणामों में सुधार लाने के लिए विभिन्न योजनाओं/पहलों के कार्यान्वयन हेतु राज्यों को सहायता प्रदान करती है, जिनमें से प्रमुख योजना/पहल निम्नलिखित हैं:

- एनीमिया मुक्त भारत अभियान: भारत सरकार ने हाल ही में 29 जून 2026 को आयोजित केंद्रीय स्वास्थ्य और परिवार कल्याण परिषद (सीसीएचएफडब्ल्यू) की 16वीं बैठक के दौरान एनीमिया मुक्त भारत अभियान के परिचालन दिशानिर्देश जारी किए हैं। इनका उद्देश्य एनीमिया की उच्च व्यापकता को कम करने के लिए 7X7X7 रणनीति अपनाना है, जो एनीमिया को कम करने के लिए एनीमिया मुक्त भारत कार्यक्रम की पुरानी 6X6X6 रणनीति से आगे बढ़कर सात संस्थागत तंत्रों द्वारा समर्थित सात क्रियाकलापों के कार्यान्वयन के माध्यम से सात लाभार्थी आयु समूहों पर केंद्रित है।

  गर्भवती महिलाओं को आयरन और फोलिक एसिड की निवारक खुराक दी जाती है; प्रत्येक प्रसवपूर्व स्वास्थ्य जांच के दौरान एनीमिया की जांच की जाती है; एनीमिया प्रबंधन प्रोटोकॉल के अनुसार एनीमिया का चिकित्सीय प्रबंधन (मुख से ली जाने वाली आईएफए टैबलेट, अंतःशिरा आयरन, रक्त आधान) किया जाता है; दूसरी तिमाही में कृमिनाशक दवा दी जाती है; जन भागीदारी - एनीमिया के बारे में सामान्य धारणा को दूर करने और आईएफए प्रतिपूरक के अनुपालन में सुधार लाने के लिए संचार दृष्टिकोण अपनाया जाता है; स्थानीय रूप से उपलब्ध आयरन युक्त खाद्य पदार्थों के सेवन और आहार विविधता को बढ़ावा देने के लिए सही खान-पान की रणनीति अपनाई जाती 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 अंतर्गत गर्भवती महिलाओं को हर महीने की 9 तारीख को एक निश्चित दिन, नि:शुल्क, सुनिश्चित और गुणवत्तापूर्ण प्रसवपूर्व जांच किसी विशेषज्ञ/चिकित्सा अधिकारी द्वारा 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) के अंतर्गत जन स्वास्थ्य सुविधा केन्द्रों में आने वाली प्रत्येक गर्भवती महिला और नवजात शिशु को नि:शुल्क और सेवा देने से मना करने के प्रति शून्य सहनशीलता के साथ सुनिश्चित, गरिमापूर्ण, सम्मानजनक और गुणवत्तापूर्ण स्वास्थ्य सेवा प्रदान की जाती है, ताकि सभी रोकी जा सकने वाली मातृ एवं नवजात मृत्यु से बचा जा सके।
- प्रसवोत्तर देखभाल को अनुकूलित करने का उद्देश्य माताओं में खतरे के संकेतों का पता लगाने पर जोर देकर और उच्च जोखिम वाली प्रसवोत्तर माताओं की शीघ्र पहचान, रेफरल और उपचार के लिए मान्यता प्राप्त सामाजिक स्वास्थ्य कर्मियों (आशा) को प्रोत्साहित करके प्रसवोत्तर देखभाल की गुणवत्ता का सुदृढ़ीकरण करना है।

- गर्भवती महिलाओं के लिए गुणवत्तापूर्ण देखभाल तक पहुंच में सुधार लाने के लिए जनशक्ति, रक्त भंडारण इकाइयों और रेफरल संपर्कों की उपलब्धता सुनिश्चित करके प्राथमिक रेफरल इकाइयों (एफआरयू) को कार्यशील बनाना।
- मातृ एवं शिशु स्वास्थ्य सेवाओं के प्रावधान और महिला एवं बाल विकास मंत्रालय के समन्वय से पोषण सहित मातृ एवं शिशु देखभाल के बारे में जागरूकता पैदा करने के लिए ग्राम स्वास्थ्य स्वच्छता एवं पोषण दिवस (वीएचएसएनडी) मनाए जाते हैं।
- स्वास्थ्य सेवाओं की पहुंच बढ़ाने के लिए, विशेष रूप से आदिवासी और दुर्गम क्षेत्रों में, आउटरीच शिविर आयोजित किए जाते हैं। इस मंच का उपयोग मातृ एवं शिशु स्वास्थ्य सेवाओं के बारे में जागरूकता बढ़ाने, सामुदायिक लामबंदी करने और उच्च जोखिम वाली गर्भावस्थाओं पर नज़र रखने के लिए किया जाता है।
- संस्थागत प्रसव को बढ़ावा देने और स्वास्थ्य सुविधा केंद्रो तक पहुंच में सुधार करने के लिए दूरस्थ और आदिवासी क्षेत्रों में प्रसव प्रतीक्षा गृह (बीडब्ल्यूएच) स्थापित किए जाते हैं।
- गर्भवती महिलाओं को आहार, आराम, गर्भावस्था के खतरे के संकेत, लाभ योजनाओं और संस्थागत प्रसव के बारे में शिक्षित करने के लिए मातृ एवं शिशु संरक्षण (एमसीपी) कार्ड और सुरक्षित मातृत्व पुस्तिकाएं वितरित की जाती है।

व्यापक प्राथमिक स्वास्थ्य देखरेख सेवा पैकेज

2227. श्री मुरारी लाल मीनाः

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

(क) देश में, विशेषकर राजस्थान और दौसा संसदीय निर्वाचन क्षेत्र में, आयुष्मान आरोग्य मंदिरों (एएएम) के अंतर्गत व्यापक प्राथमिक स्वास्थ्य देखरेख सेवाओं के विस्तारित पैकेज के साथ पूरी तरह से कार्य कर रहे केंद्रों की राज्यवार संख्या कितनी है;

(ख) वर्ष 2022 से अब तक देश में, विशेषकर राजस्थान और दौसा संसदीय निर्वाचन क्षेत्र में, राज्यवार कितने उप-स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केंद्रों का एएएम के रूप में उन्नयन किया गया है;

(ग) क्या विशेषकर दौसा संसदीय निर्वाचन क्षेत्र में इन केंद्रों को स्थापित करने और सुदृढ़ करने में जनजातीय और वंचित क्षेत्रों को प्राथमिकता दी गई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार एएएम में चिकित्सकों, स्वास्थ्यकर्मियों, अनिवार्य दवाओं, नैदानिक सुविधाओं और डिजिटल स्वास्थ्य सेवाओं की उपलब्धता बढ़ाने के लिए कोई विशेष कार्ययोजना कार्यान्वित 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): राज्यों/संघ राज्य क्षेत्रों द्वारा आयुष्मान आरोग्य मंदिर (एएएम) पोर्टल पर दी गई सूचना के अनुसार, दिनांक 30.06.2026 की स्थिति के अनुसार देश में उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके कुल 1,86,298 एएएम संचालित किए गए हैं, जिनमें 178 जनजातीय जिलों में स्थित 31,347 एएएम शामिल हैं। राजस्थान सहित देश भर में संचालित एएएम की राज्य/संघ राज्य क्षेत्र-वार संख्या संलग्न **विवरण** में दी गई है। राज्य द्वारा दी गई सूचना- के अनुसार, राजस्थान के दौसा संसदीय क्षेत्र में 368 एएएम कार्यशील हैं।

ये आयुष्मान आरोग्य मंदिर देश भर में प्राथमिक स्वास्थ्य परिचर्या सेवाओं के 12 पैकेज क्रमिक रूप से प्रदान करते हैं, जिनमें प्रजनन और बाल परिचर्या सेवाएं, संचारी रोग, गैर-संचारी रोग (एनसीडी), उपशामक परिचर्या और वृद्धजन परिचर्या, सामान्य मानसिक विकार परिचर्या, तंत्रिका संबंधी स्थितियां (मिर्गी, मनोभ्रंश) और मादक द्रव्यों के सेवन संबंधी विकारों का प्रबंधन (तंबाकू, शराब, नशीले पदार्थ), मुख स्वास्थ्य, कान,नाक,गला देखभाल और बुनियादी आपातकालीन देखभाल शामिल हैं।

सभी आयुष्मान आरोग्य मंदिर में उपलब्ध संसाधनों में भवन, मानव संसाधन, आवश्यक दवाएं और निदान उपकरण, आईटी उपकरण और इंटरनेट कनेक्टिविटी शामिल हैं। एसएचसी-एएएम के लिए परिचालन दिशानिर्देशों में उस क्षेत्र-विशेष में सामुदायिक स्वास्थ्य अधिकारी (सीएचओ), सहायक नर्स मिडवाइफ (एएनएम) और बहुउद्देशीय कर्मी-पुरुष के साथ-साथ आशाकर्मियों की नियुक्ति का प्रावधान है। पीएचसी-एएएम के लिए, मानदंडों में चिकित्सा अधिकारी, स्टाफ नर्स, फार्मासिस्ट, स्वास्थ्य सहायक और प्रयोगशाला तकनीशियन की नियुक्ति का प्रावधान है। निःशुल्क औषधि एवं निःशुल्क निदान सेवा पहल के तहत, भारत सरकार राज्यों/संघ राज्य क्षेत्रों को एसएचसी-एएएम स्तर पर 113 दवाओं और 14 निदान परीक्षणों तथा पीएचसी-एएएम स्तर पर 179 दवाओं और 63 परीक्षणों के लिए वित्तीय सहायता प्रदान करती है।

देश भर में सभी कार्यशील एएएम केंद्रों पर उपलब्ध टेली परामर्श सेवाएं, जिनमें जनजातीय और वंचित क्षेत्र भी शामिल हैं, लोगों को उनके घरों के पास विशेषज्ञ सेवाएं उपलब्ध कराती हैं, जिससे वास्तविक पहुंच संबंधी समस्याओं, सेवा प्रदाताओं की कमी और सतत परिचर्या को सुलभ बनाने में मदद मिलती है।

विवरण

दिनांक 30.06.2026 तक राज्य/संघ राज्य क्षेत्रवार कार्यशील एएएम की संख्या

क्र.सं.	राज्य का नाम	कार्यशील आयुष्मान आरोग्य मन्दिरों की संख्या
1	अंडमान और निकोबार द्वीप समूह	129
2	आंध्र प्रदेश	11,873
3	अरुणाचल प्रदेश	510
4	असम	4,966
5	बिहार	12,444
6	चंडीगढ़	60
7	छत्तीसगढ़	5,898
8	दिल्ली	389
9	दादरा और नगर हवेली एवं दमन और दीव	88
10	गोवा	310
11	गुजरात	10,625
12	हरियाणा	3,272
13	हिमाचल प्रदेश	2,845
14	जम्मू एवं कश्मीर	3,173
15	झारखंड	4,181
16	कर्नाटक	10,137
17	केरल	7,207
18	लद्दाख	321
19	लक्षद्वीप	13
20	मध्य प्रदेश	12,775
21	महाराष्ट्र	13,457
22	मणिपुर	420
23	मेघालय	641
24	मिजोरम	416
25	नागालैंड	485
26	ओडिशा	7,379
27	पुदुचेरी	133
28	पंजाब	3,322
29	राजस्थान	14,494
30	सिक्किम	183
31	तमिलनाडु	8,454
32	तेलंगाना	5,038
33	त्रिपुरा	1,133
34	उत्तर प्रदेश	23,646

35	उत्तराखंड	2,364
36	पश्चिम बंगाल	13,517
	कुल	**1,86,298**

STRENGTHENING OF JUDICIAL INFRASTRUCTURE IN WARANGAL

2228. DR. KADIYAM KAVYA:

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

(a) whether the Government has provided any financial assistance for the development and strengthening of judicial infrastructure including court buildings, court halls, residential quarters for judicial officers, and e-Courts infrastructure in the Warangal District during the last three years; and

(b) the details of projects sanctioned under the Centrally Sponsored Scheme for Development of Infrastructure Facilities for the Judiciary and the e-Courts Mission Mode Project, including funds sanctioned and released, works completed, projects under implementation, and the expected timeline for completion?

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

(a) and (b): The primary responsibility 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. The Scheme covers five components, namely, Court Halls, Residential Units for Judicial Officers, Lawyers' Halls, Toilet Complexes and Digital Computer Rooms.

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. Funds released and utilized by the State of Telangana for construction of district-court infrastructure, including Warangal District during the last three years under the CSS are as under:

S. No	**Financial Year**	**Funds Released & Utilized (Rs. in crore)**
1	2023-24	0.00
2	2024-25	1.96
3	2025-26	9.20
Total		**11.16**

In addition, Mother Sanction of Rs. 15.79 crore has been issued to the State of Telangana for Financial Year 2026-27. However, no court building is

presently under construction in the District of Warangal. The details of projects sanctioned and completed under CSS in the Warangal District are as under:

S.	Name of the Project	No. of Court Halls	Cost of the Project	Date of Completion/ Inauguration
1	Junior Civil Judge Court Building at Narsampet	1	Rs.4.00 cr	27.06.2020
2	Construction of Ten Court Building Complex in the Warangal District Court Complex	10	Rs.21.65 cr	19.12.2021

Under the eCourts Project Phase-III, a total amount of Rs. 1,91,87,957/- has been sanctioned and released to Warangal District during the last three years. Further the following initiatives have been undertaken in Warangal District under the eCourts Project Phase-III:

- ICT hardware, including All-in-One Computers, Scanners, Digital Tokens, Printers, Document Visualizers, Display Board Monitors, UPS systems, etc., have been provided to 11 Courts in Warangal District.
- Two eSewa Kendras have been established in Warangal District to disseminate eServices to litigants, advocates, the general public, and other stakeholders.
- Video Conferencing equipment has been provided to two new Courts in Warangal District to facilitate the production of Undertrial Prisoners (UTPs)

from prisons and the recording of evidence from doctors appearing remotely from hospitals.

- A Solar Photovoltaic (PV) Module System with a capacity of 20KW has been installed at a new Court Complex in Warangal District.
- All establishments in Warangal District have been provided with mobile handheld devices for the implementation of the NSTEP to the process servers and bailiffs.
- Three (3) District Courts in Warangal District have been identified as Online Courts for e-Filing and paperless system.

“DIVERSION OF FERTILIZERS”

2229. SHRI KARTI P. CHIDAMBARAM:

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

(a) the quantum of subsidized urea and DAP diverted for non-agricultural/industrial use as identified by enforcement agencies during the last two Kharif and Rabi seasons, State-wise;

(b) the prosecutions launched, against dealers and companies found violating the Fertilizer Control Order, 1985;

(c) whether Government has made any assessment regarding the adequacy of the neem-coating and point-of-sale verification mechanisms in preventing diversion, if so, the details thereof; and

(d) the concrete steps proposed to prevent artificial shortages and price gouging ahead of the upcoming sowing season across the country, State-wise?

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

(a) and (b): In order to address the issues of black-marketing, hoarding, diversion 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. The prosecutions launched, against dealers and companies found violating the Fertilizer Control Order, 1985. Moreover, Department of Agriculture & Farmer's Welfare, 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, in the country in FY 2025-26, 4,84,663 raids have been conducted, 17,392 show cause notices have been issued, 6,941 licenses have been

suspended/cancelled, and 847 FIRs have been registered against defaulters. In FY 2026-27 i.e. from 01.04.2026 to 24.07.2026, 1,69,031 raids have been conducted, 9,127 show cause notices have been issued, 2,868 licenses have been suspended/cancelled and 270 FIRs have been registered against defaulters to curb these malpractices; the State-wise information of enforcement activities along with quantity of fertilizers seized in FY 2026-27 are given in the enclosed **Statement.**

(c): During the year 2015, the Union Government made it mandatory for all the domestic producers and importers of Urea to supply 100% Neem Coated Urea. Subsequent to the introduction of Neem Coated Urea (NCU), one of the primary benefits of Neem Coating is that due to slow release, the consumption of NCU reduces as compared to normal urea.

Under DBT system for sale in Fertilizers, the sale of subsidized fertilizers is done by 100% Aadhaar based authentication of the beneficiary as per Section-7 of Aadhaar Act, 2016. Additionally, a monthly ceiling of 50 bags per buyer per month is placed for equitable distribution of fertilizers except for Telangana having the ceiling of 2 Bags per Acre (for Urea only) per buyer and Jammu & Kashmir 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’ in 42 identified districts of 21 States, 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): Following steps are taken by the Government every season for ensuring timely and adequate availability of subsidized 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. Based on 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) 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.

STATEMENT

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 (17.07.2026):

Cumulative Statement from April 26 to July 26 (as on 17.07.2026)																		
		Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*	Quantity of material seized (in terms of Bag)	Total		
States	No. of Inspections / raids	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered			Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered
Andaman & Nicobar Islands	32	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Andhra Pradesh	5126	4	4	0	92	66	2	30	0	0	0	0	0	NIL	0	126	70	2
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Assam	2754	6	0	0	6	0	0	0	0	0	4	4	0	NIL	0	16	4	0
Bihar	14139	614	604	57	1	149	15	0	0	0	0	0	0	NIL	0	615	753	72
Chhattisgarh	4888	207	48	3	34	9	1	38	0	1	0	0	0	NIL	28260	279	57	5
Dadar & Nagar	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Delhi	130	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Goa	13	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Gujarat	7304	39	0	1	4	3	0	17	0	8	1	0	5	NIL	0	61	3	14
Haryana	425	5	7	0	21	24	3	6	3	0	3	6	2	NIL	0	35	40	5
Himachal Pradesh	41	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Jammu & Kashmir	9065	0	0	0	0	0	0	0	0	0	0	0	1	NIL	1562	0	0	1
Jharkhand	575	10	0	0	8	0	0	0	0	0	0	0	0	NIL	0	18	0	0

Karnataka	15192	2128	2	0	0	0	0	71	0	0	5	0	6	NIL	4208	2204	2	6
Kerala	603	0	0	0	0	0	0	5	0	0	2	0	0	NIL	2202	7	0	0
Madhya Pradesh	958	0	0	2	0	0	0	0	0	9	23	22	0	NIL	0	23	22	11
Maharashtra	38441	850	575	17	728	222	0	56	290	34	16	20	7	NIL	0	1650	1107	58
Manipur	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Meghalaya	314	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Mizoram	94	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Nagaland	83	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Odisha	8974	0	2	0	0	0	1	4	2	0	0	0	0	NIL	120	4	4	1
Puducherry	36	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	0
Punjab	1776	10	0	0	0	0	0	44	5	4	49	0	7	NIL	0	103	5	11
Rajasthan	7428	688	17	1	130	28	3	111	0	1	167	1	5	NIL	4288	1096	46	10
Tamilnadu	4894	0	0	0	138	0	6	221	0	0	118	0	2	NIL	0	477	0	8
Telangana	10437	28	9	3	0	0	0	0	2	0	3	2	1	NIL	0	31	13	4
Tripura	867	0	0	0	146	0	0	0	0	0	0	0	0	NIL	0	146	0	0
Uttar Pradesh	9687	927	363	25	46	58	2	87	69	5	23	58	6	NIL	3826	1083	548	38
Uttarakhand	343	0	0	1	0	0	0	0	0	0	0	0	0	NIL	0	0	0	1
West Bengal	14267	5	2	0	253	16	0	30	0	0	0	0	0	NIL	0	288	18	0
Total	158886	5521	1633	110	1607	575	33	720	371	62	414	113	42	0	44466	8262	2692	247

* - 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

कार्यशील आयुष्मान आरोग्य मंदिर

2230. श्री लुम्बाराम चौधरी:

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

(क) पूरे देश में कार्यरत आयुष्मान आरोग्य मंदिरों की राज्यवार/संघ राज्य क्षेत्र-वार कुल संख्या कितनी है;

(ख) पिछले तीन वर्षों के दौरान आयुष्मान आरोग्य मंदिरों के लिए आवंटित, जारी और व्यय की गई निधि का ब्यौरा क्या है;

(ग) क्या सरकार का केंद्रीय बजट 2026-27 के अंतर्गत आयुष्मान आरोग्य मंदिरों को और सुदृढ़ करने 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): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, राज्य/संघ राज्य क्षेत्र की सरकारों से राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने देश भर में मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों को उन्नत करके संचालित करने के लिए कुल 12500 आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] को मंजूरी दी है। राज्य/संघ राज्य क्षेत्र-वार एएएम (आयुष) का ब्यौरा **विवरण-I** पर दिया गया है।

(ख): पिछले तीन वर्षों के दौरान एएएम (आयुष) के संचालन सहित एसएएपी की विभिन्न गतिविधियों के कार्यान्वयन के लिए राज्यों/संघ राज्य क्षेत्रों को आवंटित/जारी की गई कुल धनराशि का ब्यौरा, व्यय के साथ, **विवरण-II** पर दिया गया है।

(ग) और (घ): एनएएम के तहत, आयुष मंत्रालय मौजूदा दिशानिर्देश के प्रावधानों के अनुसार एएएम (आयुष) के सुचारू कामकाज के लिए आवर्ती गतिविधियों जैसे मानव-शक्ति पारिश्रमिक और प्रोत्साहन, प्रशिक्षण और क्षमता निर्माण, प्रयोगशाला सेवाएं, आईटी-नेटवर्किंग, आईईसी, औषधीय पादपों का प्रचार और आकस्मिकता के लिए वित्तीय सहायता के माध्यम से राज्य/संघ राज्य क्षेत्र की सरकारों का समर्थन कर रहा है, जो केंद्रीय बजट के तहत वित्तीय वर्ष 2026-27 के दौरान जारी रहेगा।

विवरण-I

देश भर में एनएएम के तहत, एएएम (आयुष) के संचालन का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

क्र.सं.	राज्यों/संघ राज्य क्षेत्रों का नाम	अनुमोदित और कार्यशील एएएम (आयुष) की संख्या
1	अंडमान और निकोबार द्वीप	6
2	आंध्र प्रदेश	126
3	अरुणाचल प्रदेश	89
4	असम	500
5	बिहार	294
6	चंडीगढ़	12
7	छत्तीसगढ़	400
8	दिल्ली	0
9	दादरा व नागर हवेली और दमन व दीव	1
10	गोवा	100
11	गुजरात	365
12	हरियाणा	538
13	हिमाचल प्रदेश	761
14	जम्मू-कश्मीर	523
15	झारखंड	745
16	कर्नाटक	376
17	केरल	700
18	लद्दाख	0
19	लक्षद्वीप	7
20	मध्य प्रदेश	800
21	महाराष्ट्र	390
22	मणिपुर	15
23	मेघालय	24
24	मिजोरम	41
25	नागालैंड	49

26	ओडिशा	422
27	पुडुचेरी	4
28	पंजाब	158
29	राजस्थान	2019
30	सिक्किम	18
31	तमिलनाडु	650
32	तेलंगाना	421
33	त्रिपुरा	72
34	उत्तर प्रदेश	1034
35	उत्तराखंड	300
36	पश्चिम बंगाल	540
कुल		**12500**

विवरण-II

पिछले तीन वर्षों के दौरान एएएम (आयुष) के संचालन सहित एनएएम के तहत जारी और उपयोग की गई धनराशि का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा:

(लाख रुपये में)

क्र.सं.	**राज्यों/संघ राज्य क्षेत्रों के नाम**	**2023-24**		**2024-25**		**2025-26**	
		आवंटित/ जारी (केंद्रीय हिस्सा)	**उपयोग/ व्यय (राज्य/संघ राज्य क्षेत्र द्वारा दी गई सूचना के अनुसार)**	**आवंटित/ जारी (केंद्रीय हिस्सा)**	**उपयोग/ व्यय (राज्य/संघ राज्य क्षेत्र द्वारा दी गई सूचना के अनुसार)**	**आवंटित/ जारी (केंद्रीय हिस्सा)**	**उपयोग/ व्यय (राज्य/संघ राज्य क्षेत्र द्वारा दी गई सूचना के अनुसार)**
1	अंडमान और निकोबार द्वीप	407.29	407.29	542.75	525.43	237.35	236.82
2	आंध्र प्रदेश	0.00	0.00	2497.19	2497.19	2182.31	2182.11
3	अरुणाचल प्रदेश	1186.04	1186.04	1498.84	1498.84	3374.07	3374.08
4	असम	3471.45	3471.45	6511.87	6511.87	5710.66	5710.67
5	बिहार	1161.06	758.11	0.00	0.00	222.28	222.28
6	चंडीगढ़	226.32	224.75	447.58	420.90	284.75	89.57
7	छत्तीसगढ़	2151.43	1894.01	3194.06	2716.19	2321.06	2321.06
8	दादरा व नागर हवेली और दमन व दीव	408.45	408.45	690.73	690.73	1181.89	1116.46
		0.00	0.00	0.00	0.00	0.000	0.00
9	दिल्ली	0.00	0.00	0.00	0.00	144.79	144.79
10	गोवा	628.30	628.30	610.67	610.67	803.33	803.33

11	गुजरात	2961.42	2011.53	2623.10	1409.87	2643.61	2643.42
12	हरियाणा	3026.59	3026.59	1371.90	1371.90	1007.34	1007.34
13	हिमाचल प्रदेश	3659.22	3659.22	2899.09	2899.09	3216.75	3216.75
14	जम्मू-कश्मीर	7510.36	7510.36	4361.60	4361.60	2666.12	2653.65
15	झारखंड	2390.42	2390.42	3217.06	3217.06	1506.84	1506.85
16	कर्नाटक	5031.54	5031.54	6067.28	6067.28	2422.58	2422.58
17	केरल	7989.40	7989.40	11037.96	11037.96	4847.69	4847.70
18	लद्दाख	47.32	47.32	190.29	190.29	207.78	36.92
19	लक्षद्वीप	332.01	332.01	220.48	220.48	146.08	114.37
20	मध्य प्रदेश	6120.00	6120.00	8169.59	8169.59	6702.25	6702.26
21	महाराष्ट्र	2235.54	1959.92	2681.16	1210.94	2023.76	0.00
22	मणिपुर	0.00	0.00	1276.67	1276.67	237.94	237.94
23	मिजोरम	1057.86	1057.86	1101.48	1101.48	1585.76	1585.76
24	मेघालय	1722.60	1722.60	1520.48	1520.48	1457.04	1457.04
25	नागालैंड	1016.97	1016.97	1342.11	1342.11	812.92	812.93
se	ओडिशा	0.00	0.00	2369.21	2369.21	862.30	862.30
27	पुडुचेरी	197.08	179.21	683.40	325.71	174.08	174.09
28	पंजाब	109.85	109.85	1701.10	1701.10	304.83	304.83
29	राजस्थान	3731.51	3724.81	15051.80	15003.67	9216.65	9216.65
30	सिक्किम	492.37	492.37	434.78	434.78	859.16	859.16
31	तमिलनाडु	6635.76	6635.76	7380.32	7380.32	2303.49	2303.49
32	तेलंगाना	1225.17	1225.17	2491.38	2491.38	2575.45	2575.46
33	त्रिपुरा	566.99	566.99	815.77	815.77	413.78	413.50
34	उत्तर प्रदेश	12418.60	12418.60	13903.18	13893.18	2414.63	2414.64
35	उत्तराखंड	3234.38	3234.38	2441.12	2441.12	5409.49	5409.25
36	पश्चिम बंगाल	3379.39	3339.22	2308.43	1374.88	1135.40	1135.35
	कुल	**86732.66**	**84780.49**	**113654.42**	**109099.72**	**73616.37**	**71115.41**

पंजाब में 'बेटी बचाओ, बेटी पढ़ाओ' योजना

2231. श्री सुखजिंदर सिंह रंधावाः

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

(क) पंजाब में 'बेटी बचाओ, बेटी पढ़ाओ' योजना के अंतर्गत बालिका के जन्म से लेकर शिक्षा, कौशल विकास तथा आर्थिक सशक्तिकरण तक उसके जीवन को सुदृढ़ करने के लिए उठाए गए ठोस कदमों का ब्यौरा क्या है; और

(ख) क्या उक्त राज्य के कुछ जिलों में कन्या भ्रूण हत्या, बाल लिंगानुपात में गिरावट तथा बालिकाओं की शिक्षा में असमानता अब भी गंभीर चिंता के विषय बने हुए हैं, यदि हाँ, तो वहां जिला-वार किए गए विशिष्ट हस्तक्षेपों का ब्यौरा क्या है?

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

(क) और (ख): बेटी बचाओ बेटी पढ़ाओ बाल लिंगानुपात (सीएसआर) तथा बालिकाओं एवं महिलाओं के सशक्तिकरण से संबंधित मुद्दों का समाधान करने में सहायता करती है। यह योजना 22 जनवरी, 2015 को महिला एवं बाल विकास मंत्रालय, शिक्षा मंत्रालय तथा स्वास्थ्य एवं परिवार कल्याण मंत्रालय के संयुक्त प्रयास के रूप में प्रारंभ की गई थी। इसका उद्देश्य लिंग आधारित गर्भ चयन को रोकना, बालिकाओं का अस्तित्व एवं संरक्षण सुनिश्चित करना तथा उनकी शिक्षा को बढ़ावा देना है।

यह योजना विभिन्न हितधारकों को सूचित, प्रभावित, प्रेरित, शामिल करके और सशक्त बनाकर बालिका के प्रति मानसिकता और व्यवहार में परिवर्तन लाने का प्रयास करती है। 15वें वित्त आयोग की अवधि में, मिशन शक्ति के संबल वर्टिकल के एक घटक के रूप में बीबीबीपी का विस्तार किया गया है ताकि बहुक्षेत्रीय कार्यकलापों के माध्यम से देश के सभी जिलों को शामिल किया जा सके जिससे बुनियादी स्तर पर प्रभाव डालने वाली गतिविधियों पर अधिक खर्च को बढ़ावा मिल सके। बीबीबीपी सरकारी एजेंसियों, मीडिया, नागरिक समाज एवं व्यापक पैमाने पर जनता सहित विभिन्न हितधारकों को एकजुट करके एक नीतिगत पहल से एक राष्ट्रीय आंदोलन में परिवर्तित हो गई है। बेटी बचाओ बेटी पढ़ाओ योजना का मुख्य उद्देश्य देश भर में बालिकाओं के प्रति लोगों की सोच में व्यावहारिक एवं सामाजिक परिवर्तन लाना है।

बेटी बचाओ बेटी पढ़ाओ एक केंद्र प्रायोजित योजना है और केंद्र सरकार राज्यों एवं संघ राज्य क्षेत्रों को 100 प्रतिशत वित्तीय सहायता प्रदान करती है। इस योजना के समग्र कार्यान्वयन का दायित्व राज्य सरकारों एवं संघ राज्य क्षेत्र प्रशासन का है।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय की स्वास्थ्य प्रबंधन सूचना प्रणाली (एचएमआईएस) की नवीनतम रिपोर्ट के अनुसार, राष्ट्रीय स्तर पर जन्म के समय लिंगानुपात (एसआरबी) 2014-15 में 918 से बढ़कर 2025-26 में 929 (अनंतिम) हो गया है। इसके अतिरिक्त, पंजाब राज्य में जन्म के समय लिंगानुपात (एसआरबी) में सुधार हुआ है तथा यह 2014-15 में 892 से बढ़कर 2025-26 में 922 (अनंतिम) हो गया है।

शिक्षा मंत्रालय के यूडीआईएसई आंकड़ों के अनुसार, राष्ट्रीय स्तर पर विद्यालयों में माध्यमिक स्तर पर बालिकाओं का सकल नामांकन अनुपात 2014-15 में 75.51 प्रतिशत से बढ़कर 2025-26 में 83.4 प्रतिशत हो गया है। इसके अतिरिक्त, पंजाब में विद्यालयों में माध्यमिक स्तर पर बालिकाओं का सकल नामांकन अनुपात 2014-15 में 83.21 प्रतिशत से बढ़कर 2025-26 में 96.5 प्रतिशत हो गया है।

बेटी बचाओ बेटी पढ़ाओ योजना के अंतर्गत, जमीनी स्तर पर प्रभावी कार्यान्वयन हेतु मंत्रालय द्वारा एक प्रचालन नियमावली तैयार की गई है, जिसमें अन्य बातों के साथ-साथ एक विषयगत कैलेंडर भी सम्मिलित है। इस कैलेंडर में बालिकाओं के समग्र विकास हेतु माह-वार विशिष्ट विषयों के साथ जिला स्तर पर जागरूकता बढ़ाने सहित सुझाए गए समन्वय कार्यकलाप शामिल हैं, जिसका उद्देश्य बालिकाओं, उनके परिवारों एवं समुदायों की वर्ष भर सहभागिता सुनिश्चित करना है। इस संबंध में जिला, राज्य एवं राष्ट्रीय स्तर पर नियमित रूप से प्रशिक्षण भी आयोजित किए जाते हैं।

पंजाब में बालिकाओं के लिंगानुपात में गिरावट के प्रति लोगों को संवेदनशील बनाने के लिए गांव, ब्लॉक एवं जिला स्तर पर जागरूकता गतिविधियां संचालित की जा रही हैं। साथ ही, महिला एवं

बाल विकास मंत्रालय, भारत सरकार द्वारा जारी बेटी बचाओ बेटी पढ़ाओ कैलेंडर के अनुसार भी जागरूकता गतिविधियां आयोजित की जा रही हैं। इसके अतिरिक्त, महिलाओं के आर्थिक सशक्तिकरण को ध्यान में रखते हुए बेटी बचाओ बेटी पढ़ाओ के अंतर्गत पंजाब के सभी 23 जिलों में प्रतिवर्ष विशेष महिला रोजगार मेले आयोजित किए जा रहे हैं, जिनमें विभिन्न कंपनियों द्वारा पात्र महिला अभ्यर्थियों का चयन कर उन्हें मौके पर ही नियुक्ति पत्र प्रदान किए जा रहे हैं। इसके अलावा, विद्यालयों में बालिकाओं में रक्ताल्पता की शीघ्र पहचान तथा स्वास्थ्य संबंधी मुद्दों के प्रति जागरूकता फैलाने के उद्देश्य से बालिकाओं के लिए निःशुल्क रक्ताल्पता जांच शिविर भी आयोजित किए जाते हैं। कौशल विकास पहलों के अंतर्गत, बेटी बचाओ बेटी पढ़ाओ योजना के तहत पंजाब में जरूरतमंद बालिकाओं को आत्मनिर्भर एवं स्वावलंबी बनाने के लिए निःशुल्क ड्राइविंग, पाक-कला, कंप्यूटर एवं सिलाई प्रशिक्षण दिए जाते हैं। इसके अलावा, पंजाब में जिला एवं ब्लॉक स्तर पर शिक्षा, स्वास्थ्य एवं खेल विभागों के साथ समन्वय कर जागरूकता गतिविधियां भी संचालित की जाती हैं। इसके अतिरिक्त, पंजाब में बालिकाओं के जन्म पर प्रत्येक वर्ष राज्य एवं जिला स्तर पर लोहड़ी का त्योहार

REPEAL OF OBSOLETE AND REDUNDANT LAWS

2232. SUSHRI SAYANI GHOSH:

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

(a) the number of obsolete, redundant and outdated Central Acts and subordinate legislations repealed or amended by the Government since 2014, year-wise;

(b) the details of the laws so repealed, including the Ministries/Departments to which they pertained, sector-wise;

(c) the mechanism, committee or institutional framework adopted for identifying obsolete laws and the criteria followed for their repeal;

(d) whether the Government has assessed the impact of repealing such laws on ease of doing business, governance, judicial pendency and regulatory compliance, if so, the details thereof; and

(e) whether any further review of existing laws is underway for repeal or simplification, 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): On the basis of the Reports of the Law Commission of India and the Two-member Committee constituted by the Government including the recommendations of various Ministries/Departments for repeal of laws administered by them, a total number of 1725 obsolete and redundant laws have been repealed by the Government since 2014 till date through various Repealing and Amending Acts and other enactments. The details of the laws repealed during the said period are available on the official website of the Legislative Department, Ministry of Law and Justice at https://www.legislative.gov.in/static/uploads/2026/03/af8aae0b3bfc3e703fe57ae181e9d4ba.pdf for public access.

Repealing of obsolete legislations is an important commitment of the Government for achieving the larger objective of “Minimum Government, Maximum Governance”. The repeal of obsolete and redundant laws, besides reducing the volume of statute book, also reduces the compliance burden, thereby ensuring ease of living for citizens. It also provides clarity of existing laws to the executive, judiciary, stakeholders and the general public.

The Legislative Department undertakes drafting of laws for repeal of obsolete and redundant laws administered by them on the basis of the policy decisions taken by the concerned administrative Ministries/Department and as per the procedure prescribed by the Ministry of Parliamentary Affairs in the Manual of Parliamentary Procedures. The Legislative Department has been taking necessary steps to ensure that legislative drafting is simple, plain, precise and unambiguous.

Presently, the Twenty-third Law Commission of India, has also been constituted *vide* notification dated 02.09.2024, with the mandate, *inter alia*, to identify such laws which are no longer needed or relevant and can be repealed.

BULK DRUG PARK SCHEME IN HIMACHAL PRADESH

2233. SUSHRI KANGNA RANAUT:

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

(a) the details of funds sanctioned, released and utilised under the Bulk Drug Park Scheme for Himachal Pradesh since its inception, year-wise;

(b) whether the Government has observed any gap between the release of funds and their actual utilisation during implementation of the said project, if so, the details thereof;

(c) the milestones and timelines prescribed for creation of common infrastructure facilities under the said project along with the present status of their implementation;

(d) whether any review has been conducted by the Government to identify reasons for delays or slow progress, if so, the details thereof; and

(e) the corrective measures taken to ensure timely completion and operationalisation of the project?

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): Department of Pharmaceuticals (DoP), Government of India has sanctioned an amount of ₹ 1000 crore on 11.10.2022 for development of Bulk Drug Park in Haroli, District Una, Himachal Pradesh under the Scheme for 'Promotion of Bulk Drug Parks' and out of which an amount of ₹ 225 crore has been released on 20.02.2023. The State Government, has also sanctioned an amount of ₹118.46 crore and released an amount of ₹ 35.53 crore as state share in F.Y. 22-23

towards development of Common Infrastructure Facilities (CIF). Year-wise utilization of released funds is as under: -

(₹ in crore)

Financial Year	Central Share	State Share
2023-24	55.41	0
2024-25	0	0
2025-26	43.77	0.24
2026-27	16.82	0
Total	**116.00**	**0.24**

(b): The funds released are being utilized in a phased manner in accordance with approved project components and progress of works being executed through designated agencies. Utilization is linked with the execution of infrastructure components.

(c): Major common infrastructure facilities under implementation include site development, water supply system, power infrastructure, Common Effluent Treatment Plant (CETP) with Zero Liquid Discharge (ZLD), steam generation system, warehouse, centre of excellence, solvent recovery system, emergency response centre and solid waste management facilities.

Present status is as under:

i. About 20% work of Phase-I site development has been completed.

ii. Approximately 98% of water supply and groundwater recharge works for 15 MLD capacity have been completed.

iii. 20 MVA power infrastructure required for the construction phase has been completed by HPSEBL.

iv. Tenders for CETP with ZLD (₹273 crore) and Steam Generation System (₹300 crore) are released.

v. Procurement process for other critical utilities is underway.

On the basis of representations received from the State Governments concerned, the status of projects, the level of fund utilisation and the anticipated completion of projects in FY2026–27, the tenure of the scheme has been extended up to FY2026-27.

(d) and (e): Yes Sir, the review of the progress of the Bulk Drug Park being developed in Himachal Pradesh is regularly carried out by the Scheme Steering Committee of the scheme for “Promotion of Bulk Drug Park”, Secretary and Joint Secretary in the Department of Pharmaceuticals and by High Powered Committee headed by Hon’ble Minister of Industries, Himachal Pradesh. Primary reasons affecting delay is the grant of Environmental Clearance which has been granted on 25.09.2025, procedural requirement for permission for felling of trees and bids for procurement. The State Government and implementing agencies are closely monitoring project execution and expediting statutory clearances, tendering and award of contracts for critical infrastructure components. Following receipt of Environmental Clearance, project activities have gained momentum, and multiple

infrastructure packages are under implementation or advanced stages of procurement to ensure timely completion and operationalization of the park.

anticipated completion of projects in FY2026–27, the tenure of the scheme has been extended up to FY2026-27.

छत्तीसगढ़ में सक्षम आंगनवाड़ी

2234. श्री संतोष पांडेयः

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

(क) सक्षम आंगनवाड़ी योजना के कार्यान्वयन की वर्तमान स्थिति तथा जुलाई, 2026 तक छत्तीसगढ़ में उन्नत किए गए आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की जिला-वार संख्या क्या है;

(ख) सामान्य आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी केंद्रों में परिवर्तित करने के लिए किन प्रमुख मानदंडों तथा प्राथमिकता वाले क्षेत्र क्या हैं;

(ग) छत्तीसगढ़ में आंगनवाड़ी केंद्रों के उन्नयन के लिए जिला-वार कुल कितनी निधि आवंटित की गई है; और

(घ) क्या सरकार को उन्नयन प्रक्रिया के दौरान किसी प्रशासनिक अथवा अवसंरचनात्मक चुनौतियों का सामना करना पड़ा है, यदि हां, तो उनके समाधान के लिए किए गए उपचारात्मक उपायों तथा सुधारात्मक कदमों का ब्यौरा क्या है?

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

(क) से (घ): 15वें वित्त आयोग में 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं एवं स्तनपान कराने वाली माताओं, किशोरियों (14–18 वर्ष); के लिए पोषण सहायता और प्रारंभिक बाल्यावस्था देखभाल एवं शिक्षा [3–6 वर्ष]; तथा आधुनिक एवं उन्नत सक्षम आंगनवाड़ी, पोषण अभियान तथा किशोरियों के

लिए योजना सहित आंगनवाड़ी अवसंरचना घटकों को मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत पुनर्गठित किया गया है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत छत्तीसगढ़ राज्य सहित पूरे देश में आंगनवाड़ी केंद्रों के माध्यम से पात्र लाभार्थियों को छह सेवाओं का एक पैकेज अर्थात पूरक पोषण (एसएनपी), विधालय-पूर्व गैर-औपचारिक शिक्षा, पोषण एवं स्वास्थ्य शिक्षा, टीकाकरण, स्वास्थ्य जांच तथा रेफरल सेवाएँ प्रदान की जाती हैं। छह सेवाओं में से तीन सेवाएँ अर्थात टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएँ स्वास्थ्य से संबंधित हैं और इन्हें राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) एवं सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान किया जाता है। ये सेवाएँ देशभर में पात्र पंजीकृत लाभार्थियों अर्थात 6 वर्ष तक की आयु के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं तथा राज्यों के सभी आकांक्षी जिलों और पूर्वोत्तर के जिलों में 14 से 18 वर्ष आयु वर्ग की किशोरियों को प्रदान की जाती हैं।

छत्तीसगढ़ राज्य सहित पूरे देश में लाभार्थियों, पूरक पोषण और अन्य मापदंडों के बारे में ज़िलेवार जानकारी 'पोषण ट्रैकर' पब्लिक डैशबोर्ड के लिंक https://www.poshantracker.in/statistics पर उपलब्ध है।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत, बेहतर पोषण प्रदायगी तथा प्रारंभिक बाल्यावस्था देखभाल एवं शिक्षा की सुविधा प्रदान करने के लिए सरकारी भवनों में स्थित दो लाख आंगनवाड़ी केंद्रों (एड़ब्ल्यूसी) को 15वें वित्त आयोग की अवधि के दौरान सक्षम आंगनवाड़ी के रूप में उन्नत करने की स्वीकृति प्रदान की गई है। सक्षम आंगनवाड़ी केंद्रों को एलईडी स्क्रीन, जल शोधन प्रणाली, पोषण वाटिका, प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा (ईसीसीई) सामग्री और बिल्डिंग एज लर्निंग ऐड(बाला) पेंटिंग जैसी आधारभूत सुविधाएँ उपलब्ध कराई जाती हैं। छत्तीसगढ़ राज्य में कुल 11,490 आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी के रूप में उन्नयन के लिए स्वीकृति दी गई है तथा

इसके लिए ₹2,067.50 लाख रुपए की राशि जारी की गई है। छत्तीसगढ़ राज्य में सक्षम आंगनवाड़ी केंद्रों के रूप में उन्नयन हेतु स्वीकृत आंगनवाड़ी केंद्रों का जिला-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

छत्तीसगढ़ राज्य में ज़िलेवार स्वीकृत आंगनवाड़ी केंद्रों (एड़ब्ल्यूसी) की संख्या

क्रम सं	**जिले का नाम**	**2022-23**	**2023-24**	**2024-25**
1.	बस्तर	600	14	0
2.	बीजापुर	200	0	0
3.	दंतेवाड़ा	300	11	0
4.	कांकेर	600	84	0
5.	कोंडागांव	500	23	0
6.	कोरबा	700	77	0
7.	महासमुंद	600	629	0
8.	नारायणपुर	100	3	0
9.	राजनांदगांव	450	0	0
10.	सुकमा	250	41	0
11.	कोरिया	0	158	50
12.	के.सी.जी	200	0	0
13.	बलरामपुर	0	11	350
14.	गौरेला-पेंड्रा-मरवाही (जीपीएम)	0	4	50
15.	कबीरधाम	0	130	0
16.	मोहला मानपुर अंबागढ़ चौकी	250	182	0
17.	सूरजपुर	0	214	0
18.	सरगुजा	0	21	250
19.	बालोद	0	0	350
20.	बलौदाबाजार-भाटपारा	0	0	350
21.	बेमेतरा	0	0	250
22.	बिलासपुर	0	0	450
23.	धमतरी	0	0	250

24.	दुर्ग	0	0	250
25.	गरियाबंद	0	138	300
26.	जांजगीर-चांपा	0	0	250
27.	जशपुर	0	0	500
28.	मनेन्द्रगढ़-चिरिमिरी-भरतपुर	0	0	150
29.	मुंगेली	0	0	250
30.	रायगढ़	0	0	500
31.	रायपुर	0	0	250
32.	सक्ती	0	0	50
33.	सारंगढ़-बिलाईगढ़	0	0	150

POSHAN TRACKER COMPLIANCE

2235. SHRIMATI JYOTSNA CHARANDAS MAHANT:

SHRI BALWANT BASWANT WANKHADE:

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

(a) the total number of children, pregnant women and lactating women registered under Anganwadi services on the Poshan Tracker platform, category/UT and State-wise including Chhattisgarh;

(b) the number of beneficiaries whose e-KYC is pending, failed or could not be completed due to any other technical issues, State/UT-wise, particularly remote tribal pockets like Bastar and Surguja in Chhattisgarh;

(c) the State/UT-wise and year-wise number of beneficiaries whose access to supplementary nutrition was delayed or denied due to Poshan Tracker-related issues, since 2019; and

(d) the steps taken by the Government to ensure that eligible children, pregnant women and lactating mothers are not denied nutrition benefits under the scheme due to digital compliance errors?

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, the 'Poshan Tracker' digital application has been rolled out as an ICT based governance tool for monitoring and tracking of all beneficiaries on various indicators. The number of children, pregnant women and lactating women registered in all the States and UTs including Chhattisgarh is available at Poshan Tracker public dashboard: https://www.poshantracker.in/statistics.

To address network-related issues, such as low or no internet connectivity, the Poshan Tracker application provides offline functionality for conducting e-KYC and face matching under the Facial Recognition System (FRS) for the distribution of Take-Home Ration (THR). OTP for e-KYC and Aadhar face matching has to be taken ONCE in entire life cycle of the beneficiary. It creates ease of living for the beneficiaries to avail the Anganwadi services even when network or server issues are present.

For further ease of receiving benefits of THR, Nominee Module has been introduced in the application for Pregnant Women, Lactating Mothers, and Adolescent Girls. If due to any reason, the registered beneficiary is unable to visit

the Anganwadi Centre to receive THR through FRS, she can nominate a person on her behalf to receive her THR.

As per Poshan Tracker data, e-KYC and face matching of the beneficiaries for THR distribution in the country has substantially increased in past one year from 70.82% in July 2025 to 97.87% in June 2026. State and UT wise details of e-KYC and Face matching (as of June 2026) is given in the enclosed **Statement**.

Poshan Tracker application has been specifically designed to allow data entry in offline mode and the data can get synced within 5 days of entry. The frontline functionaries i.e. Anganwadi Workers, Block Coordinators and Supervisors are equipped with smartphones to enter the data of services at Anganwadi Centres and programme monitoring in the field.

To address technical issues, Ministry of Women and Child Development (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 pm to 4 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.

STATEMENT

State and UT wise details of e-KYC and Face matching for THR distribution (as of June 2026):

Sr. No	State / UT	Total Active Eligible THR Beneficiaries	e-KYC and Face Matching (%)	
1	Andhra Pradesh	15,79,848	15,73,826	99.62
2	Arunachal Pradesh	39,987	29,985	74.99
3	Assam	14,64,565	13,99,032	95.53
4	Bihar	58,05,885	56,93,889	98.07
5	Chhattisgarh	12,37,182	12,25,659	99.07
6	Goa	32,154	32,046	99.66
7	Gujarat	20,75,155	19,68,244	94.85
8	Haryana	7,94,000	7,67,361	96.64
9	Himachal Pradesh	2,67,541	2,67,261	99.90
10	Jharkhand	14,27,157	13,94,629	97.72
11	Karnataka	23,14,434	23,12,930	99.94
12	Kerala	7,61,139	6,91,948	90.91
13	Madhya Pradesh	34,14,903	32,83,405	96.15
14	Maharashtra	27,89,386	27,66,599	99.18
15	Manipur	1,36,072	1,25,632	92.33
16	Meghalaya	1,90,733	1,77,346	92.98
17	Mizoram	62,247	61,683	99.09
18	Nagaland	59,404	52,821	88.92
19	Odisha	19,26,861	19,06,092	98.92
20	Punjab	7,32,133	6,95,758	95.03
21	Rajasthan	23,78,043	23,56,289	99.09
22	Sikkim	13,722	10,777	78.54
23	Tamil Nadu	15,51,931	15,24,962	98.26
24	Telangana	10,85,170	10,78,515	99.39
25	Tripura	1,53,820	1,51,720	98.63
26	Uttar Pradesh	99,91,059	98,34,824	98.44
27	Uttarakhand	4,73,100	4,51,742	95.49

28	West Bengal	40,08,617	38,31,439	95.58
29	Andaman & Nicobar Islands	7,308	7,146	97.78
30	Dadra & Nagar Haveli - Daman & Diu	17,367	17,293	99.57
31	Delhi	4,53,477	4,52,478	99.78
32	J&K	4,38,600	4,31,159	98.30
33	Ladakh	9,616	9,443	98.20
34	Lakshadweep	2,985	2,983	99.93
35	Puducherry	29,971	28,994	96.74
36	Chandigarh	22,974	22,974	100.00
India		**4,37,32,621**	**4,28,00,299**	**97.87**

REGULATION OF IMMIGRATION AGENTS

2236. SHRI PUTTA MAHESH KUMAR:

SHRI MAGUNTA SREENIVASULU REDDY:

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

(a) whether the Government is aware of the growing incidents of fake immigration agents and fraudulent overseas job/visa consultants cheating Indian citizens across the country, including Andhra Pradesh, if so, the details thereof;

(b) the details of the number of complaints received and cases registered against such agents, State/UT-wise, during the last three years, year-wise;

(c) the steps taken to identify, blacklist and prosecute unauthorised agents, including action taken under the Emigration Act and coordination with State Police and other agencies; and

(d) whether the Government has undertaken any steps to strengthen public awareness, grievance redressal and prevention mechanisms for protecting emigrant workers, if so, the details thereof?

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

(a) to (d): Recruitment Agencies (RA) in India for engaging in the recruitment business for overseas employment are regulated as per the provisions under The Emigration Act, 1983 and Rules thereunder. As per Section 10 of the Emigration Act, 1983, no person or agency can function as RA without a valid Registration Certificate (RC) issued by the Registering Authority, i.e., Protector General of Emigrants (PGE). Mandatory registration of RA is aimed at curbing fraud and exploitation of prospective Indian emigrants seeking overseas employment.

The RC holders are required to comply with the provisions under the Emigration Act, 1983, and the terms and conditions of Registration Certificate prescribed in Section 10 of The Emigration Rules, 1983, which are focussed on safeguarding the interests of emigrant workers. The Emigration Act/Rules, 1983 also provide for punitive actions against the registered RAs for violation of the provisions thereunder.

Issuance of RC is done through eMigrate Portal (https://emigrate.gov.in) only which is maintained by the Ministry of External Affairs (MEA). List of all the

registered RAs in India is publicly available on the eMigrate portal. List of unregistered agents against whom complaints were received, has also been published on the eMigrate portal to caution the prospective emigrants. As on date a total of 3,505 such unregistered agents have been notified on the eMigrate portal.

Instances of unauthorized agents involved in fraudulent recruitment activities and cheating Indian citizens is taken into cognizance when such incidents are brought to the attention of the GOI. As and when complaints of illegal recruitment activities by unauthorized agents, including those from the State of Andhra Pradesh, are received in the MEA, they are referred to the State/UT police for investigation and prosecution under the relevant provisions of the Bharatiya Nyaya Sanhita (BNS) and other legislations in place. Data of complaints of illegal recruitment activities received from the States/UTs, including those from Andhra Pradesh, and action taken against them during the last three years are given in the enclosed **Statement-I**. Data of complaints against unauthorized agent registered on eMigrate portal is given in the enclosed **Statement-II**.

Advisories are issued through the eMigrate portal, social media handles, and other modes about the perils of fake job rackets and ways to prevent illegal emigration through unauthorised RAs. The MEA, through the 17 Protector of Emigrants (POE) Offices across India, including the POE Office in Andhra Pradesh, also carries out awareness campaign on safe and legal mobility by

conducting workshops, training/information sessions, digital campaigns for media groups, police officials and law enforcement agencies, local administration, and general public. MEA also coordinates with the State Nodal agencies on the issues of illegal recruitment activities by fake agencies.

To address grievances of Indian workers employed abroad, there are established channels to enable them to reach out to the Indian Missions/Posts for assistance. They can contact the Missions/Posts through walk-in, email, multilingual 24x7 emergency numbers, WhatsApp number, grievance redressal portal like MADAD/CPGRAMS/eMigrate, and social media. Pravasi Bharatiya Sahayata Kendras have been set up in key locations including New Delhi, Dubai, Jeddah, Kuala Lumpur, London and Riyadh to provide guidance and counselling to Indian workers. Indian Missions/Posts regularly organize Open Houses and Consular Camps in different cities to extend consular services and address any grievances. There are dedicated Labour Wings in the Indian Missions/Posts in most of the Gulf countries which pro-actively take up grievances of emigrant workers with the concerned FE, inspect the work place of the aggrieved worker and also take up, where required, with the local Labour Department and other host country authorities.

STATEMENT-I

Data regarding complaints of illegal recruitment activities and follow up action [2023 – 2025]

S.No.	State/UT	Number of Complaints			ATR Submitted by State Police			Number of Cases in which request for issue of prosecution sanction after investigation received			Number of Prosecution Sanctions issued		
		2023	2024	2025	2023	2024	2025	2023	2024	2025	2023	2024	2025
1.	Andaman and Nicobar Islands	0	0	0	0	0	0	0	0	0	0	0	0
2.	Andhra Pradesh	445	602	448	5	11	19	1	0	0	1	0	0
3.	Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0
4.	Assam	2	0	0	0	0	0	0	0	0	0	0	0
5.	Bihar	6	5	1	1(FIR registered)	1(FIR registered)	1(FIR registered)	0	0	0	0	0	0
6.	Chandigarh	3	9	80	0	0	34 (3 FIRs)	0	0	0	0	0	0
7.	Chhattisgarh	0	1	0	0	0	0	0	0	0	0	0	0
8.	Dadra & Nagar Haveli and Daman & Diu	0	0	0	0	0	0	0	0	0	0	0	0
9.	Delhi	4	92	153	0	0	17 ATR 17 FIR	0	11	13	0	11	13
10.	Goa	5	1	13	0	1	0	0	0	0	0	0	0

11.	Gujarat	2	9	12	1	1	0	0	1	0	0	0	1
12.	Haryana	4	2	33	0	0	09 ATR 0 FIR + 5 ATR+1 FIR	0	1	0	0	1	0
13.	Himachal Pradesh	4	0	2	1	0	1	0	0	0	0	0	0
14.	Jammu & Kashmir	1	0	4	0	0	0	1	0	0	1	0	0
15.	Jharkhand	0	0	4	0	0	0	0	0	0	0	0	0
16.	Karnataka	32	33	61	6	8	0	3	0	1	3	0	1
17.	Kerala	110	277	238	87 (FIRs Registered)	197(FIRs Registered)	158	7	15	0	7	1	14
18.	Ladakh	0	0	0	0	0	0	0	0	0	0	0	0
19.	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0
20.	Madhya Pradesh	0	0	0	0	0	0	0	0	0	0	0	0
21.	Maharashtra	6	14	22	1	1	1	0	1	0	0	1	0
22.	Manipur	0	0	0	0	0	0	0	0	0	0	0	0
23.	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0
24.	Mizoram	2	0	4	1	0	3 FIR Registered	0	1	0	0	0	1
25.	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0

26.	Odisha	0	5	7	0	2 (FIR Registered)	1 (FIR Registered)	0	0	0	0	0	0
27.	Puducherry	0	0	0	0	0	0	0	0	0	0	0	0
28.	Punjab	56	18	80	0	38(FIR Registered)	69	0	0	0	0	0	0
29.	Rajasthan	35	87	97	0	0	4	2	0	0	2	0	0
30.	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0
31.	Tamil Nadu	152	106	99	7	64	52	1	0	0	1	0	0
32.	Telangana	132	96	111	35	17	47	0	0	0	0	0	0
33.	Tripura	0	0	1	0	0	0	0	0	0	0	0	0
34.	Uttarakhand	0	5	5	0	0	0 ATR 0 FIR	0	0	0	0	0	0
35.	Uttar Pradesh	0	6	31	0	0	08 ATR 03 FIR	0	0	0	0	0	0
36.	West Bengal	5	10	35	2	2	12	0	0	0	0	0	0

STATEMENT-II

Data of complaints against unauthorized agent registered on eMigrate portal during last five years:

Year	Total GRs Received	Total GRs Resolved
2021	70	27
2022	189	98
2023	84	43
2024	120	67
2025	321	224
Total	**784**	**459**

AVAILABILITY OF ESSENTIAL MEDICINES IN GOVERNMENT HEALTHCARE INSTITUTIONS

2237. SHRI MALAIYARASAN D.:

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

(a) the current status of availability of essential medicines and diagnostic facilities in Government healthcare institutions in rural areas of Tamil Nadu, including Primary Health Centres (PHCs), Ayushman Arogya Mandirs (AAMs) and district hospitals, district-wise including Kallakurichi Parliamentary Constituency;

(b) the details of funds allocated, released and utilised under various Central health schemes for procurement of essential medicines strengthening of

laboratories and improving diagnostic services in rural Tamil Nadu during the last five years;

(c) whether the Government has assessed shortages, stock-outs or gaps in the availability of essential medicines, medical supplies and diagnostic facilities in rural healthcare centres of the said State and if so, the details threreof; and

(d) the steps being taken by the Union Government to ensure uninterrupted availability of affordable medicines, essential diagnostics and quality healthcare services for rural populations, particularly in remote and underserved areas of the said State?

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

(a) and (b): 'Public Health' and 'Hospital' are State subject and the responsibility for strengthening of healthcare system including availability of essential medicines and diagnostic facilities in Government healthcare institutions lies with respective State/UT Governments.

Under 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 envelope.

Each year, PIP is formulated by every State/ UT based on district and State-level planning processes, encompassing all activities and expenditures under NHM. State-wise fund allocation can be accessed at:

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

As per the information provided by the State Government of Tamil Nadu, the drugs were categorized in to Essential Drug List (EDL) and Speciality Drug List (SDL) wherein 408 EDL and 400 SDL are available in Tamil Nadu Medical Services Corporation (TNMSC) warehouses.

Under Centrally Sponsored Scheme (CSS) component of Pradhan Mantri – Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) for the State of Tamil Nadu, Administrative approvals have been accorded to the State for five years (i.e. FY 2021-22 to 2025-26) for an amount of Rs.74.44 Cr. for construction and strengthening of 38 Integrated Public Health Labs (IPHLs) to strengthen diagnostic infrastructure by enhancing access to quality essential diagnostic services.

Under Fifteenth Finance Commission (FC-XV) for the State of Tamil Nadu, Rs. 301.07 Cr. has been approved from FY 2021-22 to FY 2025-26 for strengthening of Block Public Health Unit (BPHU) and Rs.301.07 Cr. has been released during the scheme period for establishment and strengthening of 386 BPHU, to strengthen disease surveillance and provide diagnostic support.

(c) and (d): As per the information provided by the State Government of Tamil Nadu, there is no shortage/stock-outs of drugs identified so far. Also, action is being taken to include certain drugs in the EDL. Under Integrated Essential Laboratory Services (IELS) periodic gap analysis of essential diagnostic investigations is carried out to assess the availability of diagnostic services across healthcare facilities as well as Stock availability and utilisation are continuously monitored through Drug Distribution and Management System (DDMS) Portal.

Further, Government of India supports the States in terms of drugs and diagnostics services through State PIP proposals under Free Drugs Services Initiative and Free Diagnostic Services Initiative every year.

HIV/AIDS PREVENTION PROGRAMME

2238. SHRI BALWANT BASWANT WANKHADE

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

(a) the details of projects affected by the 2025 funding cuts under USAID/United States President's Emergency Plan for AIDS Relief (PEPFAR) support towards HIV/AIDS prevention in the country, State/UT-wise and project-wise;

(b) the estimated number of beneficiaries affected under such projects, including key populations such as adolescents, transgender persons and people suffering with HIV, State/UT-wise and;

(c) the steps taken/proposed to be taken by the Union Government to sustain beneficiary support provided under such projects, including Project (ACCELERATE) after the reduction or withdrawal of external support?

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

(a) to (c): The National AIDS Control Programme is a fully domestic funded Central Sector Scheme with around 5% contribution through the Global Fund Grant for HIV/AIDS. The Government of India provides free prevention, testing and treatment services under the National AIDS and STD Control Programme.

NACO has not received any funding support from USAID/PEPFAR. The funding cuts in the USAID/PEPFAR support towards HIV/AIDS prevention in the country has not impacted service provision for prevention, testing and treatment to High Risk Populations, at-risk populations and People living with HIV under the National AIDS and STD Control Programme.

The National AIDS and STD Control Programme collaborates with international organisations, bilateral and multilateral partner agencies including erstwhile USAID in technical areas including sharing of best practices and innovations, training and capacity building for improving HIV management cascade to meet India’s SDG commitments.

JAL VAHAK SCHEME

2239. SHRI KESINENI SIVANATH:

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

(a) whether the Government maintains data regarding the number of cargo owners operating in the country, if so, the details thereof, State-wise;

(b) the number of cargo owners registered and approved for receiving incentives under the Jal Vahak Scheme indicating the incentive disbursed to beneficiaries so far, State-wise;

(c) the number of scheduled services being offered under the scheme along with the total number of vessels operating for such services;

(d) whether the Government is monitoring vessel utilization capacity and the average cost incurred per trip for these scheduled services and if so, details thereof;

(e) the details regarding feedback obtained from cargo owners under both components of the scheme including the criteria adopted for selecting waterways and routes covered under the Jal Vahak Scheme; and

(f) whether the performance assessment of the scheme has been completed and if so, the details thereof?

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

(a) and (b): The data of cargo owners operating in the country is not centrally maintained. The number of cargo owners registered and approved for receiving incentives under the Jalvahak Scheme are 12 and 7 respectively. Six cargo owners are registered in West Bengal, four in Assam, and one each in Uttar Pradesh and Jharkhand. No incentive has been disbursed till date as none of the above mentioned entities has submitted any claim for cargo movement.

(c): Under the Jalvahak Scheme, scheduled services are being operated on National Waterway (NW)-1 between Varanasi and Kolkata, and between Kolkata and Pandu, Guwahati (NW-2) via the Indo-Bangladesh Protocol (IBP) Route. Eight Inland Water Transport (IWT) vessels are currently operating under scheduled services.

(d): The average capacity utilization of vessels for scheduled services and the average cost per trip are as under:

Scheduled services operating between	**Average capacity utilization of vessels (in percentage)**	**Average cost per trip (in Rs.)**
Kolkata and Varanasi	79.34	21,43,968
Kolkata and Pandu (Guwahati)	71.05	33,31,957

(e): Feedback received from cargo owners, namely Tata Steel, Ultratech Cement, Birla White cement, and Stone Aggregate on scheduled services is encouraging. They have indicated that scheduled services on NW-1 and NW-2 have enhanced

confidence in IWT and facilitated repeat business. However, there is no feed back on incentive to cargo owners as no claim for movement has been made.

(f): During 2025-26, the performance of scheduled services on NW-1 and NW-2 has demonstrated a growth in cargo volume and 104.7% increase against annual target of 16,800 tonnes.

अस्पतालों में चिकित्सा कर्मचारियों की कमी

2240. श्री बृजेन्द्र सिंह ओला:

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

(क) क्या यह सच है कि देश के अनेक सरकारी अस्पतालों एवं स्वास्थ्य केंद्रों में डॉक्टरों, विशेषज्ञ चिकित्सकों, नर्सों तथा पैरामेडिकल कर्मचारियों के हजारों पद अभी भी रिक्त पड़े हैं, जिसके कारण मरीजों को समय पर उपचार नहीं मिल पा रहा है;

(ख) यदि हाँ, तो वर्तमान में रिक्त पदों का श्रेणी-वार तथा राजस्थान सहित राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है तथा गत तीन वर्षों के दौरान इन पदों पर कितनी नियुक्तियां की गई हैं;

(ग) क्या सरकार ने इस बात का संज्ञान लिया है कि अनेक सरकारी अस्पतालों में दवाओं, नैदानिक सुविधाओं, आईसीयू बेड तथा चिकित्सा उपकरणों की कमी के कारण मरीज निजी अस्पतालों का सहारा लेने के लिए विवश हो रहे हैं, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) इन कमियों को दूर करने तथा सभी सरकारी अस्पतालों में गुणवत्तापूर्ण एवं समयबद्ध स्वास्थ्य सेवाएं सुनिश्चित करने के लिए सरकार द्वारा क्या ठोस कदम उठाए गए हैं तथा इसके लिए क्या समय-सीमा निर्धारित की गई है?

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

(क) से (घ): स्वास्थ्य राज्य का विषय है। रिक्त पदों सहित सार्वजनिक स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की होती है। स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर ग्रामीण क्षेत्रों में सार्वजनिक स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के रिकॉर्ड (आरओपी) के रूप में प्रस्ताव के लिए अनुमोदन प्रदान करती है। राज्यों/संघ राज्य क्षेत्रों को दीर्घावधि में भारतीय जन स्वास्थ्य मानकों (आईपीएचएस) के अनुसार पर्याप्त संख्या में नियमित पदों का सृजन करके और महत्वपूर्ण कमियों को भरने के लिए अल्प से मध्यम अवधि में एनएचएम पदों का उपयोग करके मानव संसाधन की उपलब्धता सुनिश्चित करनी चाहिए। एनएचएम आईपीएचएस के अनुसार माध्यमिक और प्राथमिक परिचर्या सुविधा केन्द्रों (जिला अस्पताल और उससे कम) में मानव संसाधनों की कमी को दूर करके नियमित मानव संसाधनों को संपूरित करता है।

देश भर के सरकारी अस्पतालों और स्वास्थ्य केंद्रों में डॉक्टरों, विशेषज्ञों, चिकित्सकों, नर्सों और पैरामेडिकल स्टाफ का विवरण और राजस्थान सहित राज्य/संघ राज्य क्षेत्र-वार उनकी रिक्तियों को मानव विकास सूचकांक 2023-24 के निम्नलिखित लिंक पर देखा जा सकता है:

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

आवश्यक दवाओं की उपलब्धता सुनिश्चित करने और जन स्वास्थ्य सुविधा केन्द्रों में आने वाले रोगियों के आउट-ऑफ-पॉकेट व्यय (ओओपीई) को कम करने के लिए सरकार ने राष्ट्रीय

स्वास्थ्य मिशन के तहत निशुल्क औषध सेवा पहल (एफडीएसआई) शुरू की है। इसमें उप स्वास्थ्य केन्द्र स्तर पर 113 औषधियों, प्राथमिक स्वास्थ्य केन्द्र स्तर पर 179, सामुदायिक स्वास्थ्य केन्द्र स्तर पर 301, उप जिला अस्पताल स्तर पर 318 औषधियों और जिला अस्पतालों में 381 औषधियों के लिए राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता प्रदान की जाती है।

यह मंत्रालय एनएचएम के अंतर्गत निशुल्क निदान सेवा पहल कार्यक्रम का समर्थन करता है जिसका उद्देश्य समुदाय के निकट सुलभ और वहनीय पैथोलॉजिकल और रेडियोलॉजिकल डायग्नोस्टिक्स सेवाएं प्रदान करना है, जो बदले में आउट-ऑफ-पॉकेट व्यय (ओओपीई) को कम करता है। सार्वजनिक स्वास्थ्य सुविधाओं के सभी स्तरों पर नि:शुल्क निदान सेवाएं प्रदान की जाती हैं (उप केन्द्रों में 14 जांच, प्राथमिक स्वास्थ्य केन्द्रों में 63, सामुदायिक स्वास्थ्य केन्द्रों में 97, उप जिला अस्पतालों में 111 परीक्षण और जिला अस्पतालों में 134 जांच)।

एनएचएम के तहत, सभी सरकारी अस्पतालों में गुणवत्तापूर्ण और समय पर स्वास्थ्य देखभाल सेवाएं सुनिश्चित करने के लिए निम्नलिखित प्रकार के प्रोत्साहन और मानदेय प्रदान किए जाते हैं:
ग्रामीण और दूरदराज के क्षेत्रों में सेवा करने के लिए विशेषज्ञ डॉक्टरों को और उनके आवासीय क्वार्टरों के लिए हार्ड एरिया भत्ते ताकि उन्हें ऐसे क्षेत्रों में सार्वजनिक स्वास्थ्य सुविधाओं में सेवा करना आकर्षक लगे।

- ग्रामीण और दूरदराज के क्षेत्रों में सिजेरियन सेक्शन करने के लिए विशेषज्ञों की उपलब्धता बढ़ाने के लिए 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 आकषत करने के लिए परक्राम्य वेतन की पेशकश करने की भी अनुमति है, जिसमें "आप उद्धरण हम भुगतान करते हैं" जैसी रणनीतियों में लचीलापन शामिल है।
- एनएचएम के अंतर्गत दुर्गम क्षेत्रों में सेवारत कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में अधिमान्य प्रवेश और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।
- विशेषज्ञों की कमी को दूर करने के लिए एनएचएम के अंतर्गत डाक्टरों के बहु-कौशल को सहायता प्रदान की जाती है। स्वास्थ्य परिणामों में सुधार प्राप्त करने के लिए राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के अंतर्गत मौजूदा मानव संसाधन का कौशल उन्नयन एक अन्य प्रमुख कार्यनीति है।

REJECTION OF CLAIMS UNDER AB-PMJAY

2241. DR. KALANIDHI VEERASWAMY:

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

(a) whether the Government has undertaken any assessment of the impact of rejected claims on beneficiaries seeking timely medical treatment under AB-PMJAY, if so, the details thereof; and

(b) the measures taken by the Government to reduce claim rejection rates, strengthen grievance redressal mechanisms, improve transparency in claim processing and ensure that eligible beneficiaries receive timely healthcare benefits under the Scheme?

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

(a) and (b): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), all claims submitted by empanelled hospitals are adjudicated in accordance with Standard Treatment Guidelines, Health Benefit Package protocols, and the prescribed claims adjudication manual.

Under the scheme, claim adjudication is continuously monitored by National Health Authority (NHA) through a robust IT-enabled Transaction Management System. Regular analysis of claim processing trends, including rejected claims, is undertaken to identify operational issues, improve claim adjudication quality, and facilitate corrective measures in coordination with the States/UTs.

To ensure that eligible claims are not rejected without adequate scrutiny, a structured multi-level claim adjudication and review process is followed under AB-PMJAY. Before a claim is finally rejected, it is examined at multiple levels by designated medical and administrative authorities in accordance with the

prescribed claim adjudication processes. In addition, a dedicated review committee has been established wherein empanelled hospitals may submit requests for review of rejected or partially paid claims within 15 days from the date of communication of the decision. Such requests are examined by a designated committee before arriving at a final decision.

Further, NHA regularly engages with States/UTs through review meetings, capacity-building initiatives, and monitoring mechanisms to improve the quality and timelines of claim processing.

In cases of any irregularities in availing treatment by an empanelled hospital, beneficiaries can register their grievances through the Centralized Grievance Redressal Management System or the 24×7 toll-free helpline (14555), Ayushman App, and Ayushman Sarathi (WhatsApp chatbot). Under AB-PMJAY, such grievances are monitored through a three-tier grievance redressal mechanism at the District, State and National level. At each level, designated nodal officers and Grievance Redressal Committees are in place to examine and resolve the grievances, thereby strengthening accountability and facilitating effective implementation of the Scheme.

उत्तर प्रदेश में जन औषधि केंद्र

2242. श्री अनूप प्रधान वाल्मीकिः

क्या **रसायन और उर्वरक** मंत्री यह बताने की कृपा करेंगे किः

(क) उत्तर प्रदेश के हाथरस जिले में आज तक स्वीकृत/संचालित जन औषधि केंद्रों की संख्या कितनी है;

(ख) क्या सरकार अवगत है कि उक्त जिले में इष्टतम से कम बिक्री, चिकित्सकों द्वारा पर्चे पर कम जेनेरिक दवाएं लिखने तथा समय पर दवाओं की आपूर्ति न होने जैसी समस्याओं के कारण कुछ जन औषधि केंद्र बंद हो गए हैं, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने इस संबंध में कोई जांच/समीक्षा की है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) जन औषधि केंद्रों का प्रभावी ढंग से संचालन, जेनेरिक दवाओं के संबंध में जागरूकता बढ़ाने तथा दवाओं की नियमित आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं?

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

(क): प्रधानमंत्री भारतीय जन औषधि परियोजना के अन्तर्गत, दिनांक 30.06.2026 की स्थिति के अनुसार उत्तर प्रदेश राज्य में कुल 4,226 जन औषधि केंद्र (जेएके) खोले गए हैं, जिनमें से 17 जेएके हाथरस जिले में खोले गए हैं।

(ख): जीं, हां। उत्तर प्रदेश के हाथरस जिले में दिनांक 30.06.2026 तक 02 जन औषधि केंद्र गैर-कार्यात्मक हो गए हैं।

(ग): इस योजना की कार्यान्वयन एजेन्सी, भारतीय औषध और चिकित्सा उपकरण ब्यूरो (पीएमबीआई), एक आईटी-सक्षम निगरानी प्रणाली के माध्यम से जन औषधि केंद्रों के कामकाज की लगातार निगरानी करता है, बिक्री और स्टॉक स्थिति की नियमित समीक्षा करता है।

इसके अलावा, पीएमबीआई का राज्य स्तरीय विपणन अधिकारी ऐसे जन औषधि केन्द्रों के साथ संपर्क स्थापित करता है जिनकी बिक्री कम है ताकि बिक्री को बढ़ाने में सहयोग प्रदान किया जा सके। पीएमबीआई जेएके का प्रबंधन करता है और कार्यशालाओं का आयोजन करता है, सफल जेएके मालिकों से सीख प्राप्त करता है और कम कार्यनिष्पादन करने वाले जेएके के लिए स्थानीय क्षेत्र के चिकित्सकों के साथ बैठक करता है।

(घ): जन औषधि केंद्रों के प्रभावी कामकाज को सुनिश्चित करने, जेनेरिक दवाओं के बारे में जागरूकता पैदा करने और औषधियों की नियमित आपूर्ति सुनिश्चित करने के लिए सरकार ने कई उपाय किए हैं। विवरण निम्नानुसार हैं:

जनऔषधि केंद्रों के माध्यम से आपूर्ति की जाने वाली दवाओं की स्वीकार्यता को बढ़ावा देने और बिक्री बढ़ाने के लिए, जनऔषधि दवाओं के लाभों के बारे में लक्षित जागरूकता अभियान नियमित रूप से संचालित किए जाते हैं।

i. जागरूकता अभियान: भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) केंद्रीय संचार ब्यूरो, पीआईबी, माईगॉव और माई भारत जैसे निकायों और प्लेटफार्मों के समन्वय से प्रिंट, टेलीविजन, रेडियो, सोशल मीडिया प्लेटफॉर्म, आउटडोर होर्डिंग्स, सामुदायिक सहभागिता आदि जैसे विभिन्न माध्यमों से जागरूकता अभियान संचालित करता है।
ii. इंटरैक्टिव संदेश/कॉल: जनऔषधि उत्पादों की गुणवत्ता और निकटतम जेएके से इन्हें खरीदने पर होने वाली भारी बचत के बारे में नागरिकों को सूचित करने के लिए व्हाट्सएप चैटबॉट और आउटबाउंड कॉल के माध्यम से भी जागरूकता अभियान चलाया जाता है।
iii. जन औषधि सप्ताह: जन औषधि सप्ताह प्रत्येक वर्ष मार्च के पहले सप्ताह में मनाया जाता है, जिसके दौरान जन औषधि जेनेरिक दवाओं के लाभों के बारे में नागरिकों, स्वास्थ्य व्यवसायियों और अन्य हितधारकों को शिक्षित करने के लिए राष्ट्र भर में सार्वजनिक रैलियों,

स्वास्थ्य शिविरों, फार्मेसी कॉलेजों में सेमिनारों, बच्चों की सहभागिता कार्यक्रमों आदि जैसे विशेष अभियान आयोजित किए जाते हैं।

iv. प्रख्यात व्यक्तियों के संदेश: जनऔषधि दवाओं के लाभों को उजागर करने और उनकी गुणवत्ता से संबंधित भ्रांतियों को दूर करने के लिए जन प्रतिनिधियों और प्रख्यात चिकित्सकों जैसे सुप्रसिद्ध व्यक्तियों के ऑडियो/वीडियो संदेश सोशल मीडिया प्लेटफॉर्मों पर प्रसारित किए जाते हैं।

v. ग्रामीण क्षेत्रों में जन सहभागिता कार्यक्रम: नागरिकों को स्थानीय भाषाओं/बोलियों में शिक्षित करने के लिए, स्वास्थ्य शिविरों, नुक्कड़ नाटकों, सामान्य सेवा केंद्रों पर ऑडियोविजुअल प्रदर्शन और ग्रामीण क्षेत्रों में स्थानीय जेएके के सहयोग से जन सहभागिता कार्यशालाओं के माध्यम से भी प्रचार किया जाता है।

आपूर्ति में किसी भी कमी को दूर करने और जेएके में उत्पादों की सुचारू आपूर्ति और उपलब्धता सुनिश्चित करने के लिए, निम्नलिखित उपाय किए गए हैं:

(i) सितंबर 2024 से, योजना उत्पाद बास्केट में शीर्ष 100 बिक्री होने वाली दवाओं और बाजार में तेजी से बिक्री होने वाली 100 दवाओं सहित 200 सामान्य रूप से उपयोग की जाने वाली दवाओं का जेएके द्वारा स्टॉक रखे जाने को प्रोत्साहित किया गया है, जिसके तहत जेएके मालिक इन दवाओं के अपने द्वारा रखे गए स्टॉक के आधार पर मासिक प्रोत्साहन के पात्र हैं।

(ii) एक सुदृढ़ आपूर्ति श्रृंखला प्रणाली को जोड़ने के लिए एक संपूर्ण सूचना-प्रौद्योगिकी-सक्षम आपूर्ति श्रृंखला प्रणाली स्थापित की गई है, जिसमें पांच मालगोदाम और देश भर में वितरकों, जिनकी वर्तमान संख्या 42 है, का एक बढ़ता हुआ नेटवर्क शामिल है।

(iii) इसके अतिरिक्त, सामान्य रूप से उपयोग किए जाने वाले उत्पादों की उपलब्धता सुनिश्चित करने के उद्देश्य से, योजना की कार्यान्वयन एजेन्सी भारतीय औषध एवं चिकित्सा उपकरण

ब्यूरो (पीएमबीआई) द्वारा 400 तेजी से बिक्री होने वाले उत्पादों की नियमित निगरानी की जाती है और इनकी मांग का निरंतर पूर्वानुमान लगाया जाता है। साथ ही, खरीद प्रक्रिया को सुगम बनाने के लिए पूर्वानुमान पद्धति को डिजिटाइज़ करने के कदम उठाए गए हैं।

UTILIZATION OF FUND UNDER PM-ABHIM

2243. SHRI BRIJMOHAN AGRAWAL:

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

(a) the total amount of funds allocated and utilized under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) during 2025–26 and the number of Critical Care Blocks (CCBs) currently operational nationwide;

(b) the reasons for the persistent gap between physical infrastructure completion and the recruitment of specialized personnel under the National Health Mission (NHM) protocols;

(c) the status of vacant specialist positions (anesthesiologists, critical care nurses) in Chhattisgarh and its impact on service delivery for tribal populations, district wise; and

(d) the details of any mandatory "Readiness Certification" or "Recruitment-Integrated" approval policies initiated to ensure new facilities are staffed and functional immediately upon completion, including specific audit timelines for the current fiscal year?

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

(a) to (d): 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. The State/UT-wise details of Central Release and Expenditure under PM-ABHIM for FY 2025-26 are given in the enclosed **Statement-I**. Further, the State/UT-wise details of Critical Care Blocks (CCBs) approved, Work Under Progress and Functional, as reported by the State/UTs, are given in the enclosed **Statement-II**.

Under National Health Mission (NHM), Ministry of Health & Family Welfare provides technical and financial support to the States/UTs for strengthening public healthcare infrastructure and ensuring the availability of adequate human resources to improve access to quality healthcare, particularly for underserved and marginalized populations in rural areas. Such support is provided based on the proposals submitted by the States/UTs in their Programme Implementation Plans (PIPs), which are approved by the Government of India in the form of Records of Proceedings (RoPs), subject to NHM norms and the availability of

resources. As health is a State subject, the Ministry of Health and Family Welfare works closely with the States/UTs to facilitate timely recruitment and deployment of healthcare personnel in newly created health facilities. To improve the availability and retention of skilled human resources, States/UTs are supported in implementing measures such as hard area allowances, residential accommodation, performance-based incentives, and multi-skilling of existing healthcare personnel, including training of General Medical Officers in Emergency Obstetric Care and Life-Saving Anesthesia Skills, to strengthen service delivery in rural and remote areas.

As per Health Dynamics of India (HDI) 2023-24, details of vacant specialist positions (anesthesiologists, staff nurses etc.) in tribal areas of the country, including Chhattisgarh, may be seen at the following link: https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf.

Monitoring under the National Health Mission (NHM) and PM-ABHIM is carried out through a robust, multi-layered framework that includes review of State-wise Key Deliverables against approved targets during NPCC meetings with all States/UTs, 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.

STATEMENT-I

State/UT-wise Central Release and Expenditure under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission for FY 2025-26:

S. No.	Name of the State/UT	2025-26	
		Central Release (Rs. in Cr.)	Expenditure (Rs. in Cr.)
1	Andaman and Nicobar Islands	6.77	2.76
2	Andhra Pradesh	59.32	98.86
3	Arunachal Pradesh	0.88	0.98
4	Assam	164.17	209.85
5	Bihar	76.85	128.08
6	Chandigarh	5.13	8.75
7	Chattisgarh	32.78	55.33
8	Dadra & Nagar Haveli and Daman & Diu	7.18	1.02
9	Delhi	40.85	7.09
10	Goa	0.61	1.06
11	Gujarat	100.52	167.54
12	Haryana	19.19	32.73
13	Himachal Pradesh	93.27	103.63
14	Jammu & Kashmir	49.69	89.56
15	Jharkhand	89.02	148.37
16	Karnataka	199.75	332.91
17	Kerala	26.45	44.08
18	Ladakh	1.03	0.93
19	Lakshadweep	0.32	0.29
20	Madhya Pradesh	130.42	227.36
21	Maharashtra	221.13	368.56
22	Manipur	8.77	13.37
23	Meghalaya	23.03	25.12
24	Mizoram	2.05	4.23
25	Nagaland	3.30	6.57
26	Odisha	137.19	228.65
27	Puducherry	9.00	13.76

28	Punjab	71.66	119.44
29	Rajasthan	189.31	315.51
30	Sikkim	4.90	5.54
31	Tamil Nadu	172.51	283.44
32	Telangana	151.12	251.87
33	Tripura	3.57	3.83
34	Uttar Pradesh	211.88	511.46
35	Uttarakhand	33.88	37.65
36	West Bengal	91.42	152.37

NOTE:

1. The above releases relate to Central Govt. Grants & do not include State share contribution.
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.

STATEMENT-II

State/UT-wise number of Critical Care Blocks (CCBs) Approved, Work Under Progress (Functional) under CSS components of PM-ABHIM:

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
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

Sl. No.	State/ UT	Units Approved	Work Under Progress (Functional)
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
	Total	**631**	**506 (47)**

* No provision of CCB in Ladakh and Lakshadweep

DECORUM IN COURTROOM

2244. SHRI SURESH KUMAR SHETKAR:

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

(a) whether training or sensitisation programmes are conducted for advocates regarding courtroom behaviour, if so, the details thereof and the effectiveness of such initiatives;

(b) whether adequate security arrangements are in place in court premises to prevent disruptions, if so, the details thereof and gaps identified;

(c) whether technological interventions such as CCTV monitoring are being used to ensure courtroom discipline, if so, the details thereof and coverage across courts;

(d) whether complaints regarding unruly behaviour or intimidation in courtrooms have been received, if so, the details thereof and the actions taken to address such concerns; and

(e) whether the Government has consulted the Bar Council of India to enforce professional conduct standards, if so, the details thereof and compliance measures thereon?

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): Chapter II of Part VI of the Bar Council of India Rules (Standards of Professional Conduct and Etiquette) lays down the standards of professional conduct to be observed by Advocates. The Rules, inter alia, require every advocate to maintain a respectful attitude towards the Court, conduct himself/herself with dignity and propriety, use dignified language, and uphold the honour and dignity of the judicial institution.

The Advocates Act, 1961 provides a statutory mechanism for enforcement of professional conduct and discipline of advocates. Sections 35 and 36 of the Act empower the State Bar Councils and the Bar Council of India, respectively, to

initiate disciplinary proceedings and impose appropriate penalties in cases of professional or other misconduct. The standards of professional conduct and etiquette are prescribed under Chapter II of Part VI of the Bar Council of India Rules, and compliance thereof is enforced through the disciplinary framework provided under the Act.

The incidences involving breach of decorum in courtroom can also be dealt under the Contempt of Courts Act, 1971, which defines and limits the powers of certain courts in punishing contempt of courts and regulates their procedure in relation thereto. The Act inter alia addresses the acts of publication (whether by words, spoken or written, or by signs, or by visible representations, or otherwise) of any matter or the doing of any other act whatsoever which— (i) scandalises or tends to scandalise, or lowers or tends to lower the authority of, any court; or (ii) prejudices, or interferes or tends to interfere with, the due course of any judicial proceeding; or (iii) interferes or tends to interfere with, or obstructs or tends to obstruct, the administration of justice in any other manner.

The Central Government does not maintain a centralized database for tracking complaints regarding unruly behaviour or intimidation in courtrooms. ‘Police’ and ‘Public Order’ are State subjects under the Constitution. The responsibility to provide security to institutions including courts lies primarily with the State Governments. Government deploys Central Armed Police Forces to aid

and assist State Governments to maintain law and order, and extends financial assistance to them to modernize and build capacity of their police forces.

The Supreme Court of India, in its order dated 11.08.2023 in the Writ Petition (Criminal) No. 99 of 2015 (*Pradyuman Bisht versus Union of India & others*), while laying down guidelines regarding security measures in the courts, directed that the schematics of CCTV camera installation will have to be laid down on a district-wise basis where the respective State Governments should provide the requisite funds for the execution of such a plan in a timely manner. The Court further directed that upon the finalisation of the security plan, the High Courts may entrust the responsibility of installation and maintenance of the CCTV cameras with the concerned District and Sessions Judges for a more realistic analysis of local requirements.

PRADHAN MANTRI KISAN SAMRUDDHI KENDRAS

2245. SHRI SAUMITRA KHAN:

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

(a) the total number of Pradhan Mantri Kisan Samruddhi Kendras (PMKSKs) converted from existing fertilizer retail outlets across the country, State-wise including West Bengal;

(b) the total financial outlay, allocation and actual expenditure incurred on the rebranding and conversion of retail fertilizer shops into PMKSKs especially in Bankura District of West Bengal during the last three financial years;

(c) whether any independent evaluation has been conducted to assess that PMKSKs have improved farmers' access to fertilizers, seeds, soil testing services and agri-input advisories, if so, the details thereof;

(d) whether instances of fertilizer shortages, delayed supply or uneven distribution have been reported in PMKSKs especially in West Bengal during the last three years, if so, the details thereof; and

(e) the number of PMKSKs equipped with functional soil testing facilities and trained personnel to provide scientific advisories?

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): Out of a total 2,89,605 retailer across the country having active Point of Sales (PoS), as on 30.07.2026, 1,54,706 have been developed into PMKSKs. Out of these 12,088 PMKSKs are in West Bengal. The State-wise list of PMKSKs, including those in West Bengal, is given in the enclosed **Statement-I**.

(b): There is no separate financial allocation/outlay by the Government for the conversion of retail shops into PMKSKs. However, as per Department of Fertilizers' communication dated 15.11.2022, it has been decided that the cost

towards conversion of existing village/block/sub district/ taluk and district level fertilizer retail shops into "Pradhan Mantri Kisan Samridhi Kendra" (PMKSK) is to be met by the fertilizer companies from the retailer margin/incentives of Rs. 50/MT allowed for acknowledging the receipt of fertilizer through fertilizer monitoring system.

(c): No Sir. No such independent evaluation has been conducted to assess whether PMKSKs have improved farmers' access to fertilizers, seeds, soil testing services, and agri-input advisories.

(d): Agriculture Department of West Bengal has informed that there is no shortages, delayed supply or uneven distribution of fertilizers in West Bengal.

In addition to this, 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 West Bengal:

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.

The distribution of fertilizers within the State at district level is done by the concerned State government.

Accordingly, the availability of fertilizers has remained adequate across the States/UTs, including the State of West Bengal, in the last three years (i.e. in FYs 2023-24, 2024-25 and 2025-26). The information regarding requirement, availability, sales and closing stocks of fertilizers in the States/UTs during the said period is given in the enclosed **Statement-II**.

(e): As on 30.07.2026, a total of 47,206 PMKSKs across the country have been equipped with soil and water testing facilities.

Fertilizer companies like IFFCO, KRIBHCO, CIL, RCF, MATIX, etc. have informed that Pradhan Mantri Kisan Samruddhi Kendras (PMKSKs) provide services to improve farmers' access to soil testing and scientific advisory services. Many PMKSKs have also been equipped with soil testing facilities and trained personnel to support these services. Through PMKSKs, trained staff collect soil samples from farmers and send them to soil testing laboratories, including static and mobile laboratories, for testing. Based on the test results, farmers are provided with soil test reports and scientific advice on the balanced use of fertilizers and crop nutrient management.

PMKSKs also serve as centres for farmer awareness and training. Farmer meetings, soil health awareness programmes, PM PRANAM Sangoshthis, and programmes organised during PM-KISAN instalment distribution are regularly conducted through PMKSKs. During these programmes, agricultural experts provide guidance on soil health, balanced fertilizer use, crop nutrition, and improved farming practices. Awareness materials, nutrient deficiency charts, and other information are also displayed at PMKSKs to help farmers understand the importance of soil testing and proper nutrient management.

STATEMENT-I

The State-wise list of PMKSKs, including those in West Bengal

S. N.	State/ UT name	Total Retailers having Active POS	No. of PMKSKs developed
1	Andaman and Nicobar	36	0

	Islands		
2	Andhra Pradesh	12502	5003
3	Arunachal Pradesh	6	1
4	Assam	5691	2258
5	Bihar	31516	13442
6	Chandigarh	0	0
7	Chhattisgarh	5944	3602
8	Dadra and Nagar Haveli	2	1
9	Daman and Diu	0	0
10	Delhi	50	38
11	Goa	30	27
12	Gujarat	8792	6009
13	Haryana	8219	4601
14	Himachal Pradesh	1490	875
15	Jammu and kashmir	4147	2205
16	Jharkhand	4659	2800
17	Karnataka	12224	6946
18	Kerala	2532	1836
19	Lakshadweep	0	0
20	Madhya Pradesh	12967	8742
21	Maharashtra	29485	16357
22	Manipur	27	20
23	Meghalaya	43	0
24	Mizoram	7	4
25	Nagaland	4	2
26	Odisha	9479	5054
27	Puducherry	70	42
28	Punjab	8589	4335
29	Rajasthan	15160	9533
30	Sikkim	0	0
31	Tamil Nadu	12603	7889
32	Telangana	11629	5725
33	Tripura	590	291
34	Uttarakhand	1068	666
35	Uttar Pradesh	68642	34314
36	**West Bengal**	**21402**	**12088**
	Total	**289605**	**154706**

STATEMENT-II

The information regarding requirement, availability, sales and closing stocks of fertilizers in the States/UTs

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2023-24																
fig. in LMT																
		UREA			DAP			MOP			NPKS			SSP		
S.No	State	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
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	1.86	2.09	1.76
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05	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	1.73	1.32	0.93
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	2.00	1.76	1.14
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
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	3.00	3.41	2.35
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
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
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	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	0.00	0.00	0.00
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	2.00	1.95	1.41
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	2.50	1.91	1.32
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	0.04	0.03	0.02
15	Jammu and	1.40	2.01	1.45	0.55	0.59	0.44	0.32	0.24	0.16	0.03	0.00	0.00	0.13	0.00	0.00

	kashmir															
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	0.12	0.08	0.06
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	1.32	0.80	0.56
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	0.04	0.03	0.03
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
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	12.41	13.88	10.75
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	12.50	13.63	9.15
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	0.15	0.08	0.06
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	0.03	0.03	0.02
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	0.01	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	0.30	0.35	0.26
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	0.01	0.01	0.00
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	2.70	1.99	1.34
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	7.15	6.48	4.99
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
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	1.40	0.85	0.68
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	1.60	0.70	0.59
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	0.45	0.33	0.15
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	0.17	0.17	0.11
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	6.50	6.57	4.31
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	4.84	5.04	3.46
	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**	**65.00**	**63.49**	**45.44**

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2024-25

fig. in LMT

		UREA			DAP			MOP			NPKS			SSP		
S.No	State	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	0.00	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	2.00	2.30	1.85
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	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	1.95	1.44	0.99
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	2.00	2.40	1.73
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
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	2.80	3.92	2.37
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
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
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	0.02	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	0.00	0.00	0.00
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	2.05	2.17	1.54
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	3.00	1.78	1.16
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	0.04	0.02	0.01
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	0.12	0.03	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	0.13	0.08	0.06
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	1.45	1.02	0.73
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	0.05	0.04	0.03
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
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	13.00	15.77	11.78
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	13.50	13.06	8.40
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	0.15	0.08	0.07
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	0.06	0.02	0.02
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	0.01	0.00	0.00

25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	0.40	0.51	0.40
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	0.01	0.01	0.01
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	3.00	2.31	1.43
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	9.00	7.10	5.11
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
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	1.92	1.14	0.89
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	1.60	0.79	0.61
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	0.37	0.34	0.17
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	0.17	0.20	0.12
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	8.00	8.23	5.50
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	5.80	6.08	4.29
	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	72.61	70.85	49.28

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2025-26

fig. in LMT

		UREA			DAP			MOP			NPKS			SSP		
S.No	State	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	0.00	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	15.60	19.22	17.06	4.80	6.32	5.45	1.70	2.22	1.82	15.80	19.06	15.59	1.94	2.59	2.12
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	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	1.36	1.68	1.15
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	1.75	2.87	1.84
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
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	2.70	4.89	2.97
8	Dadra and Nagar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

	Haveli															
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
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	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	0.00	0.00	0.00
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	2.05	2.59	1.92
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	2.13	1.96	1.29
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	0.03	0.03	0.02
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	0.06	0.08	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	0.08	0.10	0.06
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	0.86	1.42	1.02
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	0.06	0.05	0.05
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
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	13.00	15.88	12.53
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	11.50	14.78	9.70
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	0.10	0.09	0.06
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	0.04	0.03	0.03
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	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	0.00	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	0.43	0.48	0.38
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	0.01	0.01	0.01
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	2.70	2.60	1.69
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	9.00	7.49	5.38
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
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	1.69	1.23	0.96
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	1.60	0.90	0.67
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	0.23	0.33	0.19
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	0.17	0.27	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	6.50	10.09	6.47
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	3.75	6.38	4.58
	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	63.77	78.83	55.29

HEALTH INSURANCE COVERAGE FOR NEWBORN

2246. SHRI MADDILA GURUMOORTHY:

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

(a) whether the Government is aware that except for corporate insurance policies provided by employers, neither private insurance companies nor Central/State health schemes provide comprehensive medical coverage for newborns from day one, if so, the details thereof;

(b) whether it is a fact that most private insurers offer neonatal coverage only under special riders or with long waiting periods and inadequate sub-limits, leaving families financially burdened, if so the details thereof;

(c) whether the Government proposes to mandate universal health insurance coverage for newborns from birth under Ayushman Bharat or any national scheme; and

(d) if so, the timeline for implementation thereof and if not, the reasons for failing to address the growing disparity between average household income and escalating neonatal healthcare costs in the country?

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

(a) to (d): As per Department of Financial Services, insurers offer a range of health insurance products catering to health insurance needs of the newborns. While some products provide such coverage with sub-limits and/or waiting periods, others offer coverage from the first day of birth without any

sub-limits or waiting periods. The premium varies depending on the extent of coverage and benefits offered. Accordingly, policyholders may choose a product based on their coverage requirements and affordability.

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana provides coverage for 1,961 treatment procedures across 27 medical specialities, including speciality for Neonatal Care comprising 13 procedures covering basic, critical and advanced neonatal care etc. Newborns are covered under the scheme from the day of birth as part of the beneficiary family, in accordance with the scheme guidelines.

KEY HEALTH INDICATORS

2247. SHRI SUNIL BOSE:

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

(a) the details of the reasons for delays in the release of key health indicators, such as the latest National Family Health Survey (NFHS) data and Maternal Mortality Ratio (MMR) updates, as of 2025;

(b) the steps being taken by the Government to ensure timely and transparent dissemination of critical health data to support evidence-based policymaking and public health initiatives; and

(c) the details of the impact of the aforementioned delays on initiatives such as the Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) strategy?

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

(a) to (c): The Ministry of Health and Family Welfare (MoH&FW) conducts an integrated survey namely National Family Health Survey (NFHS). The survey provides data on health and family welfare and associated domains like characteristics of the population; fertility and fertility preferences; family planning; maternal and child health; nutrition; morbidity and healthcare; women's empowerment, etc. The National and State/UT Fact Sheets of sixth round of NFHS (2023-24) were released on 29.05.2026. The Fact Sheets are available in the public domain and can be accessed at: https://www.nfhsiips.in/nfhsuser/assets/National%20Family%20Health%20Survey%20(NFHS-6)%202023-2024%20Fact%20Sheets.pdf

Sample Registration System (SRS) of Office of the Registrar General & Census Commissioner of India is a large-scale demographic survey that provides estimates of various fertility and mortality indicators at National and subnational levels. Maternal Mortality Ratio (MMR) is one of the indicators which results from Sample Registration system (SRS). The SRS is one of the world's largest demographic survey covering around 89 lakhs population spread across 36 States/UTs in the country. The latest Sample Registration System (SRS)-Special Bulletin on Maternal Mortality in India 2022-24 released

in May 2026 by the Registrar General of India. The latest publication is for the period 2022-24 and may be accessed from the following link:

https://censusindia.gov.in/census.website/data/SRSMMB

The Ministry timely disseminates NFHS data by conducting regular follow-ups with the nodal agency and regular meetings at higher levels to monitor progress and oversee intermediary steps.

Under National Health Mission, Government of India, the child health, adolescent health, and nutrition interventions are universally implemented and routinely monitored under the RMNCAH+N strategy of the National Health Mission, irrespective of the timing of the release of any report.

ESTABLISHMENT OF REGIONAL MEDICAL HUBS

2248. SHRI TEJASVI SURYA:

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

(a) whether the Scheme for supporting States in establishing five Regional Medical Hubs, as announced in the Union Budget 2026–27 to strengthen India's healthcare ecosystem and promote medical value travel, has been notified;

(b) if so, the details thereof including the guidelines and eligibility criteria for selection of States and if not, the expected timeline for its notification;

(c) whether the Government has received any proposal from the State Government of Karnataka for establishing one of the Regional Medical

Hubs in the State, if so, the details thereof including its present status; and

(d) the criteria and timeline fixed for the selection of States for establishing the five Regional Medical Hubs along with the expected timeline for operationalising the selected hubs?

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

(a) to (d): The Department for Promotion of Industry and Internal Trade (DPIIT) has undertaken extensive stakeholder consultations, including through a post-Budget webinar with domain experts, concerned Ministries and Departments, healthcare institutions, industry associations, representatives of the hospitality sector, multilateral organisations and other stakeholders. The implementation framework is currently under consideration and no formal proposals have been invited from State Governments so far.

पंजीकृत दवा विक्रेताओं के लिए प्राथमिक स्वास्थ्य सेवा संबंधी अधिकार

2249. श्री उज्ज्वल रमण सिंहः

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

(क) क्या सरकार पंजीकृत दवा विक्रेताओं को प्राथमिक स्वास्थ्य सेवाएं प्रदान करने तथा सीमित चिकित्सकीय अभ्यास करने का अधिकार प्रदान करने पर विचार कर रही है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा सहित समय-सीमा 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): भेषजी व्यवसाय विनियम, 2015 पंजीकृत फार्मासिस्टों द्वारा फार्मेसी के व्यवसाय को विनियमित करता है। ये विनियम पंजीकृत फार्मासिस्टों के लिए विभिन्न कर्तव्य और जिम्मेदारियों को निर्धारित करते हैं, जिनमें अन्य बातों के साथ-साथ पंजीकृत चिकित्सा प्रैक्टिशनर्स द्वारा जारी पर्ची के आधार पर ही दवाएं देना, छात्र फार्मासिस्टों को व्यावहारिक प्रशिक्षण देना, रोगियों के रिकॉर्ड रखना, रोगियों की गोपनीयता सुनिश्चित करना, दवाओं के तर्कसंगत उपयोग को बढ़ावा देना, पेशेवर नैतिकता का पालन करना और दवाओं के सुरक्षित और प्रभावी उपयोग सुनिश्चित करने के लिए रोगियों की काउंसिलिंग करना शामिल हैं।

FERTILIZER SECURITY

2250. SHRIMATI ROOPKUMARI CHOUDHARY:

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

(a) whether the Government has undertaken a comprehensive assessment of long-term Fertilizer Security of the country, if so, the major findings thereof;

(b) whether the Government has made any assessment regarding the impact of global supply chain disruptions, geopolitical conflicts, volatility in international fertilizer prices, dependence on imported fertilizers and critical raw materials on the agricultural productivity and food security of the country, if so, the details thereof;

(c) whether the Government proposes to launch a National Fertilizer Security Mission with the objective of achieving self-reliance in the

fertilizer sector, ensuring long-term fertilizer security, and promoting sustainable agricultural growth; and

(d) if so, the details thereof, including the objectives, scope, implementation framework, estimated financial outlay, timeline, institutional mechanism and the role envisaged for the State Governments?

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

(a) to (d): With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. 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.

In view of recent global disruptions, Department has undertaken measures to diversify import sources by exploring procurement opportunities from various countries through engagement with Indian Missions abroad. These measures are aimed at strengthening the fertilizer supply chain, reducing vulnerabilities arising from global market disruptions and ensuring the uninterrupted availability of fertilizers in the country.

Due to disruption of liquefied natural gas (LNG) shipments through the Strait of Hormuz because of conflict in the Middle East, the Government notified the Natural Gas (Supply Regulation) Order, 2026 on 09.03.2026 under the Essential Commodities Act, 1955 to regulate the production, allocation and distribution of natural gas and to ensure its equitable availability. The Order accorded priority in the allocation of natural gas to critical sectors, including PNG (Domestic) (100% of the average consumption during the preceding six months), CNG (Transport), LPG production and fertilizer, thereby ensuring continuity of essential services, energy security and public welfare. The said measures were temporary in nature and, in view of the improvement in the supply situation, were withdrawn vide notification dated 04.07.2026.

Further, the Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, P&K fertilizers are covered under Open General License

(OGL) and companies are free to import/ manufacture these fertilizers as per their business dynamics.

To reduce dependence on imported Phosphatic fertilizers and make country self-reliant 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.

Under NBS policy, MRP of P&K fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The 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

To make DAP which is a key fertilizer, available at affordable price of Rs. 1350 per 50 kg bag, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage /disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif 2026 season to keep the prices of fertilizers stable.

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

i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers. On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

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 of 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 has remained adequate in the country during the ongoing Kharif 2026 season (from 01.04.2026 to 26.07.2026).

REHABILITATION SUPPORT FOR INDIAN EXPATRIATES

2251. SHRI M. K. RAGHAVAN

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

(a) whether the Ministry has maintained or compiled an accurate, real-time database of Indian expatriates, who have lost their employment or have been forced to return to India, if so the details thereof;

(b) whether the Ministry is aware that State Governments are severely constrained in planning effective rehabilitation and resettlement

schemes due to he complete lack of official data of returning expatriates, if so, the details thereof; and

(c) the concrete institutional mechanisms being established to ensure that ministry proactively share real-time updates regarding the ground reality and security status of stranded Indian citizens with their respective State Governments?

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): While, Information regarding returning Indian nationals is available from various sources depending upon the circumstances of their return, database of Indian expatriates returning to India solely due to loss of employment is based on information volunteered by migrants themselves and hence, partial. In case of Emigration Check Required (ECR) passport holders travelling to ECR countries, the data of Indian nationals is available, both on departure from and return to, India, based on the issuance of Emigration Clearance. The reason for return, whether due to loss of employment or otherwise, is however not captured.

The Government accords the highest priority to the safety, protection and welfare of Indian nationals abroad. Towards monitoring their welfare, Indian Missions/Posts maintain regular contact with the Indian community and extend appropriate assistance through various channels, including walk-in services, email, multilingual 24x7 emergency helplines and WhatsApp. This is

supplemented by institutionalised grievance redressal portals such as MADAD, CPGRAMS and the e-Migrate portal, as well as social media, monitored at high-levels. Complaints and requests for assistance received from Indian nationals are expeditiously addressed on a case-by-case basis.

The Government through Indian Missions/Posts abroad closely monitors the welfare of Indian nationals, including workers, and facilitates their return to India, wherever required. Assistance is provided through established institutional mechanisms, including the Indian Community Welfare Fund (ICWF), wherever applicable.

The responsibility of reintegration of returned Indian migrants rests with the State governments, where the emigrants reside. Various State Governments have developed ways and means to reintegrate workers returning from abroad.

Indian Missions/Posts remain in continuous contact with the Indian community and local authorities and provide timely assistance to Indian nationals in distress. During emergencies, the Ministry and its Missions/Posts disseminate advisories and updates through official websites, social media platforms and established communication channels, coordinating closely with other Ministries, State Governments and concerned agencies, as required, to facilitate the safety, evacuation and repatriation of Indian nationals. Regular interaction through Open Houses, Consular Camps and dedicated emergency helplines also enables timely dissemination of information and assistance to affected Indian citizens.

In case Ministry/Missions issue advisories calling on Indian nationals to return, this Ministry establishes immediate contact with State Governments, to, inter alia, share information on real time basis and coordinate efforts aimed at expeditious facilitation of return of stranded Indian nationals to India.

NATIONAL LIST OF ESSENTIAL MEDICINES

2252. SHRI KODIKUNNIL SURESH:

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

(a) whether the Government has initiated the process for revision of the National List of Essential Medicines (NLEMs), if so, the present status thereof along with the timeline fixed for publication of the revised list;

(b) the scientific criteria and guidelines adopted by the Standing National Committee on Medicines (SNCMs) for inclusion and exclusion of medicines in the revised NLEM;

(c) whether representations have been received from State Governments, medical experts and other stakeholders in this regard, if so, the details thereof;

(d) the details of medicines, fixed-dose combinations and pharmaceutical products presently banned, prohibited or withdrawn from manufacture, sale or distribution in the country, indicating their generic names, therapeutic use and reasons for the ban;

(e) whether the Government maintains a list of the brand names and manufacturers of such banned medicines, if so, the details thereof

along with the action taken by the Government against manufacturers, importers and distributors for violation of prohibition orders; and

(f) the steps taken or proposed to be taken by the Government to ensure timely revision of the NLEM and to prevent the manufacture, distribution and sale of banned medicines in the country?

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

(a) to (c): The National List of Essential Medicines (NLEM) is prepared and revised taking 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.

Revision of the NLEM, including addition, deletion or modification of medicines, is undertaken from time to time based on the recommendations of the Standing National Committee on Medicines (SNCM), a Government-appointed expert committee.

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 and Fixed Dose Combination (FDCs),

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.

(d) to (f): There are provisions under the Drugs and Cosmetics Act, 1940, under which Central Government may regulate, restrict or prohibit manufacture, of any drug including FDCs in public interest if, the use of drugs is likely to involve any risk to human beings or animals or there is no therapeutic justification for the ingredients contained in FDCs. List of banned drugs including FDCs are available on the website of CDSCO i.e. www.cdsco.gov.in

Manufacture, sale and distribution of prohibited/banned drugs is a punishable offence under Section 18 of the Drugs and Cosmetics Act, 1940 and the State Licensing Authorities are empowered to take action in this regard. As and when any such complaints/issues is received, the matter is taken up with the concerned State Licensing Authority for necessary action including the cancellation of the manufacturing licenses.

USE OF AIKOSHA PLATFORM

2253. SHRI DULU MAHATO:

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

(a) whether the Government is facilitating access to anonymized healthcare datasets through the sovereign AIKosha Platform under the IndiaAI Datasets Pillar to help deep-tech startups develop native diagnostic systems;

(b) if so, the details thereof;

(c) whether the Government has institutionalized secure Unified Health Interface (UHI) sandboxes within the Ayushman Bharat Digital Mission (ABDM) architecture to validate start-up led clinical software; and

(d) if so, the details thereof?

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

(a) to (d): Yes, the Government has contributed anonymized healthcare datasets through the AIKosh platform, launched by the Ministry of Electronics and Information Technology under the IndiaAI Datasets Platform pillar of the IndiaAI Mission. The details of datasets contributed on the platform are as under:

i. 2 lakh anonymized datasets of NextGen Hospital Management Information System

ii. 2 lakh anonymized datasets of eSanjeevani teleconsultations, and

iii. Over 1 lakh anonymized datasets of the National Organ and Tissue Transplant Organization (NOTTO).

ABDM provides a sandbox environment that allows health technology developers to integrate their applications with the ABDM ecosystem. UHI, a key digital gateway under ABDM, with standards-based protocol for services has been built to enable interoperability of health services. Any health-tech company seeking to onboard onto the ABDM ecosystem is required to comply with ABDM guidelines and prescribed security protocols. Such applications undergo functional testing & security audit by authorized agencies in the ABDM Sandbox environment to ensure compliance with ABDM standards and guidelines.

एम्स के वरिष्ठ डॉक्टरों का वीआरएस लेना

2254. श्री गिरिधारी यादव:

श्री दिनेश चंद्र यादव:

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

(क) बिहार में दरभंगा एम्स सहित रेवाड़ी (माजरा, हरियाणा), अवंतीपोरा (जम्मू और कश्मीर) और बेंगलुरु (कर्नाटक) में एम्स अस्पतालों की वर्तमान स्थिति क्या है तथा इन सभी संस्थानों के कब तक कार्यशील होने की संभावना है;

(ख) अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), दिल्ली से वरिष्ठ डॉक्टरों द्वारा अपनी सेवानिवृत्ति से पूर्व स्वैच्छिक सेवानिवृत्ति योजना (वीआरएस) का विकल्प चुनकर संस्थान छोड़ने के क्या कारण हैं, साथ ही अब तक इस प्रकार संस्थान छोड़ने वाले डॉक्टरों की संख्या कितनी है;

(ग) क्या यह सच है कि डॉक्टर चिकित्सीय उपचार प्रदान करने के अलावा अन्य प्रशासनिक कार्यों के बोझ के कारण मरीजों के इलाज में होने वाले विलंब से हताश हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या यह भी सच है कि देशभर के अन्य एम्स अस्पतालों से भी डॉक्टर अपनी नौकरियां छोड़ रहे हैं; और

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

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

(क): रेवाड़ी (माजरा, हरियाणा) और अवंतीपोरा (जम्मू-कश्मीर) में एम्स के निर्माण कार्य की वास्तविक प्रगति क्रमशः 64.85% और 78% है। दोनों परियोजनाओं को दिसंबर 2026 तक पूरा करने का लक्ष्य रखा गया है। एम्स दरभंगा में पूर्व-निवेश कार्य प्रगति पर है और इसे पूरा करने की लक्षित तिथि जुलाई 2029 है। इसके अतिरिक्त, बेंगलुरु (कर्नाटक) के लिए किसी एम्स को मंजूरी नहीं दी गई है।

(ख) से (ङ): वर्ष 2025 के दौरान, एम्स, नई दिल्ली के 06 चिकित्सकों ने व्यक्तिगत कारणों से स्वैच्छिक सेवानिवृत्ति योजना (वीआरएस) का विकल्प चुना। इसके अतिरिक्त, देश भर के एम्स में त्यागपत्र, स्वैच्छिक सेवानिवृत्तियाँ और बाद में रिक्तियों को भरना एक सतत प्रशासनिक प्रक्रिया है।

HEALTHCARE FUNDING AND BUDGET UTILISATION

2255. ADV. CHANDRA SHEKHAR:

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

(a) whether it is a fact that India's public health expenditure has remained below the target of 2.5 per cent of GDP as envisaged under the National

Health Policy, 2017, if so, thereasonstherefor;

(b) the details of fund allocation and utilisation under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in the country during 2025–26, scheme-wise and State/UT-wise; and

(c) the steps taken by the Government to ensure effective utilisation of the health budget for 2026–27, particularly for strengthening primary healthcare infrastructure and maternal and child health services in the country?

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

(a) to (c): The National Health Policy (NHP) formulated in 2017 envisages to provide universal access to good quality healthcare services through increasing access, increasing affordability by lowering the cost of healthcare delivery and equity. The policy envisages as its goal the attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive healthcare orientation in all developmental policies, and universal access to good quality healthcare services without anyone having to face financial hardship as a consequence.

Department of Health & Family Welfare has been making consistent efforts to increase public health spending. The budget allocation for Department of Health & Family Welfare has increased significantly from Rs.

47,353 crore in 2017-18 (BE) to Rs 1,01,709 crore in 2026-27 (BE), which is an increase of 114.79%.

The details of Budget Estimates (BE), Revised Estimates (RE) and Actuals (as per e-lekha) for the scheme Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) for the financial year 2025-26 are as under:

S. No.	Name of Schemes/Programmes	BE 2025-26	RE 2025-26	Actuals as on 31.03.2026
Central Sector (CS) Schemes/Projects				
1	**PM-ABHIM**	558.45	402.50	429.30
2	**PMSSY**	2200.00	1500.00	1383.53
Centrally Sponsored Schemes (CSS)				
3	**PM-ABHIM**	4200.00	2442.50	2442.48

PM-ABHIM 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. The Fifteenth Finance Commission (FC-XV) had recommended grants through Local Governments for specific components of the health sectors.

The National Health Mission (NHM) provides support for improvement in health infrastructure, human resources in health facilities, availability and accessibility to quality healthcare across the country. The Ministry of Health and Family Welfare (MoHFW) provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the

proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Approval is accorded to the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

A total of 1.86 lakh Ayushman Arogya Mandirs (AAMs) have been operationalized by strengthening SHCs and PHCs. These AAMs provide preventive, promotive, rehabilitative and curative care for an expanded range of services. The AAMs incrementally provide 12 package of primary health care services across the country, including Bihar, encompassing Reproductive and child care services, Communicable diseases, Non Communicable diseases (NCD), Palliative Care and elderly Care, Care for common mental disorders, neurological conditions (epilepsy, dementia) and substance use disorders management (tobacco, alcohol, drugs), Oral health, ENT care, and Basic emergency care.

The Government of India has undertaken various initiatives under NHM to improve maternal, neonatal and child health outcomes across the country. Key measures are as follows:

- **Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK)**: Promote institutional deliveries and provide free, cashless delivery (including caesarean), diagnostics, drugs, diet, transport and blood transfusion in public health facilities, with similar benefits for sick infants.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**: Provides

free, assured antenatal check-ups by Specialists/Medical Officers on the 9th of every month, with emphasis on identification and management of high-risk pregnancies.

- **Surakshit Matritva Aashwasan (SUMAN)**: Ensures assured, dignified, respectful and quality healthcare at no cost with zero tolerance for denial of services to pregnant women and newborns.
- **Postnatal Care Initiative**s: Strengthen early detection, referral and management of high-risk postpartum mothers through ASHA support.
- **Anemia Mukt Bharat (AMB)**: Addresses anemia among children, adolescents, women of reproductive age, pregnant and lactating women through a lifecycle approach.
- **Nutrition and Child Health Interventions**: Include Mothers' Absolute Affection (MAA), Lactation Management Centres, Vitamin A supplementation, Home-Based Newborn Care (HBNC)/Home-Based Care for Young Child Programme (HBYC) and Mission Poshan 2.0.

EMERGENCY ADMISSIONS AT BHU TRAUMA CENTRE

2256. SHRI MANOJ KUMAR:

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

(a) whether the Government is aware of the serious lapses in administrative accountability and the blatant disregard of official protocol extended to Members of Parliament by the administration at the Institute of Medical Sciences (BHU), Hospital and Trauma Centre in Uttar Pradesh, if so, the details thereof;

(b) whether it is a fact that multiple urgent recommendations and requests made by the MP for emergency medical treatment of poor and needy patients have met with no response from the BHU hospital;

(c) if so, the details of the actions taken/proposed to be taken by the Government against the responsible hospital authorities;

(d) the details of the existing official protocol guidelines issued by the Ministry regarding the response time and courtesy to be maintained by the Central Government hospital administrations when dealing with references from MPs; and

(e) the urgent steps being taken by the Government to streamline emergency admissions at the BHU Trauma Centre so that underprivileged patients receive immediate, life-saving care without administrative delays?

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

(a) to (e): As per the information provided by Institute of Medical Sciences (IMS), Banaras Hindu University (BHU), the Trauma Centre has a well-

defined administrative mechanism for the prompt handling of urgent matters and public grievances, including those referred by Hon'ble Members of Parliament. A robust reporting and escalation system is in place for timely review, appropriate decision making and necessary action on all urgent issues.

BHU has informed that representations and recommendations received from Hon'ble Members of Parliament or other public representatives regarding emergency medical treatment are attended expeditiously and are communicated to the concerned clinical and administrative authorities for appropriate action, wherever required. The Trauma Centre, IMS, BHU has an established administrative protocol to ensure that references received from Hon'ble Members of Parliament are handled promptly and with due courtesy. Also, all emergency medical cases are accorded the highest priority based on clinical urgency, and the existing administrative mechanism ensures prompt coordination, effective communication, and adherence to institutional and Government guidelines.

Further, it has been informed that no systemic lapse in administrative accountability to respond to emergency medical requests has been reported. The existing mechanisms continue to be periodically reviewed and strengthened to ensure timely patient care, effective grievance redressal, and adherence to established institutional protocols.

The Trauma Centre has a robust patient-centric system to ensure that emergency admissions are undertaken promptly based on the clinical

condition and urgency of the patient, in accordance with established emergency care protocols. Further, to ensure that financial constraints do not hinder timely treatment, free of cost diagnostic investigations, including CT scan, MRI, X-ray and laboratory tests, are provided to eligible patients who are unable to afford these services. Admitted patients are provided treatment under the Ayushman Bharat scheme, wherever applicable.

AVAILABILITY OF AYUSH SERVICES IN RAJASTHAN

2257. SHRI RAHUL KASWAN:

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

(a) whether the Government has assessed the availability of AYUSH facilities and practitioners in Rajasthan and if so, the details thereof;

(b) the details of AYUSH hospitals, dispensaries and wellness centres functioning in Rajasthan along with the number of doctors and AYUSH practitioners available therein;

(c) the details of funds sanctioned, released and utilised for strengthening AYUSH infrastructure and services in Rajasthan;

(d) the current status of the AYUSH Hospital established in Churu district including the number of patients treated, the number of doctors and staff deployed; and

(e) the steps taken/proposed to be taken by the Government to improve AYUSH services and further strengthen AYUSH healthcare infrastructure in Rajasthan, particularly in Churu district?

THE MINISTER 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 assess the availability of Ayush facilities, maintaining record of available Doctors & Ayush practitioners, in the State of Rajasthan, lies with respective State Government. As reported by the State Government of Rajasthan, 3788 Ayush Hospitals/Dispensaries are functional under Ayurveda Department and 3901 Ayurveda Medical officer are deployed there for providing services. Under Homoeopathy Department, 575 Hospitals/Dispensaries are functional with 582 Homoeopathy Medical officers working in these units. Similarly, under Unani Department, 468 Hospitals/Dispensaries are functional with 307 Unani Medical officers.

(c): A total amount of Rs. 51,051.26 lakhs has been released as central share to the State Government of Rajasthan under NAM from 2014-15 to 2025-26, for implementation of various approved activities of State Annual Action Plans (SAAPs) including strengthening of Ayush infrastructure and services in the State. As reported by the State Government, an amount of Rs. 45,329.16 lakhs has been spent, Rs. 5421.93 lakhs have been refunded & Rs. 300.17 lakhs are balance amount lying pending with State Ayush Society.

(d) and (e): Further, as reported by the State Government of Rajasthan, 118 Ayush Hospitals/Dispensaries are functional in the Churu District under Ayurveda Department and 107 Ayurveda Medical officer, 108 Nursing

staff/Compounder & 46 Hospital Attendants are deployed at these units. Total patient footfall of 5,17,454 including 1599 IPD & 5,15,855 OPD, was observed during FY 2025-26 at these units. Under Homoeopathy Department, 16 Hospitals/Dispensaries are functional in the Churu District and 15 Homoeopathy Medical officer, 12 Nursing staff/Compounder & 1 Hospital Attendants are deployed at these units. In total 1,27,619 patients benefited during April 2026 to June 2026 at these units. Similarly, under Unani Department, 13 Hospitals/Dispensaries are functional in the Churu District and 9 Unani Medical officer & 6 Nursing staff/Compounder/Hospital Attendants are deployed at these units. In total 37,486 patients benefited during FY 2025-26 at these units.

DOMESTIC PHARMACEUTICAL MANUFACTURERS

2258. SHRI ROBERT BRUCE C.:

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

(a) the total number of domestic pharmaceutical manufacturers that have successfully registered their production lines on the newly launched Form IA central digital pricing database, batch-wise; and

(b) the details of the penal actions initiated by the National Pharmaceutical Pricing Authority (NPPA) against distributors for overcharging or artificial retail stock withholding across Tamil Nadu during the last four months?

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

(a): As per the Drugs (Prices Control) Amendment Order, 2026 notified by the Department of Pharmaceuticals (DoP) *vide* S.O. 3516 (E) dated 30th June 2026, any existing manufacturer producing the same new drug formulation whose retail price has been notified by NPPA in preceding twelve months is required to follow the same retail price and intimate to NPPA under Form-1A within one month from the date of launch. Form-IA does not mandate registering the production lines or batches by the domestic pharmaceutical manufacturers.

(b): The National Pharmaceuticals Pricing Authority (NPPA) is entrusted with implementation of Drugs Price Control Order issued by the DoP, from time to time. NPPA monitors the prices of scheduled as well as non-scheduled medicines under DPCO, 2013 and takes action against manufacturers found overcharging the consumers, based on the references received from various resources including Price Monitoring and Resource Units (PMRUs), State Drugs Controllers, samples purchased from the open market, reports from market data base, complaints reported through the grievance redressal channels. The suspected cases of overcharging received from above sources are examined and in case a prima facie case of overcharging is made out, action is initiated as per provisions of DPCO, 2013.

During the last four months, NPPA has issued 103 demand notices to manufacturers across the country including Tamil Nadu. Further, NPPA does not maintain state-wise record of overcharging by pharmaceutical companies.

AYUSH INSURANCE NETWORKS

2259. DR. GUMMA THANUJA RANI:

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

(a) whether the Government is mandating that all retail and public health insurance plans must reimburse 170 standardised AYUSH therapies and if so, the details thereof;

(b) whether the Government has taken any steps to ensure that AYUSH practitioners and hospitals are empanelled with insurance networks that recognise them and are equipped to comply with digital billing and clinical documentation requirements;

(c) if so, the details thereof; and

(d) 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): As per the Master Circular on Health Insurance Business dated 29.05.2024 issued by the Insurance Regulatory and Development Authority of India (IRDAI), insurers are required to make available products/add-ons/riders providing wider choice to policyholders by covering all systems of medicine,

including Ayush. Further, insurers are required to have a Board-approved underwriting policy to ensure that Ayush treatments are covered at par with other systems of medicine, in accordance with the applicable regulatory framework, thereby providing policyholders with an option to choose treatment of their choice.

The coverage and reimbursement of specific Ayush treatments are subject to the terms and conditions of the respective health insurance policies and the applicable regulatory framework.

Further, the Ministry of Ayush has revised the Benchmark Rates for Insurance Coverage of Ayush Treatments in 2026, incorporating standardized treatment packages, additional procedures and related operational guidelines, to promote standardization and transparency in the insurance coverage of Ayush treatments.

(b) to (d): Yes. The Ministry has organized five sensitization programmes for General Insurance Companies and Ayush stakeholders to promote wider insurance coverage of Ayush treatments across the country. These programmes also sensitized Ayush institutions regarding registration on the Registry of Hospitals in Network of Insurance (ROHINI) of the Insurance Information Bureau of India (IIBI), empanelment with insurance companies, digital documentation requirements, and claim processing procedures. The programmes have been conducted at the Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar; All India Institute of Ayurveda (AIIA), New Delhi; National Institute of Unani Medicine (NIUM), Bengaluru; National

Institute of Siddha (NIS), Chennai; and National Institute of Homoeopathy (NIH), Kolkata.

Further, a Memorandum of Understanding (MoU) was signed between the Ministry of Ayush, through the All India Institute of Ayurveda (AIIA), New Delhi, and the General Insurance Council (GIC) during the inaugural session of the Ayush Chintan Shivir 2026 held on 16 April 2026 in New Delhi. The MoU aims to promote better access to Ayush treatments for policyholders of insurance companies by facilitating the common empanelment of all Government Ayush Hospitals of the Union and States with General Insurance Council (GIC), thereby enhancing the availability and accessibility of Ayush healthcare services under health insurance.

Additionally, the Ministry has established a Project Management Unit (PMU) for Ayush Health Insurance at the All India Institute of Ayurveda (AIIA), New Delhi, to facilitate the empanelment of Ayush hospitals with insurance companies through the GIC, provide technical and administrative support during the empanelment process, coordinate with insurers and healthcare providers, assist in grievance redressal, support the implementation of Ayush health insurance initiatives, facilitate stakeholder coordination, and promote the wider adoption of Ayush health insurance.

IMPLEMENTATION OF DISHA-2.0 SCHEME IN GUJARAT

2260. SHRI DHAVAL LAXMANBHAI PATEL:

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

(a) whether any districts in Gujarat, particularly the tribal and aspirational districts, have been identified for priority implementation under DISHA-2.0 and if so, the details thereof; and

(b) the monitoring mechanism adopted to improve last-mile access to justice in the State, particularly in rural and tribal areas?

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 Designing Innovative Solutions for Holistic Access to Justice (DISHA) 2.0 Scheme is a Central Sector Scheme for pan India implementation, including all the districts of Gujarat, for the period of 2026-31. DISHA 2.0 aims at leveraging technology to develop and enhance the outreach of people friendly solution platforms for legal services. It includes four components viz. Tele-Law: Reaching the Unreached (free pre litigation advice to all); Nyaya Bandhu (Pro-Bono legal Services) Programme; Legal Literacy and Legal Awareness Programme and VIDHI (Vision for Integrated Delivery of Harmonized Legal Initiatives)-Sanjeevani.

The Monitoring of the progress of the Scheme is envisaged through VIDHI- Sanjeevani, a Centralized Integrated Dashboard apart from regular review meetings, field visits, and direct feedback by way of regional workshops and through a dedicated Programme Management Unit (PMU).

जैव-उर्वरक इकाइयों की स्थापना

2261. श्री त्रिवेन्द्र सिंह रावत:

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

(क) क्या सरकार द्वारा विविध कृषि और पशुधन अपशिष्ट पदार्थों से निर्मित जैव उर्वरकों, गाय के गोबर और उर्वरकों के उत्पादन और प्रसंस्करण इकाइयों की स्थापना को प्रोत्साहित करने के लिए कोई योजना चलाई जा रही है/वित्तीय सहायता प्रदान की जा रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) उक्त योजनाओं के अंतर्गत अब तक कितने लाभार्थियों को सहायता प्रदान की गई है और उन्हें राज्य-वार कुल कितनी वित्तीय राशि संवितरित की गई है;

(ग) क्या जैव उर्वरकों, गोबर आधारित उर्वरकों और अन्य जैविक उर्वरकों के उत्पादन, बिक्री या वितरण पर वस्तु और सेवा कर (जीएसटी) लगाया जाता है; यदि हां, तो तत्संबंधी ब्यौरा क्या है और उनकी वर्तमान दर क्या है; और

(घ) पर्यावरण संरक्षण, प्राकृतिक खेती और सतत कृषि को बढ़ावा देने के बावजूद ऐसे उत्पादों को कर से छूट न दिए जाने के क्या कारण हैं?

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

(क): विविध कृषि और पशुधन अपशिष्ट पदार्थों से निर्मित जैव उर्वरकों, गाय के गोबर और उर्वरकों के उत्पादन और प्रसंस्करण इकाइयों की स्थापना को प्रोत्साहित करने के लिए वर्तमान में ऐसी कोई योजना नहीं है।

(ख): उपर्युक्त (क) के मद्देनज़र, प्रश्न नहीं उठता।

(ग) और (घ): उर्वरकों की आपूर्ति पर जीएसटी लगाया जाता है। वर्तमान में, पहले से डिब्बाबंद (पैकेज्ड) और लेबल किए हुए को छोड़कर पशु या वनस्पति उर्वरकों, चाहे वे एक साथ मिश्रित हों

या न हों या रासायनिक रूप से उपचारित हों, पशु या वनस्पति उत्पादों और जैविक खाद के मिश्रण या रासायनिक उपचार द्वारा उत्पादित उर्वरकों की आपूर्ति पर जीएसटी नहीं लगता है।

KARTARPUR SAHIB CORRIDOR

2262. SHRI GURMEET SINGH MEET HAYER

SHRIMATI HARSIMRAT KAUR BADAL

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

(a) whether the Government is aware that the Kartarpur Sahib Corridor, which provides visa-free access to Sikh pilgrims from India to Gurdwara Darbar Sahib in Pakistan, has been suspended indefinitely;

(b) if so, the main reasons for the continued suspension, including security threats, cross-border tensions and concerns about misuse of the corridor for anti-India activities;

(c) whether the Government has received representations from Sikh community leaders, Members of Parliament and civil society urging the early reopening of the corridor in view of its immense religious and emotional significance, if so, the details thereof; and

(d) the steps being taken by the Government to address security and diplomatic concerns and to work with the Government of Pakistan for the safe and timely resumption of Kartarpur Sahib Corridor services for Indian pilgrims, while ensuring that national security is not compromised?

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

(a) to (d): An Agreement between the Government of the Republic of India and the Government of the Islamic Republic of Pakistan for the facilitation of Pilgrims to visit Gurudwara Darbar Sahib Kartarpur, Pakistan, was signed on 24 October 2019 in order to fulfill the long-standing demand of the pilgrims to have easy and smooth access to the holy Gurudwara and to operationalise the Corridor for the 550th Birth Anniversary of Guru Nanak Dev Ji. The Agreement was extended for a further 5-year period in October 2024.

However, in the aftermath of the Pahalgam terror attack, the services of Sri Kartarpur Sahib Corridor were suspended with effect from 07 May 2025. While the Government has received representations from Sikh religious groups and organisations regarding Sri Kartarpur Sahib Corridor, the extant security scenario compels Sri Kartarpur Sahib Corridor to remain suspended.

उर्वरकों की कालाबाजारी

2263. श्री रमाशंकर विद्यार्थी राजभर:

श्री उत्कर्ष वर्मा मधुर:

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

(क) वर्ष 2021 से अब तक देश में राजसहायता प्राप्त उर्वरकों की कालाबाजारी, जमाखोरी और अवैध निकासी के संबंध में देवरिया, बलिया सहित उत्तर प्रदेश के पूर्वांचल क्षेत्र में राज्य/जिला और वर्ष-वार कितनी शिकायतें प्राप्त हुई हैं;

(ख) उर्वरक विभाग के साथ संयुक्त रूप से किए गए निरीक्षणों की संख्या कितनी है और प्रत्यक्ष लाभ अंतरण (डीबीटी) प्रणाली या बिक्री प्वाइंट प्रमाणीकरण अंतराल के दुरुपयोग के मामलों में राज्य/जिला-वार कितना उर्वरक जब्त किया गया है;

(ग) उत्तर प्रदेश में ऐसे उल्लंघनों के लिए राज्य-वार और जिला-वार कितने लाइसेंसों को निलंबित/रद्द किया गया है और आवश्यक वस्तु अधिनियम अथवा उर्वरक नियंत्रण आदेश के अंतर्गत कितने लाइसेंस निलंबित/रद्द किए गए हैं और अभियोजन शुरू किया गया है; और

(घ) केन्द्र सरकार द्वारा रियायती दर पर राजसहायता प्राप्त उर्वरक वितरण में चोरी को रोकने और अंतिम जवाबदेही सुनिश्चित करने के लिए क्या सुधारात्मक प्रौद्योगिकीय और प्रवर्तन उपाय शुरू किए गए हैं?

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

(क) से (घ): उत्तर प्रदेश राज्य सहित देश में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में उठाए जाने वाले कदम इस प्रकार हैं:

I. प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। कृषि एवं किसान कल्याण विभाग द्वारा आकलित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरकों का यथेष्ट/पर्याप्त मात्रा में 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) तथा उत्पादन के बीच के अंतर को आयात के माध्यम से पूरा किया जाता है। समय पर उपलब्धता सुनिश्चित करने हेतु मौसम में किए जाने वाले आयात को भी पहले से ही अंतिम रूप दे दिया जाता है।

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 पर्याप्त रेक देने, उर्वरकों को प्राथमिकता देने और रेकों की समय पर निकासी के लिए रेल मंत्रालय के साथ नियमित समन्वय बैठकें आयोजित की जाती हैं।

VI. राज्य के भीतर जिला/ब्लॉक स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

इसके अलावा, उर्वरकों की कालाबाजारी, जमाखोरी, विपथन और अन्य कदाचारों जैसे मामलों का समाधान करने के लिए उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के तहत एक आवश्यक वस्तु के रूप में घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के तहत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार राज्य सरकारों को ऐसे कदाचारों में संलिप्त व्यक्तियों के विरुद्ध कार्रवाई करने की पर्याप्त शक्तियां प्रदान की गई हैं। इन कदाचारों के संबंध में उर्वरक विभाग स्तर पर प्राप्त होने वाली कोई भी शिकायत आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए संबंधित राज्य सरकार को भेजी जाती है। उर्वरकों से संबंधित शिकायतों के निवारण के लिए एक ऑनलाइन प्लेटफॉर्म नामत: सीपी-ग्राम्स पोर्टल के माध्यम से उर्वरक विभाग में दिनांक 01.04.2021 से अब तक प्राप्त शिकायतों के बारे में राज्यवार जानकारी संलग्न **विवरण-I** में दी गई है।

इसके अलावा, कृषि और किसान कल्याण विभाग कालाबाजारी, जमाखोरी, घटिया उर्वरक पाए जाने और विपथन संबंधी मामलों के खिलाफ राज्य सरकार द्वारा की गई प्रवर्तन कार्रवाई की साप्ताहिक आधार पर नियमित रूप से राज्य सरकार के साथ परामर्श करके निगरानी कर रहा है। डीएएंडएफडब्ल्यू द्वारा दी गई सूचनानुसार, देश में, वित्त वर्ष 2025-26 में, 4,84,663 छापे मारे गए हैं जिनमें से चूककर्ताओं के खिलाफ 17,392 मामलों में कारण बताओ नोटिस जारी किए गए हैं, 6,941 लाइसेंस निलंबित/रद्द कर दिए गए हैं और 847 एफआईआर दर्ज की गई हैं। इन कदाचारों को रोकने के लिए वित्त वर्ष 2026-27 अर्थात दिनांक 01.04.2026 से 24.07.2026 तक 1,69,031 छापे मारे गए हैं जिनमें चूककर्ताओं के खिलाफ 9,127 मामलों में कारण बताओ नोटिस जारी किए गए हैं, 2,868 लाइसेंस निलंबित/रद्द कर दिए गए हैं और 270 एफआईआर दर्ज की गई हैं; वित्त वर्ष 2026-27 में जब्त किए गए उर्वरकों की मात्रा के साथ प्रवर्तन कार्रवाई की राज्य-वार जानकारी संलग्न **विवरण-II** में दी गई है।

इसके अलावा, उत्तर प्रदेश राज्य सरकार ने सूचित किया है कि यद्यपि उर्वरक नियंत्रण आदेश-1985 के प्रावधानों के उल्लंघन से संबंधित कुछ मामले प्रवर्तन कार्रवाई के दौरान पाए गए हैं, लेकिन पिछले कुछ वर्षों के दौरान देवरिया और बलिया जिलों में सब्सिडी वाले उर्वरकों की कालाबाजारी, जमाखोरी या अवैध विपथन से संबंधित कोई विशिष्ट मामला राज्य कृषि विभाग के संज्ञान में नहीं आया है।

इसके अलावा, उर्वरकों की बिक्री के लिए डीबीटी प्रणाली के तहत, कालाबाजारी को रोकने के लिए सब्सिडी प्राप्त उर्वरकों की बिक्री लाभार्थी के 100% आधार आधारित प्रमाणीकरण द्वारा की जाती है। इसके अलावा, तेलंगाना को छोड़कर, जिसके लिए प्रति खरीदार प्रति एकड़ 2 बोरी (केवल यूरिया के लिए) की और जम्मू और कश्मीर के लिए प्रति मौसम प्रति खरीदार 60 बोरी की सीमा निर्धारित की गई है, उर्वरकों के एकसमान वितरण के लिए प्रति खरीदार प्रति माह 50 बोरी की मासिक सीमा तय की गई है। खरीद के आधार पर, संबंधित राज्य अधिकारियों द्वारा निगरानी के लिए आईएफएमएस डैशबोर्ड में विभिन्न रिपोर्टें उपलब्ध कराई

जाती हैं। इसके अलावा, 20 राज्यों के 40 चिन्हित जिलों में 'उर्वरक बिक्री के लिए रूपरेखा' के तहत, उर्वरक को भूमि क्षेत्र और बोई गई फसल के आधार पर आवश्यकता के अनुसार पहचान किए गए किसान को ही बेचा जा रहा है। संबंधित राज्यों द्वारा तय किए गए अनुसार 'उर्वरक बिक्री के लिए रूपरेखा' के तहत प्रायोगिक जिलों में बोरियों की उच्चतम सीमा अलग-अलग है।

विवरण-I

उर्वरकों से संबंधित शिकायतों के निवारण के लिए सीपी-ग्राम्स पोर्टल के माध्यम से उर्वरक विभाग में दिनांक 01.04.2021 से अब तक प्राप्त शिकायतों का राज्य-वार ब्यौरा:

क्र.सं.	राज्य	शिकायतों की संख्या
1	अंडमान व निकोबार द्वीप समूह	1
2	आंध्र प्रदेश	14
3	असम	2
4	बिहार	86
5	छत्तीसगढ	18
6	दिल्ली	6
7	गुजरात	15
8	हरियाणा	36
9	जम्मू और कश्मीर	5
10	झारखंड	5
11	कर्नाटक	21
12	केरलम	3
13	मध्य प्रदेश	39
14	महाराष्ट्र	17
15	मणिपुर	1
16	मिजोरम	3
17	ओडिशा	8
18	पंजाब	25
19	राजस्थान	41
20	तमिलनाडु	14
21	तेलंगाना	6
22	उत्तर प्रदेश	227
23	उत्तराखंड	4
24	पश्चिम बंगाल	14
	कुल योग	**611**

विवरण-II

खरीफ़ मौसम 2026 के दौरान (01.04.2026 से 24.07.2026 तक) कालाबाजारी, जमाखोरी, विपथन को रोकने और गुणवत्ता की जांच के लिए राज्य सरकार द्वारा की गई कार्रवाई:

		कालाबाजारी			जमाखोरी			घटिया गुणवत्ता			विपथन			जब्त की गई माल की मात्रा (बोरी संबंधी)	कुल		
राज्य	निरीक्षण/छापों की संख्या	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआईआर	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआईआर	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआईआर	जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआईआर		जारी किए गए कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	पंजीकृत एफआईआर
अंडमान और निकोबार द्वीप समूह	32	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
आंध्र प्रदेश	5270	4	4	0	94	66	4	37	0	0	0	0	0	0	135	70	4
अरुणाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
असम	3204	6	0	0	6	0	0	0	0	0	4	4	0	0	16	4	0
बिहार	15074	652	627	57	1	149	15	0	0	0	0	0	0	0	653	776	72
छत्तीसगढ़	5143	209	48	5	34	9	2	63	0	1	0	0	1	30029	306	57	9
दादर और नगर	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
दिल्ली	150	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
गोवा	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
गुजरात	7563	39	0	1	4	3	0	17	0	8	1	0	5	0	61	3	14
हरियाणा	494	8	7	0	22	31	6	9	6	0	3	6	2	0	42	50	8
हिमाचल प्रदेश	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
जम्मू और कश्मीर	9147	0	0	0	0	0	0	0	0	0	0	0	1	1562	0	0	1
झारखंड	633	10	0	0	25	2	0	0	0	0	0	0	1	0	35	2	1
कर्नाटक	15702	2132	2	0	0	0	0	76	0	0	5	0	6	4208	2213	2	6
केरल	630	0	0	0	0	0	0	6	0	0	2	0	0	2202	8	0	0

मध्य प्रदेश	1021	0	0	4	0	0	0	0	0	9	23	22	0	0	23	22	13
महाराष्ट्र	40574	850	575	17	728	222	1	563	426	39	16	20	7	0	2157	1243	64
मणिपुर	61	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
मेघालय	330	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
मिजोरम	97	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
नागालैंड	92	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ओडिशा	9716	0	2	0	0	0	1	4	2	0	0	0	0	120	4	4	1
पुडुचेरी	37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
पंजाब	1859	10	0	0	0	0	0	51	7	4	49	0	8	0	110	7	12
राजस्थान	8280	712	20	1	139	28	3	121	0	1	167	1	6	4288	1139	49	11
तमिलनाडु	5377	0	0	0	138	0	6	221	0	0	118	0	2	0	477	0	8
तेलंगाना	11658	28	9	6	0	0	0	0	2	0	3	2	1	0	31	13	7
त्रिपुरा	964	0	0	0	165	0	0	0	0	0	0	0	0	0	165	0	0
उत्तर प्रदेश	9896	1092	363	25	46	58	2	87	69	5	23	58	6	3826	1248	548	38
उत्तराखंड	351	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
पश्चिम बंगाल	15601	5	2	0	264	16	0	35	0	0	0	0	0	0	304	18	0
कुल	**169031**	**5757**	**165**	**117**	**1666**	**584**	**40**	**1290**	**512**	**67**	**414**	**113**	**46**	**46235**	**9127**	**2868**	**270**

OVERSEAS DEVELOPMENT PARTNERSHIP PROJECTS

2264. SHRI HASMUKHBHAI SOMABHAI PATEL:

SHRI ASHOK KUMAR RAWAT:

SHRI MITESH PATEL (BAKABHAI):

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

(a) the number and value of development partnership projects approved through grants and Lines of Credit during the last one year;

(b) the specific sectors covered under the projects approved during the said period;

(c) the progress made so far in introducing digital monitoring and outcome assessment of overseas development projects; and

(d) the major focus areas proposed for development cooperation programme of India during 2026-27?

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): During the last one year, six Lines of Credit have been approved for around ₹ 17,550 crores to partner countries. These Lines of Credit have been extended for financing various development projects in the fields such as infrastructure, connectivity, social housing and mobility, health, agriculture and procurement of essential commodities.

During the last one year, around 60 Projects amounting to nearly ₹ 4,500 crores have been approved under grants in sectors such as education, agriculture, renewable energy, information technology, healthcare, digital public infrastructure and connectivity. In addition, a number of Quick Impact Projects and High Impact Community Development Projects as well as projects under plurilateral/multilateral frameworks have been approved as grant.

(c): Suitable monitoring and review mechanisms have been put in place to ensure timely completion of development projects. Further, New E-Tracking and Remote Administration (NETRA) Portal has been put in place since 2022 for management and monitoring of the Lines of Credit projects. Separately, Exim Bank of India undertakes impact assessment of completed Lines of Credit projects from time to time.

(d): India's model of development cooperation is demand-driven and is based on the needs and aspirations of partner countries.

गया, बिहार में आयुष अस्पताल

2265. श्री अभय कुमार सिन्हा:

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

(क) क्या वर्ष 2026-27 के दौरान गया सहित सात जिलों में 50 बिस्तरों वाले आयुष अस्पतालों की स्थापना के लिए बिहार सरकार से कोई प्रस्ताव प्राप्त हुआ है;

(ख) यदि हां, तो इसकी वर्तमान स्थिति क्या है;

(ग) बिहार के गया जिले में प्रस्तावित 50 बिस्तरों वाले आयुष अस्पताल के निर्माण के लिए स्वीकृत वित्तीय सहायता, प्रशासनिक अनुमोदन, विस्तृत परियोजना रिपोर्ट (डीपीआर) का ब्यौरा और वर्तमान स्थिति क्या है और सरकार द्वारा प्रस्तावित 50 बिस्तरों वाले आयुष अस्पताल के निर्माण की अनंतिम समय-सीमा क्या है;

(घ) क्या राष्ट्रीय आयुष मिशन अथवा किसी अन्य योजना के अंतर्गत औरंगाबाद संसदीय निर्वाचन क्षेत्र के औरंगाबाद जिले में 50 बिस्तरों वाला आयुष अस्पताल, आयुष स्वास्थ्य और कल्याण केन्द्र या अन्य आयुष स्वास्थ्य अवसंरचना स्थापित करने का कोई प्रस्ताव विचाराधीन है; यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) विगत तीन वर्षों और चालू वर्ष के दौरान बिहार में विशेषकर मगध क्षेत्र में आयुष स्वास्थ्य अवसंरचना के विकास के लिए सरकार द्वारा स्वीकृत और जारी की गई निधियों का वर्ष-वार और जिला-वार ब्यौरा क्या है?

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

(क): राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत, आयुष मंत्रालय को अब तक बिहार राज्य सरकार से वर्ष 2026-27 के लिए राज्य वार्षिक कार्य योजना (एसएएपी) प्राप्त नहीं हुई है।

(ख) और (ग): प्रश्न नहीं उठता।

(घ): एनएएम के अंतर्गत, एसएएपी के माध्यम से राज्य सरकार से प्राप्त प्रस्ताव के अनुसार, औरंगाबाद जिले में संचालन के लिए आयुष स्वास्थ्य एवं कल्याण केन्द्रों की 16 इकाइयों को अब आयुष्मान आरोग्य मंदिर (आयुष) के रूप में पुनर्नामित किया गया है।

(ङ): एनएएम के तहत, मगध क्षेत्र सहित बिहार में एसएएपी की विभिन्न गतिविधियों के कार्यान्वयन हेतु पिछले तीन वर्षों के दौरान राज्य सरकार को केंद्रीय हिस्से के रूप में 1383.343 लाख रुपये की

धनराशि स्वीकृत/जारी की गई है। जारी की गई राशि का वर्ष-वार ब्यौरा संलग्न **विवरण** में दिया गया है। तथापि, एनएएम के अंतर्गत जिला-वार धनराशि जारी करने का कोई प्रावधान नहीं है। इसके अलावा, जहां तक चालू वर्ष का संबंध है, एसएएपी राज्य सरकार से प्राप्त नहीं हुआ है।

विवरण

एनएएम के तहत पिछले तीन वर्षों के दौरान, बिहार राज्य को जारी की गई धनराशि

वित्तीय वर्ष	**केंद्रीय हिस्से के रूप में जारी की गई धनराशि (लाख रुपये में)**
2023-24	1161.060
2024-25	0.000
2025-26	222.283
कुल	**1383.343**

IMPLEMENTATION OF THE NATIONAL AYUSH MISSION IN BIHAR

2266. SHRI RAJA RAM SINGH:

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

(a) whether the Government has reviewed the implementation of the National AYUSH Mission in Bihar, if so, the details thereof;

(b) the total number of AYUSH hospitals colleges and institutes in Bihar sanctioned but not completed or delayed, along with the reasons therefor;

(c) the total funds allocated, released and utilised during the last five years in this regard; and

(d) whether any proposal for establishing new integrated AYUSH hospitals or research institutes in Bihar is under consideration and if so, the details thereof?

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

(a): The evaluation of National Ayush Mission (NAM) under seven (7) Centrally Sponsored Schemes (CSS) under the Health sector covering the Ministry of Health and Family Welfare and Ministry of Ayush Umbrella Schemes among all State/UTs including Bihar has been carried out by NITI Aayog in 2025. Recently a review has been undertaken during 29th June, 2026 to 1st July, 2026 with senior functionaries of States/UTs to assess the progress of infrastructure development, service delivery, human resources, digital integration, medicines' supply and governance mechanisms under NAM. Earlier also these reviews were held during NAM Conclave on 1-2 May, 2025 and during the Departmental Summit on "National Ayush Mission and Capacity Building in States" in the month of September, 2025. Further, one to one meetings, periodic review meetings and field visits are regular features.

(b): As per the proposals received from State Government of Bihar through State Annual Action Plan (SAAP) during 2025-26, Ministry of Ayush has approved establishment of total 10 Integrated Ayush Hospital (seven, 50-bedded and three,

10-bedded). However, as reported by State Government no funds have been allocated to these hospitals.

(c): Under NAM, during last five years, an amount of Rs. 3069.42 Lakhs has been released to State Government of Bihar as central share for implementation of different activities as approved in the received State Annual Action Plans (SAAPs). Further, as reported by the State Government, they have made expenditure for an amount of Rs. 2666.465 Lakhs.

(d): No such proposals.

उत्तर प्रदेश में नए एम्स के निर्माण की गुणवत्ता

2267. सुश्री इकरा चौधरी:
श्री देवेश शाक्य:
श्री बाबू सिंह कुशवाहा:
श्री नीरज मौर्य:
श्री लालजी वर्मा:

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

(क) उत्तर प्रदेश में अनुमोदित नए एम्स और सुपर स्पेशियलिटी संस्थानों के निर्माण की गुणवत्ता की जांच करने के लिए सरकार द्वारा क्या मानक निर्धारित किए गए हैं;

(ख) क्या सरकार के पास इन प्रमुख अस्पतालों के आस-पास भेषज उद्योग और स्थानीय रोजगार को बढ़ावा देने के लिए कोई समयबद्ध योजना है;

(ग) क्या यह सच है कि प्रशासनिक नीति में उतार-चढ़ाव के कारण स्वास्थ्य परियोजनाओं को पूरा करने में विलंब हो रहा है जिससे निर्माण लागत में वृद्धि हो रही है; यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार ने आम आदमी के जेब से होने वाले चिकित्सा व्यय को कम करने के लिए चिकित्सा अवसंरचना में उक्त निवेश की प्रभावकारिता के संबंध में कोई जमीनी आकलन किया है; और

(ङ) क्या सरकार का एम्स ऋषिकेश में एक स्वतंत्र अंग प्रत्यारोपण विभाग स्थापित करने का विचार है; 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): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना के अंतर्गत परियोजनाओं के निर्माण की गुणवत्ता सुनिश्चित करने के लिए, रेल इंडिया टेक्निकल एंड इकोनॉमिक सर्विसेज (आरआईटीईईएस) और सर्टिफिकेशन इंजीनियर्स इंटरनेशनल लिमिटेड (सीईआईएल) जैसी तृतीय-पक्ष गुणवत्ता आश्वासन (टीपीक्यूए) एजेंसियों को मौजूदा दिशा-निर्देशों के अनुसार नियुक्त किया गया है।

(ख): नए एम्स से इसके समीप के क्षेत्र में महत्वपूर्ण प्रत्यक्ष और अप्रत्यक्ष रोजगार सृजित होने की संभावना है।

(ग): परियोजनाओं का पूरा होना राज्य सरकार द्वारा ऋणमुक्त भूमि के हस्तांतरण, विनियामक मंजूरी और स्थान-विशिष्ट मुद्दों सहित विभिन्न कारकों पर निर्भर करता है।

(घ): पीएमएसएसवाई के अंतर्गत, उत्तर प्रदेश राज्य में रायबरेली और गोरखपुर में एम्स की स्थापना की गई है। दोनों संस्थान शिक्षण, अधिगम एवं अनुसंधान, आईपीडी/ओपीडी सुविधाकेंद्रों, आपातकालीन एवं ट्रामा, नैदानिक सुविधाएं, विभिन्न विशिष्ट एवं सुपर-स्पेशिलिटी विभाग, अमृत

फार्मेसी, जन औषधि केंद्र आदि सुविधाओं के साथ कार्यशील हैं। एम्स किफायती और उच्च गुणवत्ता वाली निवारक, प्रोत्साहक, उपचारात्मक और पुनर्वास संबंधी स्वास्थ्य परिचर्या सेवाएं प्रदान करता है, जिससे जेब से होने वाले खर्च को कम करने में मदद मिलती है।

(ङ): एम्स, ऋषिकेश ने किडनी और लीवर प्रत्यारोपण शुरू किया है और अभी तक 22 किडनी प्रत्यारोपण सफलतापूर्वक किए जा चुके हैं।

FERTILIZER SUBSIDY POLICY

2268. SHRI SACHITHANANTHAM R.:

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

(a) whether the Government has taken note that reducing fertilizer subsidies without regulating fertiliser manufacturers has increased input costs for farmers and benefited fertilizer companies, if so, the details thereof;

(b) whether the Government has conducted any study on the extent to which fertilizer subsidy burden of the country is mainly due to dependence on imports and inadequate public investment in domestic fertiliser production, rather than the subsidy itself, if so, the details thereof; and

(c) whether the Government proposes to strengthen public sector fertilizer production to reduce import dependence, if so, the details thereof?

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

(a) to (c): The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics. To meet any potential increase in fertilizer subsidy requirements arising from global market uncertainties, the Government has approved a subsidy allocation of ₹41,533.81 crore under the Nutrient Based Subsidy (NBS) Scheme for the Kharif 2026 season, which is approximately ₹3,581 crore higher than the subsidy requirement approved for the Rabi 2025-26 seasons. This enhanced allocation will help maintain the affordability and availability of P&K fertilizers for farmers.

To reduce dependence on imported Phosphatic fertilizers and make country self-reliant, measures have been taken to encourage domestic production through guidelines dated 18.01.2024 on reasonable MRP, wherein importers/ manufacturers are given reasonable profit of 8%, 10% and 12% respectively. Based on the requests, the new 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 increased from 22 grades in 2018 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.

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.

The Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of

these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam namely Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL).

The Cabinet Committee on Economic Affairs (CCEA) approved the National Investment Policy for Urea-2026 for Atmanirbhar Bharat on 15.07.2026. Under the policy, provisions have been made to encourage investment for setting up new gas-based urea manufacturing units in the country, with a view to enhancing domestic urea production capacity, reducing dependence on imported urea, and strengthening self-reliance in the availability of urea.

ESTABLISHMENT OF PASSPORT OFFICE

2269. SHRI ANAND BHADAURIA:

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

(a) whether the Government has any proposal or scheme to establish one Passport Office in every district of the country to improve accessibility and reduce delays in passport issuance, if so, the details thereof;

(b) the current number of Passport Offices and Passport Seva Kendras functioning in the country, district-wise and State-wise;

(c) the challenges faced in expanding passport services, including infrastructure, manpower, and financial requirements in all districts; and

(d) the timeline and roadmap, if any, for setting up additional Passport Offices or fully decentralizing services to ensure that citizens in every district have convenient access to passport-related 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): At present, there is no proposal or scheme under consideration of the Ministry of External Affairs to establish one Passport Office in every district of the country.

(b:) The lists of functional Regional Passport Offices (RPOs), Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) are given in the enclosed **Statement-I, Statement-II and Statement-III respectively.**

(c) and (d): To augment and improve the delivery of Passport services, the Ministry of External Affairs (MEA) launched the Passport Seva Project (PSP) in May 2010 and the project has been implemented in a Public Private Partnership (PPP) mode with the Service Provider. Further, expansion and opening of Passport Offices (POs)/ Passport Seva Kendras (PSKs)/ Post Office Passport Seva Kendras (POPSKs) is an on-going activity and depends upon various factors including scalability of the present PSK/POPSK, distance from existing POs/ PSKs/ POPSKs and increasing demand/ volume of passport applications from a particular region. The Ministry of External Affairs, in association with the Department of Posts (DoP), decided in January 2017 to open Seva Kendras at the Head Post Offices (HPO)/Post Offices (PO) in the country, called Post Office Passport Seva Kendras (POPSK) in each Lok Sabha Constituency (LSC) where there is no PSK or POPSK. Currently, 93 Passport Seva Kendras (PSKs) and 456 Post Office Passport Seva Kendras (POPSKs) are functional under 37 Regional Passport Offices (RPOs) across the country.

STATEMENT-I

List of Regional Passport Offices (RPOs) in India

Sl. No.	RPO Name	State/UT
1	RPO Ahmedabad	Gujarat
2	RPO Amritsar	Punjab
3	RPO Bareilly	Uttar Pradesh
4	RPO Bengaluru	Karnataka
5	RPO Bhopal	Madhya Pradesh
6	RPO Bhubaneswar	Odisha
7	RPO Chandigarh	Haryana/ Chandigarh

8	RPO Chennai	Tamil Nadu
9	RPO Cochin	Kerala
10	RPO Coimbatore	Tamil Nadu
11	RPO Dehradun	Uttarakhand
12	RPO Delhi	Delhi
13	RPO Ghaziabad	Uttar Pradesh
14	RPO Panaji	Goa
15	RPO Guwahati	Assam
16	RPO Hyderabad	Telangana
17	RPO Jaipur	Rajasthan
18	RPO Jalandhar	Punjab
19	RPO Jammu	Jammu and Kashmir
20	RPO Kolkata	West Bengal
21	RPO Kozhikode	Kerala
22	RPO Lucknow	Uttar Pradesh
23	RPO Madurai	Tamil Nadu
24	RPO Mumbai	Maharashtra
25	RPO Nagpur	Maharashtra
26	RPO Patna	Bihar
27	RPO Pune	Maharashtra
28	RPO Raipur	Chhattisgarh
29	RPO Ranchi	Jharkhand
30	RPO Shimla	Himachal Pradesh
31	RPO Srinagar	Jammu and Kashmir
32	RPO Surat	Gujarat
33	RPO Tiruchirappalli	Tamil Nadu
34	RPO Trivandrum	Kerala
35	RPO Vijayawada	Andhra Pradesh
36	RPO Visakhapatnam	Andhra Pradesh
37	RPO Kota	Rajasthan

STATEMENT-II

List of Passport Seva Kendras (PSKs)

S.NO	RPO Name	S. No. of PSKs	Name of PSK	Name of State /UT
1	RPO Ahmedabad	1	PSK Bapunagar Ahmedabad	Gujarat
		2	PSK Rajkot	Gujarat
		3	PSK Vadodara	Gujarat
		4	PSK Vijay Cross Road Ahmedabad	Gujarat
2	RPO Amritsar	5	PSK Amritsar	Punjab
3	RPO Bareilly	6	PSK Bareilly	Uttar Pradesh
4	RPO Bengaluru	7	PSK Bengaluru, Lalbagh	Karnataka
		8	PSK Bengaluru, Sai Arcade	Karnataka
		9	PSK Hubballi-Dharwad	Karnataka
		10	PSK Mangaluru	Karnataka
		11	PSLK Kalaburagi	Karnataka
5	RPO Bhopal	12	PSK Bhopal	Madhya Pradesh
		13	PSLK Indore	Madhya Pradesh
6	RPO Bhubaneswar	14	PSK Bhubaneswar	Odisha
7	RPO Chandigarh	15	PSK Ambala	Haryana
		16	PSK Chandigarh	Chandigarh
		17	PSK Ludhiana	Punjab
8	RPO Chennai	18	PSK Aminjikarai	Tamil Nadu
		19	PSK Saligramam	Tamil Nadu
		20	PSK Tambaram	Tamil Nadu
		21	PSLK Puducherry	Puducherry
9	RPO Cochin	22	PSK Alappuzha	Kerala
		23	PSK Aluva	Kerala
		24	PSK Kottayam	Kerala
		25	PSK Thrissur	Kerala
		26	PSK Tripunithura, Cochin	Kerala
10	RPO Coimbatore	27	PSK Coimbatore	Tamil Nadu
11	RPO Dehradun	28	PSK Dehradun	Uttarakhand
12	RPO Delhi	29	PSK Defence Colony	Delhi
		30	PSK Gurgaon	Haryana
		31	PSK Jhandewalan	Delhi

		32	PSK Shalimar Place	Delhi
13	RPO Ghaziabad	33	PSK Ghaziabad	Uttar Pradesh
		34	PSK Noida*	Uttar Pradesh
14	RPO Guwahati	35	PSK Guwahati	Assam
		36	PSLK Aizawl	Mizoram
		37	PSLK Dimapur	Nagaland
		38	PSLK Imphal	Manipur
		39	PSLK Itanagar	Arunachal Pradesh
		40	PSLK Shillong	Meghalaya
15	RPO Hyderabad	41	PSK Ameerpet	Telangana
		42	PSK Begumpet	Telangana
		43	PSK Nizamabad	Telangana
		44	PSK Toli Chowki	Telangana
		45	PSLK Karimnagar	Telangana
16	RPO Jaipur	46	PSK Jaipur	Rajasthan
		47	PSK Jodhpur	Rajasthan
		48	PSK Sikar	Rajasthan
17	RPO Jalandhar	49	PSK Hoshiarpur	Punjab
		50	PSK Jalandhar-Safron Tower	Punjab
18	RPO Jammu	51	PSK Jammu	Jammu and Kashmir
19	RPO Kolkata	52	PSK Berhampore	West Bengal
		53	PSK Kolkata	West Bengal
		54	PSLK Agartala	Tripura
		55	PSLK Gangtok	Sikkam
		56	PSLK Siliguri	West Bengal
20	RPO, Kota	57	PSLK Udaipur	Rajasthan
21	RPO Kozhikode	58	PSK Kannur	Kerala
		59	PSK Kozhikode	Kerala
		60	PSK Malappuram II	Kerala
		61	PSK Payyanur, Kannur	Kerala
		62	PSK Vadakara, Kozhikode	Kerala
22	RPO Lucknow	63	PSK Gorakhpur	Uttar Pradesh
		64	PSK Kanpur	Uttar Pradesh
		65	PSK Lucknow	Uttar Pradesh
		66	PSK Varanasi	Uttar Pradesh
23	RPO Madurai	67	PSK Madurai	Tamil Nadu
		68	PSK Tirunelveli City	Tamil Nadu

24	RPO Mumbai	69	PSK Andheri	Maharashtra
		70	PSK Lower Parel	Maharashtra
		71	PSK Malad	Maharashtra
		72	PSK Nashik II	Maharashtra
		73	PSK Thane II	Maharashtra
25	RPO Nagpur	74	PSK Nagpur	Maharashtra
26	RPO Panaji	75	PSK Panaji	Goa
27	RPO Patna	76	Darbhanga	Bihar
		77	PSK Patna	Bihar
28	RPO Pune	78	PSK Pune	Maharashtra
		79	PSLK Solapur	Maharashtra
29	RPO Raipur	80	PSK Raipur	Chhattisgarh
30	RPO Ranchi	81	PSK Ranchi	Jharkhand
31	RPO Shimla	82	PSK Shimla	Himachal Pradesh
32	RPO Srinagar	83	PSK Srinagar	Jammu and Kashmir
33	RPO Surat	84	PSK Surat	Gujarat
34	RPO Tiruchirappalli	85	PSK Thanjavur	Tamil Nadu
		86	PSK Tiruchirappalli	Tamil Nadu
35	RPO Trivandrum	87	PSK Kollam	Kerala
		88	PSK Neyyattinkara, Trivandrum	Kerala
		89	PSK Vazhuthacaud, Trivandrum	Kerala
36	RPO Vijayawada	90	PSK Tirupathi II	Andhra Pradesh
		91	PSK Vijaywada II	Andhra Pradesh
37	RPO Visakhapatnam	92	PSK Visakhapatnam	Andhra Pradesh
		93	PSLK Bhimavaram	Andhra Pradesh

(* Approved)

STATEMENT-III

List of 456 Post Office Passport Seva Kendras (POPSKs)

S. No	State/UT	Passport Office	Locations of POPSK
1.	A and N Island	Kolkata	Port Blair
2.	Andhra Pradesh	Vijayawada	Anantapur
3.	Andhra Pradesh	Vijayawada	Bapatla
4.	Andhra Pradesh	Vijayawada	Chittoor
5.	Andhra Pradesh	Vijayawada	Gudivada
6.	Andhra Pradesh	Vijayawada	Guntur

7.	Andhra Pradesh	Vijayawada	Hindupur
8.	Andhra Pradesh	Vijayawada	Kadapa
9.	Andhra Pradesh	Vijayawada	Kodur
10.	Andhra Pradesh	Vijayawada	Kurnool
11.	Andhra Pradesh	Vijayawada	Nandyal
12.	Andhra Pradesh	Vijayawada	Narasaraopet
13.	Andhra Pradesh	Vijayawada	Nellore
14.	Andhra Pradesh	Vijayawada	Ongole
15.	Andhra Pradesh	Visakhapatnam	Amalapuram
16.	Andhra Pradesh	Visakhapatnam	Eluru
17.	Andhra Pradesh	Visakhapatnam	Kakinada
18.	Andhra Pradesh	Visakhapatnam	Rajamundry
19.	Andhra Pradesh	Visakhapatnam	Srikakulam
20.	Andhra Pradesh	Visakhapatnam	Vizianagaram
21.	Andhra Pradesh	Visakhapatnam	Yelamanchili
22.	Andhra Pradesh	Visakhapatnam	Araku
23.	Arunachal Pradesh	Guwahati	Changlang
24.	Arunachal Pradesh	Guwahati	Khonsa
25.	Assam	Guwahati	Barpeta
26.	Assam	Guwahati	Dhubri
27.	Assam	Guwahati	Dibrugarh
28.	Assam	Guwahati	Goalpara
29.	Assam	Guwahati	Golaghat
30.	Assam	Guwahati	Jorhat
31.	Assam	Guwahati	Karbi Anglong
32.	Assam	Guwahati	Karimganj
33.	Assam	Guwahati	Kokrajhar
34.	Assam	Guwahati	Mangaldoi
35.	Assam	Guwahati	Nagaon
36.	Assam	Guwahati	North Lakhimpur
37.	Assam	Guwahati	Silchar
38.	Assam	Guwahati	Tezpur
39.	Assam	Guwahati	Tinsukia
40.	Bihar	Patna	Arrah
41.	Bihar	Patna	Aurangabad
42.	Bihar	Patna	Banka
43.	Bihar	Patna	Begusarai
44.	Bihar	Patna	Bettiah
45.	Bihar	Patna	Bhagalpur

46.	Bihar	Patna	Buxar
47.	Bihar	Patna	Chapra
48.	Bihar	Patna	Dalmianagar
49.	Bihar	Patna	Ekma
50.	Bihar	Patna	Dalsinghsarai
51.	Bihar	Patna	Forbesganj
52.	Bihar	Patna	Gaya
53.	Bihar	Patna	Gopalganj
54.	Bihar	Patna	Hajipur
55.	Bihar	Patna	Jahanabad
56.	Bihar	Patna	Jamui
57.	Bihar	Patna	Katihar
58.	Bihar	Patna	Khagaria
59.	Bihar	Patna	Kishanganj
60.	Bihar	Patna	Madhubani
61.	Bihar	Patna	Maner
62.	Bihar	Patna	Motihari
63.	Bihar	Patna	Munger
64.	Bihar	Patna	Muzaffarpur
65.	Bihar	Patna	Nalanda
66.	Bihar	Patna	Nawada
67.	Bihar	Patna	Purnia
68.	Bihar	Patna	Saharsa
69.	Bihar	Patna	Samastipur
70.	Bihar	Patna	Sasaram
71.	Bihar	Patna	Sheohar
72.	Bihar	Patna	Sitamarhi
73.	Bihar	Patna	Siwan
74.	Bihar	Patna	Rajnagar
75.	Bihar	Patna	Bakhera
76.	Bihar	Patna	Supaul
77.	Bihar	Patna	Ramnagar
78.	Chhattisgarh	Raipur	Bastar
79.	Chhattisgarh	Raipur	Bilaspur
80.	Chhattisgarh	Raipur	Durg
81.	Chhattisgarh	Raipur	Janjgir-Champa
82.	Chhattisgarh	Raipur	Kanker
83.	Chhattisgarh	Raipur	Korba
84.	Chhattisgarh	Raipur	Raigarh

85.	Chhattisgarh	Raipur	Rajnandgaon
86.	Chhattisgarh	Raipur	Surguja
87.	D & N Haveli and Daman & Diu	Mumbai	Daman
88.	D & N Haveli and Daman & Diu	Mumbai	Silvasa
89.	Delhi	Delhi	Janak Puri
90.	Delhi	Delhi	Mehrauli
91.	Delhi	Delhi	Nehru Place
92.	Delhi	Delhi	Patparganj
93.	Delhi	Delhi	Yamuna Vihar
94.	Goa	Panaji	Margao
95.	Gujarat	Ahmedabad	Amreli
96.	Gujarat	Ahmedabad	Anand
97.	Gujarat	Ahmedabad	Bharuch
98.	Gujarat	Ahmedabad	Bhavnagar
99.	Gujarat	Ahmedabad	Bhuj
100.	Gujarat	Ahmedabad	Chhota Udaipur
101.	Gujarat	Ahmedabad	Dahod
102.	Gujarat	Ahmedabad	Gandhinagar
103.	Gujarat	Ahmedabad	Godhra
104.	Gujarat	Ahmedabad	Himmatnagar
105.	Gujarat	Ahmedabad	Jamnagar
106.	Gujarat	Ahmedabad	Junagadh
107.	Gujarat	Ahmedabad	Mehsana
108.	Gujarat	Ahmedabad	Nadiad
109.	Gujarat	Ahmedabad	Palanpur
110.	Gujarat	Ahmedabad	Patan
111.	Gujarat	Ahmedabad	Porbandar
112.	Gujarat	Ahmedabad	Surendranagar
113.	Gujarat	Ahmedabad	Veraval
114.	Gujarat	Surat	Bardoli
115.	Gujarat	Surat	Navsari
116.	Gujarat	Surat	Rajpipla
117.	Gujarat	Surat	Valsad
118.	Haryana	Chandigarh	Bhiwani
119.	Haryana	Chandigarh	Hisar
120.	Haryana	Chandigarh	Kaithal
121.	Haryana	Chandigarh	Karnal

122.	Haryana	Chandigarh	Sirsa
123.	Haryana	Chandigarh	Yamunanagar
124.	Haryana	Delhi	Faridabad
125.	Haryana	Delhi	Narnaul
126.	Haryana	Delhi	Panipat
127.	Haryana	Delhi	Rohtak
128.	Haryana	Delhi	Sonipat
129.	Himachal Pradesh	Shimla	Hamirpur
130.	Himachal Pradesh	Shimla	Kangra
131.	Himachal Pradesh	Shimla	Kullu
132.	Himachal Pradesh	Shimla	Mandi
133.	Himachal Pradesh	Shimla	Palampur
134.	Himachal Pradesh	Shimla	Una
135.	Jammu & Kashmir	Jammu	Kathua
136.	Jammu & Kashmir	Jammu	Rajouri
137.	Jammu & Kashmir	Jammu	Udhampur
138.	Jammu & Kashmir	Srinagar	Anantnag
139.	Jammu & Kashmir	Srinagar	Baramulla
140.	Jharkhand	Ranchi	Bokaro
141.	Jharkhand	Ranchi	Chaibasa
142.	Jharkhand	Ranchi	Deoghar
143.	Jharkhand	Ranchi	Dhanbad
144.	Jharkhand	Ranchi	Dumka
145.	Jharkhand	Ranchi	Giridih
146.	Jharkhand	Ranchi	Godda
147.	Jharkhand	Ranchi	Gumla
148.	Jharkhand	Ranchi	Hazaribagh
149.	Jharkhand	Ranchi	Jamshedpur
150.	Jharkhand	Ranchi	Jhumri Tilaiya
151.	Jharkhand	Ranchi	Khunti
152.	Jharkhand	Ranchi	Medininagar
153.	Jharkhand	Ranchi	Sahibganj
154.	Jharkhand	Ranchi	Simaria
155.	Karnataka	Bengaluru	Ankola
156.	Karnataka	Bengaluru	Bagalkot
157.	Karnataka	Bengaluru	Belagavi
158.	Karnataka	Bengaluru	Ballari
159.	Karnataka	Bengaluru	Bidar
160.	Karnataka	Bengaluru	Chamarajanagar

161.	Karnataka	Bengaluru	Channapatna
162.	Karnataka	Bengaluru	Chikkaballapur
163.	Karnataka	Bengaluru	Chikkodi
164.	Karnataka	Bengaluru	Chitradurga
165.	Karnataka	Bengaluru	Davangere
166.	Karnataka	Bengaluru	Gadag
167.	Karnataka	Bengaluru	Hassan
168.	Karnataka	Bengaluru	Jalahalli
169.	Karnataka	Bengaluru	Koppal
170.	Karnataka	Bengaluru	Maddur
171.	Karnataka	Bengaluru	Mysuru
172.	Karnataka	Bengaluru	Raichur
173.	Karnataka	Bengaluru	Robertsonpet
174.	Karnataka	Bengaluru	Shivamogga
175.	Karnataka	Bengaluru	Tumakuru
176.	Karnataka	Bengaluru	Udupi
177.	Karnataka	Bengaluru	Vijayapura
178.	Kerala	Cochin	Chengannur
179.	Kerala	Cochin	Kattappana
180.	Kerala	Cochin	Nenmara
181.	Kerala	Cochin	Palakkad
182.	Kerala	Kozhikode	Kasargod
183.	Kerala	Thiruvananthapuram	Attingal
184.	Kerala	Thiruvananthapuram	Pathanamthitta
185.	Kerala	Kozhikode	Kalpetta
186.	Kerala	Kozhikode	Thavanur
187.	Ladakh	Srinagar	Leh
188.	Lakshadweep	Cochin	Kavaratti
189.	Madhya Pradesh	Bhopal	Balaghat
190.	Madhya Pradesh	Bhopal	Betul
191.	Madhya Pradesh	Bhopal	Chhatarpur
192.	Madhya Pradesh	Bhopal	Chhindwara
193.	Madhya Pradesh	Bhopal	Damoh
194.	Madhya Pradesh	Bhopal	Dewas
195.	Madhya Pradesh	Bhopal	Dhar
196.	Madhya Pradesh	Bhopal	Guna
197.	Madhya Pradesh	Bhopal	Gwalior
198.	Madhya Pradesh	Bhopal	Hoshangabad
199.	Madhya Pradesh	Bhopal	Jabalpur

200.	Madhya Pradesh	Bhopal	Ratlam
201.	Madhya Pradesh	Bhopal	Rewa
202.	Madhya Pradesh	Bhopal	Sagar
203.	Madhya Pradesh	Bhopal	Satna
204.	Madhya Pradesh	Bhopal	Seoni
205.	Madhya Pradesh	Bhopal	Tikamgarh
206.	Madhya Pradesh	Bhopal	Ujjain
207.	Madhya Pradesh	Bhopal	Vidisha
208.	Madhya Pradesh	Bhopal	Mandsaur
209.	Madhya Pradesh	Bhopal	Shahdol
210.	Madhya Pradesh	Bhopal	Khandwa
211.	Madhya Pradesh	Bhopal	Bhind
212.	Madhya Pradesh	Bhopal	Khargone
213.	Madhya Pradesh	Bhopal	Mandla
214.	Maharashtra	Mumbai	Aurangabad
215.	Maharashtra	Mumbai	Bhiwandi
216.	Maharashtra	Mumbai	Bhusawal
217.	Maharashtra	Mumbai	Dhule
218.	Maharashtra	Mumbai	Dombivli
219.	Maharashtra	Mumbai	Jalgaon
220.	Maharashtra	Mumbai	Rajapur
221.	Maharashtra	Mumbai	Santacruz
222.	Maharashtra	Mumbai	Sion
223.	Maharashtra	Mumbai	Vashi
224.	Maharashtra	Mumbai	Vasai
225.	Maharashtra	Mumbai	Vikroli
226.	Maharashtra	Mumbai	Alibaug
227.	Maharashtra	Nagpur	Akola
228.	Maharashtra	Nagpur	Amravati
229.	Maharashtra	Nagpur	Bhandara
230.	Maharashtra	Nagpur	Buldhana
231.	Maharashtra	Nagpur	Chandrapur
232.	Maharashtra	Nagpur	Gadchiroli
233.	Maharashtra	Nagpur	Hingoli
234.	Maharashtra	Nagpur	Katoal
235.	Maharashtra	Nagpur	Wardha
236.	Maharashtra	Nagpur	Yavatmal
237.	Maharashtra	Pune	Ahmednagar
238.	Maharashtra	Pune	Baramati

239.	Maharashtra	Pune	Beed
240.	Maharashtra	Pune	Ichalkaranji
241.	Maharashtra	Pune	Jalna
242.	Maharashtra	Pune	Kolhapur
243.	Maharashtra	Pune	Latur
244.	Maharashtra	Pune	Madha
245.	Maharashtra	Pune	Nanded
246.	Maharashtra	Pune	Osmanabad
247.	Maharashtra	Pune	Pandharpur
248.	Maharashtra	Pune	Parbhani
249.	Maharashtra	Pune	Pimpri Chinchwad
250.	Maharashtra	Pune	Sangli
251.	Maharashtra	Pune	Satara
252.	Maharashtra	Pune	Shirur
253.	Maharashtra	Pune	Srirampur
254.	Maharashtra	Mumbai	Nandurbar
255.	Manipur	Guwahati	Kakching
256.	Meghalaya	Guwahati	Tura
257.	Odisha	Bhubaneswar	Aska
258.	Odisha	Bhubaneswar	Balasore
259.	Odisha	Bhubaneswar	Bargarh
260.	Odisha	Bhubaneswar	Baripada
261.	Odisha	Bhubaneswar	Berhampur
262.	Odisha	Bhubaneswar	Bhadrak
263.	Odisha	Bhubaneswar	Bhawanipatna
264.	Odisha	Bhubaneswar	Bolangir
265.	Odisha	Bhubaneswar	Cuttack
266.	Odisha	Bhubaneswar	Dhenkanal
267.	Odisha	Bhubaneswar	Jagatsinghpur
268.	Odisha	Bhubaneswar	Jajpur
269.	Odisha	Bhubaneswar	Kendrapara
270.	Odisha	Bhubaneswar	Keonjhar
271.	Odisha	Bhubaneswar	Koraput
272.	Odisha	Bhubaneswar	Nabarangpur
273.	Odisha	Bhubaneswar	Phulbani
274.	Odisha	Bhubaneswar	Puri
275.	Odisha	Bhubaneswar	Rourkela
276.	Odisha	Bhubaneswar	Sambalpur
277.	Puducherry	Tiruchirapalli	Karaikal

278.	Punjab	Amritsar	Ferozapur
279.	Punjab	Chandigarh	Bassi Pathanan
280.	Punjab	Chandigarh	Bathinda
281.	Punjab	Chandigarh	Malerkotla
282.	Punjab	Chandigarh	Patiala
283.	Punjab	Chandigarh	Ropar
284.	Punjab	Jalandhar	Moga
285.	Punjab	Jalandhar	Pathankot
286.	Punjab	Jalandhar	Phagwara
287.	Rajasthan	Jaipur	Ajmer
288.	Rajasthan	Jaipur	Alwar
289.	Rajasthan	Jaipur	Barmer
290.	Rajasthan	Jaipur	Bharatpur
291.	Rajasthan	Jaipur	Bikaner
292.	Rajasthan	Jaipur	Churu
293.	Rajasthan	Jaipur	Dausa
294.	Rajasthan	Jaipur	Hanumangarh
295.	Rajasthan	Jaipur	Jaisalmer
296.	Rajasthan	Jaipur	Jhunjhunu
297.	Rajasthan	Jaipur	Dholpur
298.	Rajasthan	Jaipur	Kotputli
299.	Rajasthan	Jaipur	Nagaur
300.	Rajasthan	Jaipur	Pali
301.	Rajasthan	Kota	Banswara
302.	Rajasthan	Kota	Bhilwara
303.	Rajasthan	Kota	Chittorgarh
304.	Rajasthan	Kota	Jhalawar
305.	Rajasthan	Kota	Kankroli
306.	Rajasthan	Kota	Kota
307.	Rajasthan	Kota	Pratapgarh
308.	Rajasthan	Kota	Sawai Madhopur
309.	Rajasthan	Jaipur	Sirohi
310.	Rajasthan	Jaipur	Sriganganagar
311.	Tamil Nadu	Chennai	Arani
312.	Tamil Nadu	Chennai	Chennai GPO
313.	Tamil Nadu	Chennai	Chidambaram
314.	Tamil Nadu	Chennai	Cuddalore
315.	Tamil Nadu	Chennai	Dharmapuri
316.	Tamil Nadu	Chennai	Kallakurichi

317.	Tamil Nadu	Chennai	Kancheepuram
318.	Tamil Nadu	Chennai	Krishnagiri
319.	Tamil Nadu	Chennai	Ranipet
320.	Tamil Nadu	Chennai	Tiruvallur
321.	Tamil Nadu	Chennai	Tiruvannamalai
322.	Tamil Nadu	Chennai	Vellore
323.	Tamil Nadu	Chennai	Villupuram
324.	Tamil Nadu	Chennai	Periyar Nagar*
325.	Tamil Nadu	Coimbatore	Coonoor
326.	Tamil Nadu	Coimbatore	Erode
327.	Tamil Nadu	Coimbatore	Rasipuram
328.	Tamil Nadu	Coimbatore	Salem
329.	Tamil Nadu	Coimbatore	Pollachi
330.	Tamil Nadu	Coimbatore	Tirupur
331.	Tamil Nadu	Madurai	Bodineyaknur
332.	Tamil Nadu	Madurai	Devakottai
333.	Tamil Nadu	Madurai	Kodai Road
334.	Tamil Nadu	Madurai	Nagercoil
335.	Tamil Nadu	Madurai	Rajapalayam
336.	Tamil Nadu	Madurai	Ramanathapuram
337.	Tamil Nadu	Madurai	Thoothukkudi
338.	Tamil Nadu	Madurai	Virudhunagar
339.	Tamil Nadu	Tiruchirappalli	Karur
340.	Tamil Nadu	Tiruchirapalli	Perambalur
341.	Tamil Nadu	Tiruchirappalli	Sirkali
342.	Tamil Nadu	Tiruchirappalli	Thiruthuraipoondi
343.	Telangana	Hyderabad	Adilabad
344.	Telangana	Hyderabad	Bhongir
345.	Telangana	Hyderabad	Kamareddy
346.	Telangana	Hyderabad	Khammam
347.	Telangana	Hyderabad	Mahabubabad
348.	Telangana	Hyderabad	Mancherial
349.	Telangana	Hyderabad	Medak
350.	Telangana	Hyderabad	Medchal
351.	Telangana	Hyderabad	Mahaboobnagar
352.	Telangana	Hyderabad	Nalgonda
353.	Telangana	Hyderabad	Siddipet
354.	Telangana	Hyderabad	Vikarabad
355.	Telangana	Hyderabad	Wanaparthy

356.	Telangana	Hyderabad	Warangal
357.	Tripura	Kolkata	Dhramanagar
358.	Uttar Pradesh	Bareilly	Amroha
359.	Uttar Pradesh	Bareilly	Badaun
360.	Uttar Pradesh	Bareilly	Bijnaur
361.	Uttar Pradesh	Bareilly	Moradabad
362.	Uttar Pradesh	Bareilly	Pilibhit
363.	Uttar Pradesh	Bareilly	Rampur
364.	Uttar Pradesh	Bareilly	Nagina
365.	Uttar Pradesh	Bareilly	Shahjahanpur
366.	Uttar Pradesh	Ghaziabad	Achnera
367.	Uttar Pradesh	Ghaziabad	Agra
368.	Uttar Pradesh	Ghaziabad	Aligarh
369.	Uttar Pradesh	Ghaziabad	Baghpat
370.	Uttar Pradesh	Ghaziabad	Bulandshahr
371.	Uttar Pradesh	Ghaziabad	Hathras
372.	Uttar Pradesh	Ghaziabad	Meerut
373.	Uttar Pradesh	Ghaziabad	Muzaffarnagar
374.	Uttar Pradesh	Ghaziabad	Noida
375.	Uttar Pradesh	Ghaziabad	Saharanpur
376.	Uttar Pradesh	Ghaziabad	Vrindavan
377.	Uttar Pradesh	Lucknow	Allahabad
378.	Uttar Pradesh	Lucknow	Ambedkar Nagar
379.	Uttar Pradesh	Lucknow	Amethi
380.	Uttar Pradesh	Lucknow	Ayodhya
381.	Uttar Pradesh	Lucknow	Azamgarh
382.	Uttar Pradesh	Lucknow	Bahraich
383.	Uttar Pradesh	Lucknow	Ballia
384.	Uttar Pradesh	Lucknow	Balrampur
385.	Uttar Pradesh	Lucknow	Banda
386.	Uttar Pradesh	Lucknow	Bhadohi
387.	Uttar Pradesh	Lucknow	Chunar
388.	Uttar Pradesh	Lucknow	Deoria
389.	Uttar Pradesh	Lucknow	Farrukhabad
390.	Uttar Pradesh	Lucknow	Fatehpur
391.	Uttar Pradesh	Lucknow	Ghazipur
392.	Uttar Pradesh	Lucknow	Gonda
393.	Uttar Pradesh	Lucknow	Mau
394.	Uttar Pradesh	Lucknow	Hamirpur

395.	Uttar Pradesh	Lucknow	Hardoi
396.	Uttar Pradesh	Lucknow	Jaunpur
397.	Uttar Pradesh	Lucknow	Jhansi
398.	Uttar Pradesh	Lucknow	Lakhimpur Kheri
399.	Uttar Pradesh	Lucknow	Maharajganj
400.	Uttar Pradesh	Lucknow	Misrikh
401.	Uttar Pradesh	Lucknow	Pratapgarh
402.	Uttar Pradesh	Lucknow	Raebareli
403.	Uttar Pradesh	Lucknow	Siddharth Nagar
404.	Uttar Pradesh	Lucknow	Sitapur
405.	Uttar Pradesh	Lucknow	Sultanpur
406.	Uttar Pradesh	Lucknow	Unnao
407.	Uttar Pradesh	Lucknow	Etawah
408.	Uttar Pradesh	Lucknow	Jalaun
409.	Uttar Pradesh	Lucknow	Kushi Nagar
410.	Uttarakhand	Dehradun	Almora
411.	Uttarakhand	Dehradun	Kathgodam
412.	Uttarakhand	Dehradun	Nainital
413.	Uttarakhand	Dehradun	Roorkee
414.	Uttarakhand	Dehradun	Rudrapur
415.	Uttarakhand	Dehradun	Srinagar
416.	Uttarakhand	Dehradun	Kotdwar
417.	West Bengal	Kolkata	Alipurduar
418.	West Bengal	Kolkata	Amta
419.	West Bengal	Kolkata	Arambagh
420.	West Bengal	Kolkata	Asansol
421.	West Bengal	Kolkata	Ashoknagar
422.	West Bengal	Kolkata	Balurghat
423.	West Bengal	Kolkata	Bangaon
424.	West Bengal	Kolkata	Bankura
425.	West Bengal	Kolkata	Bardhaman
426.	West Bengal	Kolkata	Barrackpore
427.	West Bengal	Kolkata	Basirhat
428.	West Bengal	Kolkata	Beadon Street
429.	West Bengal	Kolkata	Bishnupur
430.	West Bengal	Kolkata	Bolpur
431.	West Bengal	Kolkata	Canning Town Ferry Ghat
432.	West Bengal	Kolkata	Chinsurah
433.	West Bengal	Kolkata	Coochbehar

434.	West Bengal	Kolkata	Darjeeling
435.	West Bengal	Kolkata	Diamond Harbour
436.	West Bengal	Kolkata	Dum Dum
437.	West Bengal	Kolkata	Ghatal
438.	West Bengal	Kolkata	Howrah
439.	West Bengal	Kolkata	Jadavpur
440.	West Bengal	Kolkata	Jalpaiguri
441.	West Bengal	Kolkata	Jhargram
442.	West Bengal	Kolkata	Jiyaganj
443.	West Bengal	Kolkata	Kakdweep
444.	West Bengal	Kolkata	Contai
445.	West Bengal	Kolkata	Katwa
446.	West Bengal	Kolkata	Kharagpur
447.	West Bengal	Kolkata	Krishnanagar
448.	West Bengal	Kolkata	Makdumpur
449.	West Bengal	Kolkata	Purulia
450.	West Bengal	Kolkata	Raghunathganj
451.	West Bengal	Kolkata	Raiganj
452.	West Bengal	Kolkata	Rampurhat
453.	West Bengal	Kolkata	Ranaghat
454.	West Bengal	Kolkata	Samsi
455.	West Bengal	Kolkata	Serampore
456.	West Bengal	Kolkata	Tamluk

(As on 25.07.2026)

EXPANSION OF WATER METRO SYSTEMS

2270. SHRI RAJIV PRATAP RUDY:

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

(a) the current status of implementation under the Draft National Water Metro Policy introduced to expand modern, eco-friendly water-based public transportation corridors modeled after the Kochi Water Metro;

(b) the total number of navigable urban waterways identified, cities cleared for feasibility studies, and eco-friendly electric ferries commissioned country-wide, state/UT-wise;

(c) the structural details of the zero-emission technical frameworks adopted, including standardisation requirements for hybrid propulsion vessels, fast-charging infrastructure, and multimodal integration with road and rail networks; and

(d) the steps taken to establish viable financing structures like public-private partnerships, ensure environmental safety, and fast-track inter-ministerial consultations to prevent project deployment delays?

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

(a), (c) and (d): Ministry of Ports, Shipping and Waterways (MoPSW) is formulating National Water Metro Guidelines, 2026 to support the planning, implementation, safety standards, and promotion of eco-friendly water-based public transportation systems. Aspects relating to the zero/low-emission technical framework, standardization requirements, financing structures, environmental safety, and inter-ministerial coordination are covered under these guidelines.

(b): Inland Waterways Authority of India (IWAI), an autonomous organisation under the MoPSW has undertaken Feasibility Studies for the development of

Urban Water Metro Systems at 18 identified locations across the country. The Feasibility Studies for 15 locations have been completed, which will help in assessing the technical viability, infrastructure requirements, operational framework, and potential for implementing water-based urban public transportation systems. However, four hybrid electric vessels have been deployed at Varanasi, Ayodhya, Patna and Kolkata; and one hydrogen fuel cell vessel has been deployed at Varanasi under other initiatives of the Ministry.

MALNUTRITION AND ANAEMIA AMONG CHILDREN

2271. DR. D. RAVI KUMAR:

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

(a) whether the Government has reviewed the prevalence of child malnutrition and anaemia under Poshan Abhiyan, if so, the details thereof;

(b) whether the latest National Family Health Survey/departmental data indicate improvements in nutritional indicators, if so, the details thereof;

(c) the details of funds released and beneficiaries covered under Poshan scheme, State-wise, including Tamil Nadu; and

(d) the details of the measures proposed to eliminate child malnutrition and improve maternal health outcomes in the country?

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 (MoWCD) has launched 'Poshan Tracker' digital application, an ICT based tool, for monitoring and reviewing the nutrition outcomes; stunting, wasting, under-weight prevalence among children under 5 years of age and other services under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). The State wise information on these nutrition indicators and beneficiary coverage under the Mission is available at the Poshan Tracker public dashboard: https://www.poshantracker.in/statistics.

Ministry of Health and Family Welfare (MoHFW) conducts various rounds of the National Family Health Survey (NFHS) every few years which have shown improvement in malnutrition indicators in children across the country. Details of these indicators for children under 5 years of age from latest NFHS-6 and Poshan Tracker are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-6 (2023-24)	29.3	31.8	19.0
Poshan Tracker (June 2026)	29.3	11.91	3.88

MoHFW also keeps record of data of children suffering from anaemia. As per NFHS-5 (2019-21) the prevalence of anaemia is 67.1 percent in children aged 6-59 months.

The state-wise details of funds released in financial year 2025-26 under Mission Saksham Anganwadi and Poshan 2.0 are given in the enclosed **Statement**.

Under the Mission Poshan 2.0, significant measures have been taken by the Ministry of Women and Child Development (MoWCD) to improve nutritional outcomes:

- Supplementary Nutrition in 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 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.
- Ministry of Women & Child Development 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.

- To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at Anganwadi Centres (AWCs).

National Health Mission (NHM), MoHFW provides support for the implementation of various schemes/initiatives to improve maternal health outcomes among pregnant women across the country which are as follows:

- Janani Suraksha Yojana (JSY) is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- Janani Shishu Suraksha Karyakram (JSSK) entitles all pregnant woman 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.
- 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.
- 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.

- Village Health, Sanitation and Nutrition Day (VHSND) is a monthly outreach activity at Anganwadi centers for provision of maternal and childcare including nutrition in convergence with the 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, community mobilization as well as to track high-risk pregnancies.
- 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.
- Strengthening of infrastructure including First Referral Units (FRUs), Maternal and Child Health (MCH) wings, Obstetric High Dependency Units & Intensive Care Units (Obst. HDU & ICU), Birth Waiting Homes (BWHs) in difficult terrain, remote and tribal areas to improve access to healthcare facilities and promote institutional delivery.

STATEMENT

The state-wise details of funds released in financial year 2025-26 under Mission Saksham Anganwadi and Poshan 2.0:

Rs. in crores

S. No	Name of the State and UT	Funds released (2025-26)
1	Andaman and Nicobar Islands	8.1
2	Andhra Pradesh	759.76
3	Arunachal Pradesh	118.5
4	Assam	1548.67
5	Bihar	905.43
6	Chandigarh	9.87
7	Chhattisgarh	518.22
8	Dadra & Nagar Haveli and Daman & Diu	5.92
9	Delhi	150.21
10	Goa	19.74
11	Gujarat	699.13
12	Haryana	67.12
13	Himachal Pradesh	328.59
14	Jammu & Kashmir	401.62
15	Jharkhand	429.26
16	Karnataka	863.64
17	Kerala	283.81
18	Ladakh	16.41
19	Lakshadweep	0.82
20	Madhya Pradesh	937.45
21	Maharashtra	1405.45
22	Manipur	199.99
23	Meghalaya	182.04
24	Mizoram	52.69
25	Nagaland	146.29
26	Odisha	911.27
27	Puducherry	4.02
28	Punjab	190.73
29	Rajasthan	843.51
30	Sikkim	18.21
31	Tamil Nadu	636.6
32	Telangana	209.2

33	Tripura	154.73
34	Uttar Pradesh	2145.42
35	Uttarakhand	271.05
36	West Bengal	1333.9

UPGRADATION OF SAINIK SCHOOL, PURULIA

2272. SHRI JYOTIRMAY SINGH MAHATO:

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

(a) whether the Government is aware that Sainik School, Purulia requires continuous upgradation of its academic, hostel, sports and training infrastructure to meet present-day standards and if so, the details thereof;

(b) the details of the funds allocated and works undertaken for upgradation of classrooms, hostels, laboratories, sports facilities and other infrastructure at Sainik School, Purulia during the last five years, year-wise;

(c) whether the Government proposes to develop Sainik School, Purulia as a Centre of Excellence with modern sports infrastructure, including a synthetic athletics track, a multi-purpose indoor sports complex, a swimming pool and advanced training facilities for cadets and if so, the details thereof;

(d) whether any proposal for further expansion or modernisation of Sainik School, Purulia is under consideration of the Government; and

(e) if so, the details thereof, along with the timeline likely to be taken for the same?

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

(a) to (e): The Sainik School Society which manages the Sainik Schools makes assessments of infrastructural gaps in academic/ hostel blocks, 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. In terms of the Memorandum of Agreement between the Government of the Sponsoring State and the Sainik School Society, the State Government concerned has to provide Land and Buildings including Indoor Games Hall, Swimming Pool, Auditorium, Gymnasium and other sports amenities, infrastructure and initial cost of equipment. Sainik School, Purulia has various Sports and Training facilities including a Swimming Pool, Indoor Games Hall, Football and Hockey fields, Squash, Tennis and Basketball Courts, Firing Range and Equestrian facilities. In the last five years from 2021-22 to 2025-26, the Ministry of Defence and the Government of West Bengal have sanctioned approximately Rs. 8.4 Crore and Rs. 9.6 Crore respectively for various sports and training infrastructure facilities and renovation/ maintenance/ augmentation/ upgradation works at Sainik School, Purulia.

भारतीय न्यायालयों में सूचना और संचार प्रौद्योगिकी

2273. श्री अजय भट्ट :

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

(क) भारतीय न्यायालयों में सूचना और संचार प्रौद्योगिकी को शामिल किए जाने की स्थिति क्या है;

(ख) क्या उत्तराखंड सहित देश के सभी न्यायालयों में ई-फाइलिंग शुरू कर दी गई है ;

(ग) यदि हां, तो उत्तराखंड उच्च न्यायालय सहित तत्संबंधी ब्यौरा क्या है और इसकी वर्तमान स्थिति क्या है और उक्त ई-फाइलिंग पद्धति के माध्यम से न्यायालय-वार कितने मामले दर्ज किए गए हैं; और

(घ) सरकार द्वारा देश भर में ई-फाइलिंग निधि के बारे में जागरुकता पैदा करने के लिए क्या कदम उठाए गए है अथवा उठाए जाने पर विचार किया जा रहा है ?

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

(क): ई-न्यायालय मिशन मोड परियोजना देश भर की न्यायिक प्रणाली में सूचना तथा संचार प्रौद्योगिकी (आईसीटी) के उपयोग को सुदृढ़ करने के उद्देश्य के साथ चरणबद्ध रीति में कार्यान्वित की जा रही है। विभिन्न आईसीटी – सामर्थ्य पहल जिसके अंतर्गत मामला सूचना प्रणाली (सीआईएस) 4.0, ई –फाइलिंग, ई-संदाय, वीडियो कान्फ्रेंसिंग, आभासी न्यायालय, डिजिटल मामला अभिलेख, राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) अंतरसंचालनीय दंड न्याय प्रणाली (आईसीजेएस), ई-सेवा केंद्र, राष्ट्रीय इलैक्ट्रानिक प्रक्रिया की सेवा और ट्रैकिंग (एनएसटीईपी), ई न्यायालय सेवाएं पोर्टल तथा मोबाइल ऐप और अन्य नागरिक केंद्रित डिजिटल सेवाएं, चरणबद्ध रीति में सभी उच्च न्यायालयों तथा जिला न्यायालयों में कार्यान्वित की गई हैं।

(ख): ई –फाइलिंग प्रणाली मामले, प्रतिवाद कथन, उत्तर तथा अन्य संबंधित आवेदनों को ऑन लाइन फाइल करने का शुरु से अंत तक एक डिजिटल प्लेटफार्म है। 30.06.2026 की स्थिति के अनुसार, ई-फाइलिंग के लिए नियम 25 उच्च न्यायालयों में कार्यान्वित किए जा चुके हैं, जिसके अंतर्गत

उत्तराखंड उच्च न्यायालय और उसकी अधिकारिता के अधीन आने वाले जिला न्यायालय भी हैं। 30.06.2026 की स्थिति के अनुसार, देश भर में ई फाइलिंग प्रणाली के माध्यम से कुल 1.25 करोड़ मामले फाइल किए गए हैं। ई-फाइलिंग प्रणाली के माध्यम से उच्च न्यायालय वार तथा जिलावार फाइल किए गए मामलों के ब्यौरे संलग्न **विवरण-I** पर दिए गए हैं।

(ग): उत्तराखंड राज्य में, जिला न्यायालयों के समक्ष ई फाइलिंग प्रणाली के माध्यम से कुल 1.17 लाख मामले फाइल किए गए हैं जिसके अंतर्गत उत्तराखंड उच्च न्यायालय के समक्ष 356 ई फाइलिंग के मामले भी हैं। उत्तराखंड में, उत्तराखंड उच्च न्यायालय से प्राप्त सूचना के अनुसार ई –फाइलिंग प्रणाली के माध्यम से फाइल किए गए मामलों का जिलावार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(घ): देश भर में ई-फाइलिंग प्रणाली के प्रति जागरुकता तथा उसके अंगीकार को सृजित करने के लिए उच्च न्यायालयों के समन्वयन में भारत के उच्चतम न्यायालय की ई-समिति ने राज्य न्यायिक अकादमियों तथा संबंधित उच्च न्यायालयों के माध्यम से न्यायिक अधिकारियों, न्यायालय कर्मचारिवृंद, अधिवक्ताओं और अन्य पणधारियों के लिए प्रशिक्षण कार्यक्रम, क्षमता-निर्माण कार्यशालाएं तथा अभिविन्यास सत्र आयोजित किए हैं। ई-फाइलिंग प्रणाली के प्रभावी उपयोग को सुकर बनाने के लिए उपयोक्ता निर्देशिका, मानक प्रचालन प्रक्रिया (एसओपी), निरंतर पूछे गए प्रश्न तथा वीडियो मार्गदर्शिका तैयार की गई है तथा उनका प्रचार प्रसार भी किया गया है।

और, ई-सेवा केंद्र देश भर में ई-फाइलिंग पोर्टल पर मुवक्किलों तथा अधिवक्ताओं के रजिस्ट्रीकरण हेतु सहायता करने, याचिका तथा समर्थित दस्तावेजों की स्कैनिंग और उन्हें अपलोड करने, न्यायालय फीस का ऑन लाइन संदाय करने और ई-फाइलिंग से संबंधित अन्य सेवाओं का उपभोग करने के लिए स्थापित किए गए हैं, जिसके द्वारा ई-फाइलिंग प्रणाली के व्यापक अंगीकार को सुकर बनाया जा सके तथा जागरुकता बढ़ाई जा सके।

विवरण-I

30.06.2026 तक उच्च न्यायालयों तथा जिला न्यायालयों में ई-फाइल किए गए मामलों की संख्या का ब्यौरा:

क्रम सं.	उच्च न्यायलय	उच्च न्यायालय/जिला न्यायालय	कुल ई-फाइल किए गए मामले		
			उच्च न्यायलय	जिला न्यायालय	कुल
1.	इलाहबाद*	जिला न्यायालय	0	19,305	19,305
2.	आंध्र प्रदेश	दोनों न्यायालय	28,754	874	29,628
3.	बाम्बे	दोनों न्यायालय	4,40,054	30,36,217	34,76,271
4.	कलकत्ता	दोनों न्यायालय	14,089	3,264	17,353
5.	छत्तीसगढ	दोनों न्यायालय	1,089	5,059	6,148
6.	दिल्ली*	जिला न्यायालय	0	19,12,282	19,12,282
7क.	गुवाहाटी-अरुणाचल प्रदेश	दोनों न्यायालय	0	0	0
7ख.	गुवाहाटी-असम	दोनों न्यायालय	52,779	65,651	1,18,430
7ग.	गुवाहाटी - मिजोरम	दोनों न्यायालय	0	0	0
7घ.	गुवाहाटी - नागालैंड	दोनों न्यायालय	0	0	0
8.	गुजरात	दोनों न्यायालय	65,271	14,338	79,609
9.	हिमाचल प्रदेश	दोनों न्यायालय	4,089	1,18,692	1,22,781
10.	जम्म-कश्मीर	दोनों न्यायालय	30,829	2,84,066	3,14,895
11.	झारखंड	दोनों न्यायालय	84	1,732	1,816
12.	कर्नाटक	दोनों न्यायालय	11,347	573,928	585,275
13.	केरल*	जिला न्यायालय	0	10,93,175	1,093,175
14.	मध्य प्रदेश*	जिला न्यायालय	0	31,234	31,234
15.	मद्रास	दोनों न्यायालय	169,247	26,11,888	27,81,135
16.	मणिपुर	दोनों न्यायालय	9,132	39,991	49,123
17.	मेघालय	दोनों न्यायालय	51	10	61
18.	ओडिशा	दोनों न्यायालय	43,368	87,172	1,30,540
19.	पटना	दोनों न्यायालय	7,91,560	1,79,217	9,70,777
20.	पंजाब और हरियाणा	दोनों न्यायालय	1,55,801	2,15,243	3,71,044
21.	राजस्थान	दोनों न्यायालय	1,79,677	17,119	1,96,796
22.	सिक्किम	दोनों न्यायालय	3,993	7,455	11,448
23.	तेलंगाना	दोनों न्यायालय	11,694	85,148	96,842
24.	त्रिपुरा	दोनों न्यायालय	4,749	48,688	53,437
25.	उत्तराखंड	दोनों न्यायालय	356	1,17,568	1,17,924
कुल			**20,18,013**	**1,05,69,316**	**1,25,87,329**

(**स्रोत:** ई-समिति, भारत का उच्चतम न्यायालय और उत्तराखंड उच्च न्यायालय)

टिप्पण : *इलाहाबाद, दिल्ली, केरला तथा मध्य प्रदेश संबंधित उच्च न्यायालयों के लिए उनके अपने ई-फाइलिंग एप्लीकेशन का उपयोग कर रहे हैं।*

विवरण-II

30.06.2026 तक उत्तराखंड में जिलावार ई-फाइल किए गए मामलों की संख्या का ब्यौरा

क्रम	जिले का नाम	स्थापना नाम	ई-फाइल किए गए कुल मामले
1.	नैनीताल	उत्तराखंड उच्च न्यायालय	356
2.	अलमोड़ा	भिकियासैंण सिविल न्यायाधीश जूनियर डिवीज़न	1
3.	अलमोड़ा	भिकियासैंण न्यायिक मजिस्ट्रेट	357
4.	अलमोड़ा	मुख्य न्यायिक मजिस्ट्रेट	2704
5.	अलमोड़ा	सिविल न्यायाधीश जूनियर डिवीज़न	1
6.	अलमोड़ा	सिविल न्यायाधीश सीनियर डिवीज़न	16
7.	अलमोड़ा	जिला एवं सत्र न्यायाधीश	188
8.	अलमोड़ा	द्वाराहाट सिविल न्यायाधीश जूनियर डिवीज़न	4
9.	अलमोड़ा	द्वाराहाट न्यायिक मजिस्ट्रेट	432
10.	अलमोड़ा	किशोर न्याय जस्टिस बोर्ड अल्मोड़ा	51
11.	अलमोड़ा	रानीखेत न्यायिक मजिस्ट्रेट	252
12.	अलमोड़ा	रानीखेत जूनियर डिवीज़न	2
13.	बागेश्वर	मुख्य न्यायिक मजिस्ट्रेट	1677
14.	बागेश्वर	सिविल न्यायाधीश जूनियर डिवीज़न	86
15.	बागेश्वर	सिविल न्यायाधीश सीनियर डिवीज़न	237
16.	बागेश्वर	जिला एवं सत्र न्यायाधीश	575
17.	बागेश्वर	कुटुंब न्यायालय बागेश्वर	282
18.	बागेश्वर	गरुड़ सिविल न्यायाधीश जूनियर डिवीज़न	20
19.	बागेश्वर	गरुड़ न्यायिक मजिस्ट्रेट	229
20.	चमोली	मुख्य न्यायिक मजिस्ट्रेट	1736
21.	चमोली	जिला एवं सत्र न्यायाधीश	203
22.	चमोली	गैरसैंण मुख्य न्यायिक मजिस्ट्रेट	125
23.	चमोली	गैरसैंण सिविल न्यायाधीश जूनियर डिवीज़न	2
24.	चमोली	जोशीमठ मुख्य न्यायिक मजिस्ट्रेट	278

25.	चमोली	जोशीमठ सिविल न्यायाधीश जूनियर डिवीज़न	3
26.	चमोली	किशोर न्याय जस्टिस बोर्ड चमोली	31
27.	चमोली	कर्णप्रयाग अतिरिक्त जिला एवं सत्र सन्यायाधीश	8
28.	चमोली	कर्णप्रयाग मुख्य न्यायिक मजिस्ट्रेट	289
29.	चमोली	पोखरी मुख्य न्यायिक मजिस्ट्रेट	61
30.	चमोली	पोखरी सिविल न्यायाधीश जूनियर डिवीज़न	4
31.	चमोली	थराली मुख्य न्यायिक मजिस्ट्रेट	149
32.	चमोली	थराली सिविल न्यायाधीश जूनियर डिवीज़न	6
33.	चंपावत	मुख्य न्यायिक मजिस्ट्रेट	4074
34.	चंपावत	सिविल न्यायाधीश जूनियर डिवीज़न	9
35.	चंपावत	सिविल न्यायाधीश सीनियर डिवीज़न	5
36.	चंपावत	जिला एवं सत्र न्यायाधीश	233
37.	चंपावत	किशोर न्याय जस्टिस बोर्ड चंपावत	20
38.	चंपावत	टनकपुर सिविल न्यायाधीश जूनियर डिवीज़न	738
39.	चंपावत	टनकपुर न्यायिक मजिस्ट्रेट	939
40.	देहरादून	चकराता अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	75
41.	देहरादून	मुख्य न्यायिक मजिस्ट्रेट एफटीसी देहरादून	9221
42.	देहरादून	सिविल न्यायाधीश जूनियर डिवीज़न देहरादून	1
43.	देहरादून	सिविल न्यायाधीश सीनियर डिवीज़न देहरादून	3
44.	देहरादून	वाणिज्यिक न्यायालय देहरादून	4
45.	देहरादून	जिला एवं सत्र न्यायाधीश देहरादून	522
46.	देहरादून	डोईवाला अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	636
47.	देहरादून	डोईवाला सिविल न्यायाधीश जूनियर डिवीज़न	68
48.	देहरादून	डोईवाला न्यायिक मजिस्ट्रेट	241
49.	देहरादून	कुटुंब न्यायालय देहरादून	0
50.	देहरादून	किशोर न्याय जस्टिस बोर्ड देहरादून	1
51.	देहरादून	मसूरी अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	79
52.	देहरादून	मसूरी सिविल न्यायाधीश जूनियर डिवीजन	4

53.	देहरादून	मसूरी न्यायिक मजिस्ट्रेट	61
54.	देहरादून	ऋषिकेश अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	1826
55.	देहरादून	ऋषिकेश अतिरिक्त जिला न्यायाधीश	101
56.	देहरादून	ऋषिकेश सिविल न्यायाधीश जूनियर डिवीजन	1
57.	देहरादून	ऋषिकेश सिविल न्यायाधीश सीनियर डिवीजन	8
58.	देहरादून	ऋषिकेश कुटुंब न्यायालय	1
59.	देहरादून	विकास नगर अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	2329
60.	देहरादून	विकास नगर अतिरिक्त जिला न्यायाधीश	151
61.	देहरादून	विकास नगर सिविल न्यायाधीश जूनियर डिवीजन	4
62.	हरिद्वार	कुटुंब न्यायालय रुड़की	6
63.	हरिद्वार	हरिद्वार मुख्य न्यायिक मजिस्ट्रेट	19195
64.	हरिद्वार	हरिद्वार सिविल न्यायाधीश जूनियर डिवीजन	3
65.	हरिद्वार	हरिद्वार सिविल न्यायाधीश सीनियर डिवीजन	9
66.	हरिद्वार	हरिद्वार जिला एवं सत्र न्यायाधीश	9210
67.	हरिद्वार	हरिद्वार कुटुंब न्यायालय	8
68.	हरिद्वार	लक्सर अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	1238
69.	हरिद्वार	लक्सर अतिरिक्त जिला एवं सत्र न्यायाधीश	18
70.	हरिद्वार	लक्सर अतिरिक्त जिला एवं सत्र न्यायाधीश	9
71.	हरिद्वार	लक्सर सिविल न्यायाधीश जूनियर डिवीजन	1
72.	हरिद्वार	रुड़की अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	5059
73.	हरिद्वार	रुड़की अतिरिक्त जिला न्यायाधीश	187
74.	हरिद्वार	रुड़की सिविल न्यायाधीश जूनियर डिवीजन	41
75.	हरिद्वार	रुड़की सिविल न्यायाधीश सीनियर डिवीजन	14
76.	नैनीताल	मुख्य न्यायिक मजिस्ट्रेट	5
77.	नैनीताल	सिविल न्यायाधीश सीनियर डिवीजन	3
78.	नैनीताल	वाणिज्यिक न्यायालय हल्द्वानी	3
79.	नैनीताल	जिला एवं सत्र न्यायाधीश	4
80.	नैनीताल	कुटुंब न्यायालय हल्द्वानी	1

81.	नैनीताल	हल्द्वानी अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	3
82.	नैनीताल	हल्द्वानी अतिरिक्त जिला न्यायाधीश	22
83.	नैनीताल	हल्द्वानी सिविल न्यायाधीश जूनियर डिवीजन	1
84.	नैनीताल	हल्द्वानी सिविल न्यायाधीश सीनियर डिवीजन	0
85.	नैनीताल	रामनगर अतिरिक्त जिला न्यायाधीश	0
86.	नैनीताल	रामनगर न्यायिक मजिस्ट्रेट	1
87.	पौड़ी गढ़वाल	मुख्य न्यायिक मजिस्ट्रेट	3290
88.	पौड़ी गढ़वाल	धुमाकोट न्यायिक मजिस्ट्रेट	114
89.	पौड़ी गढ़वाल	जिला एवं सत्र न्यायाधीश	312
90.	पौड़ी गढ़वाल	किशोर न्याय बोर्ड पौड़ी गढ़वाल	80
91.	पौड़ी गढ़वाल	कोटद्वार अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	6470
92.	पौड़ी गढ़वाल	कोटद्वार अतिरिक्त जिला न्यायाधीश	11
93.	पौड़ी गढ़वाल	लैंसडाउन न्यायिक मजिस्ट्रेट	640
94.	पौड़ी गढ़वाल	श्रीनगर न्यायिक मजिस्ट्रेट	1958
95.	पिथौरागढ़	मुख्य न्यायिक मजिस्ट्रेट	5375
96.	पिथौरागढ़	धारचूला न्यायिक मजिस्ट्रेट	1477
97.	पिथौरागढ़	दिदीहाट न्यायिक मजिस्ट्रेट	1231
98.	पिथौरागढ़	जिला एवं सत्र न्यायाधीश	321
99.	पिथौरागढ़	परिवार न्यायालय पिथौरागढ़	1
100.	पिथौरागढ़	गंगोलीहाट न्यायिक मजिस्ट्रेट	1090
101.	पिथौरागढ़	किशोर न्याय बोर्ड पिथौरागढ़	177
102.	रुद्रप्रयाग	मुख्य न्यायिक मजिस्ट्रेट	1674
103.	रुद्रप्रयाग	सिविल न्यायाधीश जूनियर डिवीज़न	2
104.	रुद्रप्रयाग	सिविल न्यायाधीश सीनियर डिवीज़न	11
105.	रुद्रप्रयाग	ज़िला और सत्र न्यायाधीश	69
106.	रुद्रप्रयाग	परिवार न्यायालय रुद्रप्रयाग	18
107.	रुद्रप्रयाग	किशोर न्याय बोर्ड रुद्रप्रयाग	1
108.	रुद्रप्रयाग	ऊखीमठ मुख्य न्यायिक मजिस्ट्रेट	741

109.	रुद्रप्रयाग	ऊखीमठ सिविल न्यायाधीश जूनियर डिवीज़न	1
110.	टिहरी गढ़वाल	मुख्य न्यायिक मजिस्ट्रेट	2427
111.	टिहरी गढ़वाल	सिविल न्यायाधीश सीनियर डिवीज़न	2
112.	टिहरी गढ़वाल	ज़िला और सत्र न्यायाधीश	640
113.	टिहरी गढ़वाल	कीर्ति नगर सिविल न्यायाधीश जूनियर डिवीज़न	8
114.	टिहरी गढ़वाल	कीर्ति नगर न्यायिक मजिस्ट्रेट	929
115.	टिहरी गढ़वाल	नरेंद्र नगर सिविल न्यायाधीश जूनियर डिवीज़न	6
116.	टिहरी गढ़वाल	नरेंद्र नगर न्यायिक मजिस्ट्रेट	4083
117.	टिहरी गढ़वाल	प्रतापनगर सिविल न्यायाधीश जूनियर डिवीज़न	1
118.	टिहरी गढ़वाल	प्रतापनगर न्यायिक मजिस्ट्रेट	102
119.	उधम सिंह नगर	बाजपुर सिविल न्यायाधीश जूनियर डिवीज़न	10
120.	उधम सिंह नगर	बाजपुर न्यायिक मजिस्ट्रेट	721
121.	उधम सिंह नगर	परिवार न्यायालय काशीपुर	2
122.	उधम सिंह नगर	जसपुर सिविल न्यायाधीश जूनियर डिवीज़न	3
123.	उधम सिंह नगर	जसपुर न्यायिक मजिस्ट्रेट	1496
124.	उधम सिंह नगर	किशोर न्याय बोर्ड यू.एस. नगर	326
125.	उधम सिंह नगर	काशीपुर अतिरिक्त मुख्य न्यायिक मजिस्ट्रेट	2040
126.	उधम सिंह नगर	काशीपुर अतिरिक्त ज़िला न्यायाधीश	14
127.	उधम सिंह नगर	काशीपुर सिविल न्यायाधीश जूनियर डिवीज़न	9
128.	उधम सिंह नगर	काशीपुर सिविल न्यायाधीश सीनियर डिवीज़न	14
129.	उधम सिंह नगर	खटीमा अतिरिक्त ज़िला न्यायाधीश	42
130.	उधम सिंह नगर	खटीमा सिविल न्यायाधीश जूनियर डिवीज़न	546
131.	उधम सिंह नगर	खटीमा सिविल न्यायाधीश सीनियर डिवीज़न	714
132.	उधम सिंह नगर	किच्छा सिविल न्यायाधीश	1
133.	उधम सिंह नगर	किच्छा न्यायिक मजिस्ट्रेट	926
134.	उधम सिंह नगर	सितारगंज सिविल न्यायाधीश जूनियर डिवीज़न	20
135.	उधम सिंह नगर	सितारगंज न्यायिक मजिस्ट्रेट	676
136.	उधम सिंह नगर	ऊधम सिंह नगर मुख्य न्यायिक मजिस्ट्रेट	3132

137.	उधम सिंह नगर	ऊधम सिंह नगर सिविल न्यायाधीश जूनियर	1
138.	उधम सिंह नगर	ऊधम सिंह नगर सिविल न्यायाधीश सीनियर	5
139.	उधम सिंह नगर	ऊधम सिंह नगर ज़िला और सत्र न्यायाधीश	3222
140.	उत्तरकाशी	बरकोट न्यायिक मजिस्ट्रेट	604
141.	उत्तरकाशी	मुख्य न्यायिक मजिस्ट्रेट	2238
142.	उत्तरकाशी	सिविल न्यायाधीश सीनियर डिवीज़न	1
143.	उत्तरकाशी	ज़िला और सत्र न्यायाधीश	587
144.	उत्तरकाशी	किशोर न्याय बोर्ड, उत्तरकाशी	1
145.	उत्तरकाशी	पुरोला न्यायिक मजिस्ट्रेट	550
कुल			**1,17,924**

AYUSHMAN AROGYA MANDIRs IN ANDHRA PRADESH

2274. DR. C. M. RAMESH:

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

(a) whether it is true that the Government has approved 1800 units of Ayushman Arogya Mandirs (Sub-Centres, Health and Wellness Centres) in Andhra Pradesh;

(b) if so, the details of AAMs approved, district-wise;

(c) the details of the amount of funds approved, sanctioned, released and spent on the above 1800 units in the said State, especially Anakapalli district;

(d) the timeframe by which the above AAMs are likely to become operational; and

(e) whether these AAMs are likely to provide comprehensive primary healthcare services including non-communicable disease screening, teleconsultation, essential drugs & diagnostics and wellness activities through these centres, if so, the details thereof?

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

(a) to (e): Public Health is a State subject. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare services, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM). Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

As reported by States/UTs on Ayushman Arogya Mandir (AAM) portal, a total of 1,86,298 AAMs including 11873 AAMs in Andhra Pradesh have been operationalized by strengthening Sub-health Centres (SHCs) and Primary Health Centres (PHCs) in the country, as on 30.06.2026. District-wise number of AAMs operationalized in Andhra Pradesh is given in the enclosed **Statement.**

The AAMs incrementally provide 12 package of primary health care services across the country, encompassing Reproductive and child care services, Communicable diseases, Non Communicable diseases (NCD), Palliative Care

and elderly Care, Care for common mental disorders, neurological conditions (epilepsy, dementia) and substance use disorders management (tobacco, alcohol, drugs), Oral health, ENT care, and Basic emergency care. To complement the expanded services, the essential list of drugs & diagnostics has been expanded to make 179 drugs & 63 diagnostics at PHC-AAMs and 113 drugs & 14 diagnostics at SHC-AAMs in the country.

Details of State PIP approvals for the state of Andhra Pradesh for AAM under NHM during last three years are as follows:

Rs. in Lakhs

State	**2023-24**	**2024-25**	**2025-26**
Andhra Pradesh	3745.65	7,912.25	7,381.27

PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), launched with an outlay of Rs. 64,180 crore, focuses on developing capacities of health systems and institutions across the country. PM-ABHIM aims to support for infrastructure development for Building less SHC -AAMs, Urban AAMs, Support for Block Public Health Units (BPHUs), Integrated Public Health Laboratories (IPHLs) and Critical Care Blocks (CCB). Under the CSS component of PM ABHIM, administrative approval has been accorded to the state of Andhra Pradesh during scheme period for construction/establishment of 696 Building-less SHC - AAMs and 45 units of Urban AAMs at the total cost of Rs. 471.29 crore.

The Fifteenth Finance Commission (FC-XV) had recommended grants through Local Governments for specific components of the health sectors to the tune of Rs.70,051 crore. As informed by State, administrative approval has been accorded to Andhra Pradesh during the scheme period of FY 2021-22 to FY 2025-26 for construction of 1558 Building-less SHC - AAMs, 100 Building-less PHC- AAMs, 191 Urban PHC - AAMs at the total cost of Rs.1093.25 crore.

STATEMENT

District wise, number of operational AAM in Andhra Pradesh, as on 30.06.2026 (Source - AAM Portal):

S. No.	DISTRICT	Ayushman Arogya Mandirs Operational
1.	Srikakulam	681
2.	Vizianagaram	554
3.	Visakhapatnam	130
4.	East Godavari	418
5.	West Godavari	423
6.	Krishna	431
7.	Guntur	290
8.	Prakasam	629
9.	Spsr Nellore	586
10.	Y.S.R.	470
11.	Kurnool	495
12.	Anantapur	505
13.	Chittoor	532
14.	Parvathipuram Manyam	325
15.	Anakapalli	484
16.	Alluri Sitharama Raju	360
17.	Kakinada	479
18.	Konaseema	488
19.	Eluru	546
20.	NTR	338
21.	Bapatla	423

22.	Palnadu	434
23.	Tirupati	529
24.	Annamayya	436
25.	Sri Sathya Sai	443
26.	Nandyal	444
	Total	**11873**

SERVICE CONDITIONS OF AWWs

2275. SHRI N. K. PREMACHANDRAN:

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

(a) whether the Union Government propose to increase the wages/honorarium and improve the service conditions of the Anganwadi Workers (AWWs), if so, the details thereof and action taken thereon;

(b) whether the Government proposes to restore the TA of the AWWs to attend the various programmes as part of their official duty, if so, the details thereof;

(c) whether the Union Government is considering the request of Kerala for restoration of TA, if so, the details thereof;

(d) whether the Union Government proposes to release the increased honorarium of the AWWs as approved by APIP 2025-2026, if so, the details thereof; and

(e) whether the Union Government proposes to provide ESIC benefits to the AWWs, if so, the details thereof?

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 given in the enclosed **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.

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

ACTION AGAINST CROSS-BORDER TERRORISM

2276. SHRIMATI PRATIMA MONDAL:

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

(a) the details of measurable diplomatic outcomes which Government has secured in terms of stronger international action against cross-border terrorism and greater accountability for States that continue to shelter or support terrorist infrastructure;

(b) the details of framework that guides the Government in reconciling competing geopolitical interests without diluting India's strategic autonomy as it balances strategic partnerships with the United States, Russia and Europe while simultaneously engaging through BRICS and the SCO; and

(c) the diplomatic initiatives undertaken by the Government to address the growing strategic convergence between China and Pakistan following reports of Chinese support to Pakistan during Operation Sindoor and the manner in which it intend to safeguard India's long-term security interests?

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

(a): The Government has been sensitising other countries, on an ongoing basis, on the issue of cross-border terrorism emanating from Pakistan during various high level and other official visits. The Government has also set up Joint Working Groups (JWGs) on Counter Terrorism with 31 countries and 6 multilateral groupings where such issues are regularly taken up. Due to these persistent efforts, the global community has a greater understanding and appreciation of

India's concerns on cross-border terrorism. Several countries have called upon Pakistan to not allow its territory to be used for terrorism in any manner.

India's actions to defend itself against terrorism following the Pahalgam terror attack on 22 April 2025 has been recognised by many nations. The condemnation of the Pahalgam terror attack was also reflected in outcome documents at various multilateral fora, including the UNSC Press Statement of 25 April 2025, 4th India-Central Asia Foreign Ministers' Dialogue on 06 June 2025, the FATF Public Document on 16 June 2025, the Joint Statement of QUAD Foreign Ministers Meeting on 01 July 2025 and the BRICS Leaders' Summit Declaration on 06 July 2025. The Resistance Front (TRF), a proxy of the Pakistan-based terrorist organization Lashkar-e-Tayyiba (LeT), which was involved in Pahalgam terror attack, was designated as a Foreign Terrorist Organization (FTO) and Specially Designated Global Terrorist (SDGT) by the US Administration on 18 July 2025. Similarly, the 36th UNSC 1267 Sanctions Committee Monitoring report dated 24 July 2025 made reference to TRF's links to the Pahalgam terrorist attack.

India's efforts over the years have led to the listing of many terrorist entities and individuals who find shelter in Pakistan and are also engaged in terrorism against India by the United Nations (UN), the European Union and other countries. Tawahur Husssain Rana was extradited by the United States on 09

April 2025 to face trial in India for his role in planning the 2008 Mumbai terrorist attacks.

India has also consistently highlighted Pakistan's deficiencies in preventing financial support to terrorists, contributing to sustained international scrutiny of terrorist networks operating from its territory. Pakistan was placed in FATF Grey list three times with the last one being from June 2018-October 2022. As a result of FATF scrutiny, Pakistan has been forced to take some action against well-known terrorists, including those involved in attacks against the international community in Mumbai on 26/11.

(b): India's foreign policy is guided by its overarching national interest. Strategic autonomy is an important strand of our foreign policy. India's relationship with any country stands on its own footing and is independent of the relations of these countries with third countries. India's engagement in BRICS and the SCO is consistent with its foreign policy objectives without affecting its bilateral partnership with other countries.

(c): The Government of India closely monitors all developments having a bearing on India's national security and takes all necessary measures to safeguard it. The Government remains committed to protecting India's national interests and ensuring comprehensive national security across all domains.

STRENGTHENING OF HEALTHCARE FACILITIES IN NORTHERN KERALA

2277. SHRI RAJMOHAN UNNITHAN:

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

(a) whether the Government has assessed the availability of specialist doctors, ICU beds and diagnostic facilities in Government hospitals of northern Kerala, if so, the details thereof;

(b) the details of Central assistance released for strengthening district hospitals and medical colleges in Kerala during the last three years;

(c) whether any proposal has been received by the Union Government for upgrading healthcare facilities in Kasaragod district of the said State; and

(d) if so, the action taken thereon?

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

(a) to (d): Health is a State subject. The primary responsibility of strengthening public healthcare system, including upgrading healthcare facilities lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs, including Kerala, 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 Kerala 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=53&lid=66

The details of specialist doctors, beds and other facilities etc. available in Government hospitals including Kerala can be accessed at the following link of HDI 2023-24:

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

The releases and expenditure under NHM including for Infrastructure Strengthening for the State of Kerala from FY 2023-24 to FY 2025-26 are as below:

Central Release and Expenditure under NHM

(Rs. in Cr)

State	2023-24		2024-25		2025-26	
	Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
Kerala	189.15	1,246.25	1,351.78	1,422.88	813.16	1,743.43

Note:

1. 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.
2. The above releases relate to Central Govt. Grants & do not include State share contribution.

With a view to upgrading and strengthening existing Government Medical College, this ministry administers Centrally Sponsored Scheme namely Strengthening and up-gradation of Govt. Medical Colleges for Increase of PG seats, under the scheme for the state of Kerala, 193 PG seats with cost of Rs. 68.26 cr. has been approved. The central share is Rs. 45.25 and an amount of Rs. 43.9 cr. has been released till date.

FERTILISER AVAILABILITY IN FATEHGARH SAHIB

2278. DR. AMAR SINGH:

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

(a) whether the Government has reviewed the availability and timely supply of urea, DAP and other fertilisers in view of reported shortages during the sowing season in Fatehgarh Sahib district of Punjab, if so, the details thereof;

(b) the policy for allocation of subsidised fertilisers along with the criteria adopted for matching demand with supply to the said State;

(c) whether cases of diversion, black marketing or hoarding of fertilisers have been detected in the said State during the last three years, if so, the details thereof along with the action taken thereon, year-wise;

(d) the mechanism put in place for real-time monitoring of fertiliser stocks, distribution and timely replenishment during peak agricultural seasons; and

(e) the measures taken to strengthen fertiliser supply, improve distribution efficiency and ensure availability of fertilisers at notified prices 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 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 State Government.

Accordingly, the availability of fertilizers i.e. Urea, DAP, MOP and NPKS has remained adequate in the State of Punjab during the ongoing Kharif 2026 season as shown under:

PUNJAB					
AVAILABILITY OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 26.07.26):					
					fig. in MTs
S. No.	**PRODUCT**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 26.07.26**
1	**UREA**	12,09,677	15,46,520	12,28,610	3,18,220
2	**DAP**	1,55,161	2,45,390	1,37,300	1,08,090
3	**MOP**	58,387	64,480	22,160	42,310
4	**NPKS**	49,194	50,330	19,130	31,200

Further, as per the information received from the State Government of Punjab, the State Government regularly reviews the availability and supply of urea, DAP, and other fertilizers during the sowing season to ensure an uninterrupted supply of all fertilizers and prevent any shortages, while also

guaranteeing an equitable distribution across all districts. Accordingly, the information regarding availability and sales of fertilizers during the ongoing Kharif 2026 season in Fatehgarh Sahib district of Punjab, as informed by the State, is as below:

Fertilizer	Availability	Sale
Urea	38377	28662
DAP	4260	2534
Others	2300	1476

State Government of Punjab has also informed that they are continuously educating the farmers and making aware them through various channels to purchase fertilizers at notified prices.

Further, the Department of Agriculture and Farmers Welfare (DA&FW) 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. As informed by DA&FW, in FY 2025-26 and 2026-27 (from 01.04.2026 to 17.07.2026), 8,789 raids have been conducted with 506 show cause notices issued, 113 licenses suspended/cancelled and 23 FIRs registered against defaulters in the State of Punjab.

Under the Urea Subsidy Scheme, Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of Urea is Rs. 242 per bag (exclusive of charges towards neem coating and taxes as

applicable). The difference between the delivered cost of Urea at farm gate and net market.realization by the Urea units is given as subsidy to the Urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied Urea at the subsidized rates.

The Government has also implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS policy, MRP of P&K fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The 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.

To make DAP which is a key fertilizer, available at affordable price of Rs. 1350 per 50 kg bag, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase/decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif 2026 season to keep the prices of fertilizers stable.

कार्यशील प्रधानमंत्री भारतीय जनऔषधि केंद्र

2279. श्री ज्ञानेश्वर पाटीलः
श्रीमती कलाबेन मोहनभाई देलकरः

क्या **रसायन और उर्वरक** मंत्री यह बताने की कृपा करेंगे किः

(क) देश में वर्तमान में मध्य प्रदेश के खंडवा और दादरा और नगर हवेली में खंडवा सहित राज्य/जिला/संघ राज्यक्षेत्र-वार कितने प्रधान मंत्री भारतीय जनऔषधि केन्द्र (पीएमबीजेके) चल रहे हैं;

(ख) गत वित्तीय वर्ष के दौरान उक्त जेएके में कुल कितनी बिक्री दर्ज की गई और इसके परिणामस्वरूप लोगों को जिला-वार कितनी बचत होने का अनुमान है;

(ग) सरकार द्वारा प्राथमिक कृषि ऋण समितियों (पीएसीएस) में खोले जाने वाले नए केन्द्रों का जिला-वार ब्यौरा क्या है;

(घ) सरकार द्वारा स्टॉक की कमी से बचने के लिए उक्त जेएके को आवश्यक दवाओं और शल्य चिकित्सा संबंधी वस्तुओं की नियमित आपूर्ति सुनिश्चित करने के लिए क्या उपाय किए गए हैं;

(ङ) क्या सरकार की ब्लॉक मुख्यालयों में जेएके की संख्या बढ़ाने की कोई योजना 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): प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) के तहत, दिनांक 30.06.2026 तक देश भर में कुल 20,149 जन औषधि केंद्र (जेएके) खोले गए हैं, जिनमें से 690 जेएके मध्य प्रदेश राज्य में खोले गए हैं, जिनमें खंडवा जिले के 7 जेएके शामिल हैं। दादरा और नगर हवेली तथा दमन और दीव केंद्र शासित प्रदेशों में इस समय 43 जेएके कार्यरत हैं, जिनमें दादरा और नगर हवेली जिले के 24

जेएके शामिल हैं। देश भर में खोले गए जेएके की राज्य-वार/केंद्र शासित प्रदेश-वार/जिला-वार संख्या संलग्न **विवरण** में दी गई है।

(ख): वित्तीय वर्ष 2025-26 में, पीएमबीजेपी ने 2252.19 करोड़ रुपये की बिक्री की है, जिससे नागरिकों को लगभग 9000 करोड़ रुपये की बचत हुई है। बिक्री के जिला-वार आंकड़ें भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) द्वारा नहीं रखे जाते हैं।

(ग): ग्रामीण क्षेत्रों में औषधियों की उपलब्धता बढ़ाने के लिए, पीएमबीजेपी की कार्यान्वयन एजेंसी, भारतीय औषध और चिकित्सा उपकरण ब्यूरो ने प्राथमिक कृषि सहकारी ऋण समितियों (पीएसीएस) के माध्यम से जन औषधि केंद्र खोलने के लिए सहकारी क्षेत्र के साथ साझेदारी की है। दिनांक 30.06.2026 की स्थिति के अनुसार, देश भर में पीएसीएस के तहत कुल 846 जन औषधि केंद्र खोले जा चुके हैं और 4250 से अधिक पीएसीएस को जन औषधि केंद्र खोलने के लिए प्रारंभिक स्वीकृति प्रदान की जा चुकी है। प्राथमिक कृषि ऋण समितियों (पीएसीएस) के माध्यम से नए जन औषधि केंद्र खोलने के लिए कोई राज्य/केंद्र शासित प्रदेश/जिला-वार लक्ष्य निर्धारित नहीं किया गया है।

(घ): आपूर्ति में किसी भी कमी को दूर करने और जेएके में उत्पादों की सुचारू आपूर्ति और उपलब्धता सुनिश्चित करने के लिए, निम्नलिखित उपाय किए गए हैं:

(i) सितंबर 2024 से, योजना उत्पाद बास्केट में शीर्ष 100 बिक्री होने वाली दवाओं और बाजार में तेजी से बिक्री होने वाली 100 दवाओं सहित 200 सामान्य रूप से उपयोग की जाने वाली दवाओं का जेएके द्वारा स्टॉक रखे जाने को प्रोत्साहित किया गया है, जिसके तहत जेएके मालिक इन दवाओं के अपने द्वारा रखे गए स्टॉक के आधार पर मासिक प्रोत्साहन के पात्र हैं।

(ii) एक सुदृढ़ आपूर्ति श्रृंखला प्रणाली को जोड़ने के लिए एक संपूर्ण सूचना-प्रौद्योगिकी-सक्षम आपूर्ति श्रृंखला प्रणाली स्थापित की गई है, जिसमें एक केंद्रीय मालगोदाम, चार क्षेत्रीय

मालगोदाम और देश भर में वितरकों, जिनकी वर्तमान संख्या 42 है, का एक बढ़ता हुआ नेटवर्क शामिल है।

(iii) इसके अतिरिक्त, सामान्य रूप से उपयोग किए जाने वाले उत्पादों की उपलब्धता सुनिश्चित करने के उद्देश्य से, योजना की कार्यान्वयन एजेन्सी भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) द्वारा 400 तेजी से बिक्री होने वाले उत्पादों की नियमित निगरानी की जाती है और इनकी मांग का निरंतर पूर्वानुमान लगाया जाता है। साथ ही, खरीद प्रक्रिया को सुगम बनाने के लिए पूर्वानुमान पद्धति को डिजिटाइज़ करने के कदम उठाए गए हैं।

(ङ) और (च): इस योजना की कवरेज को और अधिक विस्तारित करने के उद्देश्य से, सरकार ने मार्च 2027 तक 25,000 जन औषधि केंद्र (जेएके) खोलने का लक्ष्य निर्धारित किया है। सरकार ने जन औषधि केंद्र (जेएके) खोलने के लिए फ्रेंचाइजी मॉडल अपनाया है। कोई भी व्यक्तिगत उद्यमी, गैर-सरकारी संगठन, समितियां, ट्रस्ट, फर्म, निजी कंपनियां आदि देश भर में योजना की वेबसाइट (www.janaushadhi.gov.in) के माध्यम से जन औषधि केंद्र खोलने के लिए आवेदन कर सकते हैं। यह प्रक्रिया ब्लॉक और जिला स्तर पर जन औषधि केंद्र (जेएके) खोलने में सुविधा प्रदान करती है।

विवरण

दिनांक 30.06.2026 की स्थिति के अनुसार खोले गए जन औषधि केन्द्रों की राज्य-वार / केन्द्र शासित प्रदेश-वार / जिला-वार संख्या:

क्र.सं.	राज्य / केंद्र शासित प्रदेश	जिला	जेएके की संख्या
1	अंडमान और निकोबार द्वीपसमूह	दक्षिण अंडमान	3
2		निकोबार	1
3		उत्तर और मध्य अंडमान	2
4	आंध्र प्रदेश	अनंतपुरमु	12
5		चित्तूर	13
6		वाईएसआर	10
7		पूर्वी गोदावरी	16
8		गुंटूर	26

9		कृष्ण	10
10		कुरनूल	23
11		श्री पोट्टी श्रीरामुलु नेल्लोर	7
12		प्रकाशम	10
13		श्रीकाकुलम	11
14		विशाखापत्तनम	14
15		विजयनगरम	11
16		पश्चिम गोदावरी	16
17		पार्वतीपुरम मान्यम	5
18		अनकापल्ली	7
19		अल्लूरी सीताराम राजू	3
20		काकीनाडा	6
21		डॉ. बी.आर. अंबेडकर कोनासीमा	9
22		एलुरु	12
23		एनटीआर	21
24		बापतला	9
25		पलनाडू	14
26		तिरुपति	17
27		अन्नमय्या	7
28		श्री सत्य साईं	13
29		नांदयाल	8
30		मरकापुरम	6
31	अरुणाचल प्रदेश	चांगलांग	3
32		दिबांग घाटी	1
33		पूर्वी कामेंग	2
34		पूर्वी सियांग	3
35		कुरुंग कुमे	2
36		लोहित	1
37		निचली दिबांग घाटी	2
38		निचला सुबनसिरी	1
39		पापुम पारे	2
40		तवांग	1
41		तिरप	1
42		ऊपरी सियांग	1
43		ऊपरी सुबनसिरी	1
44		पश्चिम कामेंग	2
45		पश्चिम सियांग	1
46		अंजॉ	1
47		लोंगडिंग	1

48		क्रा दादी	2
49		नामसाई	1
50		सियांग	1
51		कामले	1
52		निचला सियांग	1
53		पक्के केसांग	2
54		लेपराडा	1
55		शि योमी	1
56		बारपेटा	4
57		बोंगईगांव	4
58		कछार	40
59		दरांग	3
60		धेमाजी	6
61		धुबरी	6
62		डिब्रूगढ़	13
63		गोलपाड़ा	4
64		गोलाघाट	3
65		हैलाकांडी	9
66		जोरहाट	4
67		कामरूप	7
68		कार्बी आंगलोंग	2
69		श्रीभूमि	17
70		कोकराझार	4
71	असम	लखीमपुर	2
72		मारीगांव	5
73		नगांव	14
74		नलबाड़ी	3
75		दीमा हसाओ	1
76		शिवसागर	2
77		सोनितपुर	5
78		तिनसुकिया	8
79		चिरांग	4
80		बक्सा	1
81		उदलगुड़ी	2
82		कामरूप मेट्रो	19
83		बिश्वनाथ	2
84		माजुली	2
85		दक्षिण सलमारा मनकाचर	2
86		चराईदेव	2

87		होजाई	2
88	बिहार	अररिया	11
89		औरंगाबाद	21
90		बांका	7
91		बेगूसराय	67
92		भागलपुर	28
93		भोजपुर	22
94		बक्सर	10
95		दरभंगा	56
96		गया	42
97		गोपालगंज	34
98		जमुई	8
99		जहानाबाद	9
100		कैमूर (भभुआ)	9
101		कटिहार	14
102		खगरिया	18
103		किशनगंज	2
104		लखीसराय	8
105		मधेपुरा	12
106		मधुबनी	57
107		मुंगेर	14
108		मुजफ्फरपुर	122
109		नालंदा	20
110		नवादा	6
111		पश्चिम चंपारण	50
112		पटना	179
113		पूर्वी चंपारण	103
114		पूर्णिया	17
115		रोहतास	18
116		सहरसा	15
117		समस्तीपुर	50
118		सरन	55
119		शेखपुरा	4
120		शिवहर	12
121		सीतामढ़ी	61
122		सिवान	64
123		सुपौल	24
124		वैशाली	51
125		अरवल	4

126	चंडीगढ़	चंडीगढ़	20
127	छत्तीसगढ़	बस्तर	12
128		बिलासपुर	21
129		दक्षिण बस्तर दंतेवाड़ा	3
130		धमतरी	10
131		दुर्ग	64
132		जांजगीर-चंपा	10
133		जशपुर	9
134		उत्तर बस्तर कांकेर	5
135		कबीरधाम	8
136		कोरबा	13
137		कोरिया	3
138		महासमुंद	11
139		रायगढ़	12
140		रायपुर	47
141		राजनंदगांव	20
142		सरगुजा	6
143		बीजापुर	3
144		नारायणपुर	3
145		सुकमा	2
146		कोंडागांव	7
147		बलौदाबाजार-भाटापारा	24
148		गरियाबंद	7
149		बालोद	8
150		मुंगेली	8
151		सूरजपुर	7
152		बलरामपुर-रामानुजगंज	7
153		बेमेतरा	10
154		गौरेला-पेंड्रा-मरवाही	5
155		खैरागढ़-छुईखदान-गंडई	7
156		मनेन्द्रगढ़-चिरमिरी-भरतपुर (एमसीबी)	6
157		मोहला-मानपुर-अंबागढ़ चौकी	4
158		शक्ति	5
159		सारंगढ़-बिलाईगढ़	4
160	दिल्ली	केंद्रीय	23
161		मध्य उत्तर	17
162		पूर्व	65
163		नई दिल्ली	6
164		उत्तर	51

165		उत्तर पूर्व	92
166		उत्तर पश्चिम	113
167		पुरानी दिल्ली	7
168		बाहरी उत्तर	15
169		दक्षिण	75
170		दक्षिण पूर्व	35
171		दक्षिण पश्चिम	69
172		पश्चिम	124
173	गोवा	उत्तरी गोवा	8
174		दक्षिण गोवा	10
175		कुशावती	1
176	गुजरात	अहमदाबाद	146
177		अमरेली	16
178		आनंद	22
179		बनास कांथा	18
180		भरूच	16
181		भावनगर	26
182		डांग	1
183		दाहोद	6
184		गांधीनगर	16
185		जामनगर	22
186		जूनागढ़	26
187		कच्छ	50
188		खेड़ा	27
189		महेसाणा	24
190		नर्मदा	5
191		नवसारी	11
192		पंच महल	13
193		पाटन	16
194		पोरबंदर	7
195		राजकोट	117
196		साबर कांथा	22
197		सूरत	131
198		सुरेन्द्रनगर	14
199		वडोदरा	90
200		वलसाड	17
201		तापी	7
202		छोटा उदयपुर	5
203		महिसागर	8

204		अरवल्ली	14
205		मोरबी	13
206		देवभूमि द्वारका	9
207		गिर सोमनाथ	24
208		बोटाड	10
209		वाव-थाराड	6
210		अंबाला	31
211		भिवानी	16
212		फरीदाबाद	48
213		फतेहाबाद	7
214		गुरुग्राम	110
215		हिसार	29
216		झज्जर	28
217		जींद	12
218		कैथल	14
219		करनाल	38
220		कुरुक्षेत्र	19
221	हरियाणा	महेंद्रगढ़	29
222		पंचकुला	13
223		पानीपत	20
224		रेवाड़ी	18
225		रोहतक	32
226		सिरसा	15
227		सोनीपत	37
228		यमुनानगर	15
229		नूह	5
230		पलवल	12
231		चरखी दादरी	7
232		हांसी	5
233		बिलासपुर	4
234		चंबा	3
235		हमीरपुर	9
236		कांगड़ा	21
237		किन्नौर	1
238	हिमाचल प्रदेश	कुल्लू	2
239		लाहौल और स्पीति	1
240		मंडी	13
241		शिमला	6
242		सिरमौर	4

243		सोलन	5
244		ऊना	8
245	जम्मू और कश्मीर	अनंतनाग	34
246		बडगाम	23
247		बारामूला	21
248		डोडा	7
249		जम्मू	85
250		कठुआ	13
251		कुपवाड़ा	13
252		पूंछ	12
253		पुलवामा	23
254		राजौरी	12
255		श्रीनगर	37
256		उधमपुर	10
257		किश्तवाड़	6
258		रामबन	8
259		कुलगाम	16
260		बांदीपुरा	8
261		सांबा	20
262		शोपियां	9
263		गंदेरबल	8
264		रियासी	8
265	झारखंड	बोकारो	35
266		चतरा	3
267		देवघर	19
268		धनबाद	19
269		दुमका	4
270		पूर्वी सिंहभूम	16
271		गढ़वा	3
272		गिरिडीह	5
273		गोड्डा	2
274		गुमला	4
275		हजारीबाग	7
276		जामताड़ा	3
277		कोडरमा	3
278		लातेहार	3
279		लोहरदगा	1
280		पाकुर	4
281		पलामू	7

282		रांची	27
283		साहेबगंज	5
284		सरायकेला खरसावां	8
285		सिमडेगा	3
286		पश्चिमी सिंहभूम	4
287		खूंटी	3
288		रामगढ़	4
289		बागलकोट	30
290		बेंगलुरु शहरी	488
291		बेंगलुरु ग्रामीण	41
292		बेलगावी	32
293		बल्लारी	33
294		बीदर	34
295		विजयपुरा	57
296		चामराजनगर	15
297		चिक्कामगलुरु	32
298		चित्रदुर्ग	21
299		दक्षिण कन्नड़	155
300		दावणगेरे	46
301		धारवाड़	45
302		गडग	18
303		कलबुर्गी	43
304	कर्नाटक	हसन	34
305		हावेरी	55
306		कोडागू	20
307		कोलार	21
308		कोप्पल	29
309		मंड्या	51
310		मैसूर	87
311		रायचूर	36
312		शिवमोगा	51
313		तुमकुरु	51
314		उडुपी	82
315		उत्तर कन्नड़	35
316		चिक्कबल्लपुर	20
317		बेंगलुरु दक्षिण	18
318		यादगीर	20
319		विजयनगर	20
320	केरल	अलप्पुझा	138

321		एर्नाकुलम	221
322		इडुक्की	62
323		कन्नूर	106
324		कासरगोड	43
325		कोल्लम	127
326		कोट्टायम	114
327		कोझिकोड	159
328		मलप्पुरम	187
329		पलक्कड़	177
330		पथानामथिट्टा	60
331		तिरुवनंतपुरम	191
332		त्रिशूर	219
333		वायनाड	29
334	लद्दाख	कारगिल	1
335		लेह लद्दाख	2
336	लक्षद्वीप	लक्षद्वीप जिला	1
337		अनूपपुर	9
338		अशोकनगर	3
339		बालाघाट	9
340		बड़वानी	10
341		बेतुल	13
342		भिंड	4
343		भोपाल	55
344		बुरहानपुर	5
345		छतरपुर	27
346		छिंदवाड़ा	9
347		दमोह	10
348	मध्य प्रदेश	दतिया	5
349		देवास	26
350		धार	17
351		डिंडोरी	2
352		**खंडवा (पूर्वी निमाड़)**	**7**
353		गुना	4
354		ग्वालियर	34
355		हरदा	5
356		नर्मदापुरम	8
357		इंदौर	109
358		जबलपुर	35
359		झाबुआ	4

360		कटनी	10
361		खरगोन (पश्चिम निमाड़)	13
362		मंडला	9
363		मन्दसौर	12
364		मुरैना	7
365		नरसिंहपुर	13
366		नीमच	12
367		पन्ना	4
368		रायसेन	6
369		राजगढ़	7
370		रतलाम	24
371		रीवा	16
372		सागर	16
373		सतना	7
374		सीहोर	12
375		सिवनी	10
376		शाहडोल	9
377		शाजापुर	9
378		श्योपुर	4
379		शिवपुरी	9
380		सीधी	4
381		टीकमगढ़	9
382		उज्जैन	27
383		उमरिया	3
384		विदिशा	7
385		सिंगरौली	7
386		अलीराजपुर	2
387		आगर-मालवा	5
388		निवाड़ी	2
389		मऊगंज	2
390		मैहर	2
391		पंधुरना	1
392	महाराष्ट्र	अहिल्यानगर	13
393		अकोला	11
394		अमरावती	13
395		छत्रपति संभाजीनगर	16
396		बीड	24
397		भंडारा	5
398		बुलढाना	28

399		चंद्रपुर	7
400		धुले	3
401		गडचिरोली	2
402		गोंदिया	6
403		हिंगोली	9
404		जलगांव	14
405		जलना	30
406		कोल्हापुर	23
407		लातूर	47
408		मुंबई	75
409		मुंबई उपनगरीय	30
410		नागपुर	19
411		नांदेड़	29
412		नंदुरबार	3
413		नासिक	38
414		धाराशिव	15
415		परभनी	17
416		पुणे	55
417		रायगढ़	12
418		रत्नागिरि	4
419		सांगली	28
420		सतारा	17
421		सिंधुदुर्ग	3
422		सोलापुर	29
423		ठाणे	72
424		वर्धा	5
425		वाशिम	7
426		यवतमाल	13
427		पालगढ़	41
428	मणिपुर	बिश्नुपुर	6
429		चंदेल	2
430		छुरछंदपुर	1
431		इम्फाल पूर्व	15
432		इंफाल पश्चिम	26
433		सेनापति	3
434		तामेंगलांग	3
435		थौबल	7
436		उखरूल	2
437		काकचिंग	5

438		कांगपोकपी	1
439		जिरीबाम	1
440		नोनी	3
441		फ़ेरज़ावल	1
442		टेंग्नौपाल	2
443		कामजोंग	1
444	मेघालय	पूर्वी गारो हिल्स	1
445		पूर्वी खासी हिल्स	8
446		पश्चिम जैंतिया हिल्स	3
447		री भोई	4
448		दक्षिण गारो हिल्स	1
449		पश्चिमी गारो हिल्स	3
450		पश्चिमी खासी हिल्स	2
451		उत्तरी गारो हिल्स	1
452		पूर्वी जैंतिया हिल्स	3
453		दक्षिण पश्चिम खासी हिल्स	1
454		दक्षिण पश्चिम गारो हिल्स	2
455		पूर्वी पश्चिमी खासी हिल्स	1
456	मिजोरम	आइजोल	5
457		चम्फाई	2
458		कोलासिब	1
459		लुंगलेई	2
460		मामित	1
461		सैहा	1
462		सेरछिप	2
463		हनाहथियाल	3
464		सैचुअल	1
465		ख्वाज़ावल	1
466	नागालैंड	दीमापुर	2
467		कोहिमा	4
468		मोकोकचुंग	2
469		मोन	4
470		फेक	2
471		तुएनसांग	1
472		वोखा	1
473		ज़ुन्हेबोटो	1
474		पेरेन	1
475		किफायर	2
476		लोंगलेंग	1

477		चुमौकेदिमा	1
478		निउलैंड	1
479		शमाटोर	1
480		मेलुरी	1
481	ओडिशा	अनुगुल	17
482		बलांगीर	17
483		बालेश्वर	81
484		बारगढ़	25
485		भद्रक	33
486		बौध	4
487		कटक	153
488		देवगढ़	2
489		ढेंकनाल	29
490		गजपति	3
491		गंजम	77
492		जगत्सिंहपुर	54
493		जाजापुर	57
494		झारसुगुडा	9
495		कालाहांडी	6
496		कंधमाल	4
497		केंद्रपाड़ा	43
498		केंदुझार	16
499		खोरधा	116
500		कोरापुट	4
501		मल्कानगिरी	2
502		मयूरभंज	17
503		नबरंगपुर	4
504		नयागढ़	14
505		नुआपाड़ा	1
506		पुरी	36
507		रायगढ़	5
508		संबलपुर	22
509		सोनेपुर	11
510		सुंदरगढ़	19
511	पुदुचेरी	कराईकल	5
512		पुदुचेरी	28
513	पंजाब	अमृतसर	25
514		बठिंडा	47
515		फरीदकोट	9

516		फतेहगढ़ साहिब	11
517		फिरोजपुर	11
518		गुरदासपुर	18
519		होशियारपुर	20
520		जालंधर	45
521		कपूरथला	14
522		लुधियाना	117
523		मनसा	14
524		मोगा	16
525		श्री मुक्तसर साहिब	17
526		शहीद भगत सिंह नगर	6
527		पटियाला	78
528		रूपनगर	10
529		संगरुर	18
530		बरनाला	13
531		एसएएस नगर	29
532		तरनतारन	6
533		फाजिल्का	11
534		पठानकोट	33
535		मलेरकोटला	4
536	राजस्थान	अजमेर	13
537		अलवर	37
538		बांसवाड़ा	2
539		बारां	4
540		बाड़मेर	8
541		भरतपुर	12
542		भीलवाड़ा	13
543		बीकानेर	10
544		बूंदी	5
545		चित्तौड़गढ़	8
546		चुरू	20
547		दौसा	15
548		धौलपुर	4
549		डूंगरपुर	4
550		गंगानगर	25
551		हनुमानगढ़	27
552		जयपुर	274
553		जैसलमेर	4
554		जालौर	15

555		झालावाड़	2
556		झुंझुनू	26
557		जोधपुर	42
558		करौली	13
559		कोटा	23
560		नागौर	36
561		पाली	12
562		राजसमंद	6
563		सवाई माधोपुर	14
564		सीकर	35
565		सिरोही	10
566		टोंक	13
567		उदयपुर	13
568		प्रतापगढ़	2
569		डीग	10
570		डीडवाना-कुचामन	7
571		खैरथल-तिजारा	5
572		फलौदी	7
573		ब्यावर	1
574		बालोतरा	7
575		सलूम्बर	2
576		कोटपुतली-बहरोड़	8
577	सिक्किम	गंगटोक	6
578		मंगन	1
579		नामची	5
580		गेजिंग	2
581		पकयोंग	2
582		सोरेंग	1
583	तमिलनाडु	चेन्नई	228
584		कोयंबटूर	112
585		कुड्डालोर	40
586		धर्मपुरी	26
587		डिंडीगुल	45
588		इरोड	53
589		कांचीपुरम	28
590		कन्याकुमारी	100
591		करूर	20
592		कृष्णागिरी	26
593		मदुरै	87

594		नागपट्टिनम	27
595		नमक्कल	27
596		पेरम्बलुर	9
597		पुदुक्कोट्टई	31
598		रामनाथपुरम	16
599		सलेम	62
600		शिवगंगा	23
601		तंजावुर	70
602		नीलगिरी	11
603		थेनी	29
604		तिरुवल्लुर	65
605		थिरुवरुर	35
606		तिरुचिरापल्ली	82
607		तिरुनेलवेली	42
608		तिरुवन्नामलाई	18
609		थुट्टुकुडी	22
610		वेल्लोर	45
611		विलुप्पुरम	17
612		विरुधुनगर	25
613		अरियालुर	8
614		तिरुपूर	46
615		कल्लाकुरिची	12
616		चेंगलपट्टू	69
617		रानीपेट	17
618		तिरुपथुर	13
619		तेनकासी	24
620		माइलादुत्रयी	21
621	तेलंगाना	आदिलाबाद	12
622		हैदराबाद	27
623		करीमनगर	4
624		खम्मम	5
625		महबूबनगर	9
626		मेडक	1
627		नलगोंडा	2
628		निजामाबाद	17
629		रंगा रेड्डी	20
630		वारंगल	8
631		निर्मल	4
632		जगतियाल	18

633		पेद्दापल्ली	4
634		राजन्ना सिरसिला	1
635		मनचेरियल	7
636		कामारेड्डी	1
637		हनुमानकोंडा	5
638		जयशंकर भूपालपल्ली	2
639		महबुबाबाद	7
640		जंगोअन	9
641		भद्राद्री कोठागुडेम	3
642		संगारेड्डी	8
643		सिद्दीपेट	3
644		वानापर्थी	4
645		नगरकुरनूल	2
646		जोगुलम्बा गडवाल	3
647		सूर्यापेट	4
648		यादाद्रि भुवनगिरी	4
649		विकाराबाद	7
650		कुमुराम भीम आसिफाबाद	4
651		मेडचल मलकाजगिरी	40
652		मुलुगु	3
653		नारायणपेट	1
654	दादरा और नगर हवेली	दमन	15
655	तथा	दीव	4
656	दमन और दीव	**दादरा और नगर हवेली**	**24**
657		धलाई	3
658		उत्तरी त्रिपुरा	4
659		दक्षिण त्रिपुरा	4
660	त्रिपुरा	पश्चिमी त्रिपुरा	10
661		खोवाई	2
662		सिपाहीजाला	4
663		गोमती	2
664		उनाकोटी	4
665		आगरा	123
666		अलीगढ़	60
667		प्रयागराज	114
668	उत्तर प्रदेश	अंबेडकर नगर	36
669		औरैया	14
670		आजमगढ़	68
671		बागपत	28

672		बहराइच	32
673		बलिया	58
674		बलरामपुर	24
675		बाँदा	27
676		बाराबंकी	81
677		बरेली	62
678		बस्ती	38
679		बिजनौर	22
680		बदायूं	41
681		बुलंदशहर	63
682		चंदौली	37
683		चित्रकूट	15
684		देवरिया	140
685		एटा	26
686		इटावा	25
687		अयोध्या	47
688		फर्रुखाबाद	29
689		फतेहपुर	35
690		फिरोजाबाद	29
691		गौतम बुद्ध नगर	114
692		गाजियाबाद	158
693		गाजीपुर	65
694		गोंडा	45
695		गोरखपुर	179
696		हमीरपुर	16
697		हरदोई	56
698		जालौन	38
699		जौनपुर	34
700		झांसी	60
701		अमरोहा	31
702		कन्नौज	29
703		कानपुर देहात	22
704		कानपुर नगर	131
705		कौशाम्बी	14
706		खेरी	84
707		कुशीनगर	99
708		ललितपुर	13
709		लखनऊ	339
710		हाथरस	17

711		महाराजगंज	80
712		महोबा	13
713		मैनपुरी	33
714		मथुरा	43
715		मऊ	49
716		मेरठ	159
717		मिर्जापुर	29
718		मुरादाबाद	41
719		मुजफ्फरनगर	75
720		पीलीभीत	29
721		प्रतापगढ़	50
722		रायबरेली	38
723		रामपुर	49
724		सहारनपुर	112
725		संत कबीर नगर	23
726		भदोही	22
727		शाहजहांपुर	44
728		श्रावस्ती	8
729		सिद्धार्थनगर	42
730		सीतापुर	80
731		सोनभद्र	31
732		सुल्तानपुर	52
733		उन्नाव	36
734		वाराणसी	128
735		कासगंज	15
736		अमेठी	27
737		संभल	35
738		शामली	27
739		हापुड़	38
740	उत्तराखंड	अल्मोड़ा	11
741		बागेश्वर	5
742		चमोली	5
743		चम्पावत	8
744		देहरादून	105
745		हरिद्वार	85
746		नैनीताल	69
747		पौड़ी गढ़वाल	14
748		पिथोरागढ़	8
749		रुद्र प्रयाग	4

750		टिहरी गढ़वाल	9
751		उदम सिंह नगर	37
752		उत्तर काशी	10
753	पश्चिम बंगाल	उत्तर 24 परगना	203
754		दक्षिण 24 परगना	59
755		बांकुड़ा	36
756		पूर्व बर्धमान	43
757		बीरभूम	10
758		कूच बिहार	15
759		दार्जिलिंग	18
760		दक्षिण दिनाजपुर	2
761		उत्तर दिनाजपुर	7
762		हुगली	109
763		हावड़ा	109
764		जलपाईगुड़ी	20
765		कोलकाता	162
766		मालदा	13
767		पूर्व मेदिनीपुर	43
768		पश्चिम मेदिनीपुर	40
769		मुर्शिदाबाद	18
770		नादिया	26
771		पुरुलिया	11
772		अलीपुरद्वार	6
773		कलिम्पोंग	2
774		झारग्राम	7
775		पश्चिम बर्धमान	55
कुल			**20,149**

DIAGNOSTIC FACILITIES IN PHCs AND SHCs

2280. SHRI JAGADISH SHETTAR:

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

(a) whether the Government has taken any measures to overcome the issues concerning Primary Health Centres (PHCs), Sub-Health Centres (SHCs),

critical and infrastructure deficits, severe shortage of medical specialist and lack of diagnostic facilities in the country; and

(b) if so, the details thereof?

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

(a) and (b): Public Health is a State subject. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare services and to promote disease prevention, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM). Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Health Dynamics of India (HDI), is an annual publication, based on healthcare administrative data reported by States/UTs. Details of availability of doctors, nurses, other healthcare personnel and health infrastructure across the country, State/UT-wise, may be accessed through the HMIS portal under Publications at the following link of HDI 2023-24:

https://hmis.mohfw.gov.in

Through 1.86 lakh AAMs, comprehensive primary healthcare is provided by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs).

These AAMs provide preventive, promotive, rehabilitative and curative care for an expanded range of services encompassing reproductive and child healthcare services, Communicable diseases, Non-communicable diseases and other health issues.

PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), launched with an outlay of Rs. 64,180 crore, focuses on developing capacities of health systems and institutions across the country. PM-ABHIM aims to support for infrastructure development for SHCs, Urban AAMs, Support for Block Public Health Units (BPHUs), Integrated District Public Health Laboratories (IPHL) and Critical Care Hospital Blocks (CCB). The Fifteenth Finance Commission (FC-XV) had recommended grants through Local Governments for specific components of the health sectors.

The Government of India has taken number of initiatives in the form of incentives and honorarium to the medical professionals for encouraging better service delivery in rural and remote areas across the country, which include:

i. Hard Area Allowance to specialist doctors for serving in rural and remote areas so that they find it attractive to serve in public health facilities in such areas.

ii. States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.

iii. Non-monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

iv. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists such as Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS).

Under Free Diagnostics Service Initiative, Government of India provides financial support to States/UTs for essential pathological and radiological diagnostic services at all public health facilities upto District level. This includes support for 14 tests at Sub Health Centre- Ayushman Arogya Mandirs (SHC-AAMs), 63 tests at Primary Health Centre- Ayushman Arogya Mandirs (PHC-AAMs), 97 tests at Community Health Centres (CHCs), 111 tests at Sub District Hospitals (SDHs) and 134 tests at District Hospitals (DHs).

To improve health services in public health facilities, the Government of India has laid down Indian Public Health Standards (IPHS) 2022. These standards include norms for services, infrastructure, human resources, diagnostics, equipment, medicines etc. NHM provides support to address these gaps, ensuring the reach and meeting of essential standards for these facilities.

National Quality Assurance Standards (NQAS) have also been launched for all health facilities including AAMs for an improved service delivery.

INCIDENCE OF FOOD ADULTERATION IN MAHARASHTRA

2281. SHRI BHASKAR MURLIDHAR BHAGARE:

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

(a) whether the Government has taken cognizance of the increasing incidence of food adulteration across the country, if so, the details thereof along with the number of food samples collected, samples found non-conforming and enforcement actions taken by the Government in Maharashtra during the last three years and the current year, year-wise;

(b) the details of prosecutions launched, licences suspended or cancelled and penalties imposed in Maharashtra against manufacturers, traders and vendors found guilty of food adulteration;

(c) whether the Government has provided any financial or technical assistance for strengthening food testing laboratories, mobile food testing units and surveillance mechanisms in Maharashtra, particularly in its tribal and remote districts, if so, the details thereof, district-wise;

(d) whether the Government has undertaken any special awareness and enforcement drives against food adulteration in Maharashtra during festive seasons and in rural markets, if so, the details thereof; and

(e) the measures taken by the Government to strengthen digital traceability, rapid food testing and consumer awareness to curb food adulteration in the said State?

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

(a) to (e): 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.

Details of enforcement action taken against all non-conforming food products (including adulteration) in Maharashtra during the last three years are given in the enclosed **Statement-I.** Details of the number of licences suspended and cancelled in Maharashtra during the last three years are given in the enclosed **Statement-II.**

FSSAI has undertaken following measures to strengthen the laboratory testing, surveillance and consumer awareness regarding food safety standards across the country are as:

- For the safety of the food and food products through testing, FSSAI has notified 259 National Accreditation Board for Testing and Calibration Laboratories (NABL) for analysis of food samples and 24 Referral Food Laboratories for the analysis of appeal samples. Out of these, 39 FSSAI's notified food testing laboratories are located in Maharashtra, comprising 05 State Food Testing Laboratories, 02 other Government Laboratories, and 32 Private Laboratories. These laboratories belong to the States/UTs, various Government Institutions/Departments and private entities. FSSAI provides technical and financial support to the State Food Safety Authorities, to strengthen the food testing infrastructure in States & UTs.

- FSSAI has also provided assistance under the scheme "Strengthening of Food Testing System in the Country including provision of Mobile Food Testing Labs" (SoFTeL) to various States and UTs. Assistance is provided to the Food and Drug Administration (FDA) Laboratories at Mumbai & Chhatrapati. Sambhajinagar under SoFTeL initiative, amounting to Rs. 19.21 Crore.

- To strengthen the laboratory capacity, from 2017 to till date FSSAI has conducted 222 training programmes for its notified food testing laboratories in which 3937 participants have been trained.

- Mobile Food Testing Laboratory (MFTL) or “Food Safety on Wheels” (FSW) provides the widest outreach for food testing, training and awareness programme, especially in the villages, towns and remote areas. Currently, 305 FSWs are deployed across 35 States/UTs. The State of Maharashtra has 02 MFTLs.

- The "Magic Box" is a compact and user-friendly kit containing simple, rapid test methods to detect common food adulterants in seven different food commodities. It aims to identify adulteration in everyday food items such as milk, spices, oils, and grains.

- Detect Adulteration with Rapid Test (DART) book covers 44 tests that can be performed easily at household level with the help of water and simple solutions like tincture of iodine for food products like Milk & Milk Products, Oils & Fats, Sugar & Confectionary, Food Grains & its products, Spices & Condiments etc. These tests also include sensory evaluation tests for establishing authentication of food products. DART book depicts the differences between pure and adulterated food product through pictorial representation.

- Rapid Analytical Food Testing (RAPID) Kits are advanced, easy to use, portable and handheld devices and don't require any sophisticated equipment or conventional reagents to conduct the tests. So far, 88 RAFT

kits have been approved. These kits help to reduce the screening time of the food products at the field level and thereby accelerate surveillance as well as monitoring activities.

- The FSSAI also carries out a nation-wide movement 'Eat Right India' with a focus on preventive and promotive healthcare through social and behavioural change through State Food Safety Authorities. Financial assistance is provided to the States/UTs for spreading consumer awareness. Under the Eat Right India initiatives, Maharashtra has been awarded a total of 2,044 certificates.

- FSSAI has launched various campaigns such as “#No To Adulteration” to raise consumer awareness about food adulteration and how to identify adulterated products. These initiatives include advertisements, educational materials, and online platforms to spread awareness.

- Videos “How to Check for Adulteration” on its official YouTube channel, which includes short videos demonstrating methods to detect adulteration in various food items, including milk and milk products, edible oil etc. These Information Education Communication (IEC) materials are available in regional languages too and are showcased at various public events and campaigns.

- FSSAI is also carrying out an awareness campaign, "#HarLabelKuchKahtaHai", 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.

STATEMENT-I

The details of Enforcement action taken for all non-conforming foods products (including adulteration) for Maharashtra:

S. No.	Year	No. of Samples Analysed	No. of Samples found Non-Conforming	Civil Cases	Criminal Cases
				Decided with Penalty	No. of Convictions
1	2025-26*	7,694	1,335	2,445	8
2	2024-25	5403	1250	1,147	0
3	2023-24	5087	1174	154	0

*Data is provisional.

STATEMENT-II

The details of Licenses Suspended and Cancelled in last 03 years in Maharashtra

Financial Year	Total Suspended	Total Cancelled
2025-26*	79	13
2024-25	63	19
2023-24	34	39
Total	**176**	**71**

*Data is provisional

राजस्थान में आंगनवाड़ी केन्द्रों की स्थिति

2282. श्री भजन लाल जाटवः

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

(क) राजस्थान में, विशेषकर करौली तथा धौलपुर जिले में, आंगनवाड़ी केंद्र)ए.डब्ल्यू.सी (.भवनों की कुल संख्या कितनी है और जीर्ण-शीर्ण, क्षतिग्रस्त, किराए के या भवन-हीन परिसरों में संचालित आंगनवाड़ी केंद्रों की जिला-वार संख्या कितनी है;

(ख) क्या उक्त भवनों के पुनर्निर्माण अथवा मरम्मत के लिए कोई विशेष केंद्रीय सहायता अथवा विशेष परियोजना प्रस्तावित है और यदि हाँ, तो तत्संबंधी ब्यौरा तथा उसके कार्यान्वयन की समय-सीमा क्या है; और

(ग) जर्जर भवनों में संचालित आंगनवाड़ी केन्द्रों में बच्चों, गर्भवती महिलाओं अथवा बच्चों को स्तनपान कराने वाली माताओं के साथ किसी दुर्घटना अथवा चोट लगने की स्थिति में जवाबदेही किस स्तर पर निर्धारित की जाएगी तथा ऐसे असुरक्षित भवनों को तत्काल सुरक्षित बनाने के लिए क्या कार्रवाई करने का विचार है?

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

(क) से (ग): राजस्थान राज्य सहित मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत कार्यशील आंगनवाड़ी केंद्रों की जिलावार संख्या पोषण ट्रैकर के सार्वजनिक डैशबोर्ड के लिंक: https://www.poshantracker.in/statistics पर उपलब्ध है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (मनरेगा) के साथ समन्वय के माध्यम से आंगनवाड़ी केंद्र भवन के निर्माण का प्रावधान है।

इसके अलावा, राज्यों/संघ राज्य क्षेत्रों को विभिन्न योजनाओं जैसे संसद सदस्य स्थानीय क्षेत्र विकास योजना, ग्रामीण अवसंरचना विकास निधि, पंचायती राज संस्थाओं को वित्त आयोग अनुदान, अल्पसंख्यक कार्य मंत्रालय के बहु-क्षेत्रीय विकास कार्यक्रम इत्यादि से आंगनवाड़ी केंद्र भवनों के निर्माण के लिए निधि प्राप्त करना जारी रखने की सलाह भी दी गई है।

पीएम-जनमन (प्रधानमंत्री जनजाति आदिवासी न्याय महा अभियान) के तहत, पीवीटीजी (विशेष रूप से संवेदनशील जनजातीय समूहों) वाले क्षेत्रों में निर्माण के लिए कुल 2,500 आंगनवाड़ी केंद्र स्वीकृत किए गए हैं, जिनमें से 51 आंगनवाड़ी केंद्र राजस्थान राज्य के लिए स्वीकृत किए गए हैं।

जनजातीय कार्य मंत्रालय द्वारा शुरू किया गया धरती आबा जनजातीय ग्राम उत्कर्ष अभियान जनजातीय बहुल गांवों में तालमेल, आउटरीच और संतृप्ति (saturation) पर ध्यान केंद्रित करता है। धरती आबा जनजातीय ग्राम उत्कर्ष अभियान के तहत, निर्माण के लिए 875 आंगनवाड़ी केंद्र स्वीकृत किए गए हैं, जिनमें से 135 आंगनवाड़ी केंद्र राजस्थान राज्य के लिए स्वीकृत किए गए हैं ,जिसमें करौली जिले के लिए 9 आंगनवाड़ी केंद्र और धौलपुर जिले के लिए 1 आंगनवाड़ी केंद्र शामिल हैं।

राज्यों/संघ राज्य क्षेत्रों को निर्देश जारी किए गए हैं कि पर्याप्त बुनियादी ढांचे के बिना किराए पर चल रहे आंगनवाड़ी केंद्रों को पास के प्राथमिक विद्यालयों में, जहाँ स्थान उपलब्ध है, सह-स्थित (co-locate) किया जाए। सरकारी प्राथमिक विद्यालयों के भीतर आंगनवाड़ी केंद्रों को सह-स्थित करने के दिशानिर्देश शिक्षा मंत्रालय के साथ संयुक्त रूप से जारी किए गए हैं।

साथ ही, आंगनवाड़ी केंद्रों पर अवसंरचना की सुविधाओं में सुधार के लिए, राज्यों और संघ राज्य क्षेत्रों को पेयजल सुविधाएं उपलब्ध कराने के लिए ₹17,000/- प्रति केंद्र और शौचालयों के निर्माण के लिए ₹36,000/- प्रति केंद्र की दर से निधि प्रदान की जाती है। देश भर में राजस्थान के 11,665 आंगनवाड़ी केंद्रों सहित पेयजल सुविधाएं उपलब्ध कराने के लिए कुल 1,58,966 आंगनवाड़ी केंद्रों और शौचालयों के निर्माण के लिए कुल 1,42,522 आंगनवाड़ी केंद्रों को मंजूरी दी गई है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 एक केंद्र प्रायोजित योजना है। इस योजना का कार्यान्वयन राज्य सरकारों और संघ राज्य क्षेत्र प्रशासनों के दायरे में आता है। लाभार्थियों को सेवाओं

की निर्बाध आपूर्ति सुनिश्चित करने के लिए अवसंरचना से संबंधित मामलों पर नियमित रूप से उनके साथ निरंतर बातचीत और वीडियो कांफ्रेंस के माध्यम से चर्चा की जाती है।

नैनो यूरिया की बिक्री

2283. श्री हरीश चंद्र मीना:

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

(क) उर्वरक नियंत्रण आदेश के अंतर्गत नैनो यूरिया (500 मि.ली. बोतल) तथा नैनो डीएपी (500 मि.ली. बोतल) की शुरुआत से 31 मार्च, 2026 तक राजस्थान में, विशेषकर टोंक एवं सवाई माधोपुर जिलों में, जिला-वार कुल कितनी मात्रा में बिक्री की गई है;

(ख) दिनांक 1 अप्रैल, 2026 की स्थिति के अनुसार राजस्थान में, विशेषकर उक्त जिलों में, नियमित रूप से नैनो यूरिया तथा नैनो डीएपी का भंडारण एवं बिक्री करने वाले संचालित प्रधानमंत्री किसान समृद्धि केन्द्रों (पीएमकेएसके) की कुल संख्या कितनी है;

(ग) क्या उर्वरक विभाग द्वारा 100 जिलों में नैनो यूरिया प्लस के क्षेत्रीय प्रदर्शन का पायलट कार्यक्रम आयोजित किया गया था और यदि हाँ, तो तत्संबंधी जिला-वार ब्यौरा क्या है;

(घ) क्या टोंक अथवा सवाई माधोपुर को उन 100 प्रयोगिक जिलों में शामिल किया गया है; और

(ङ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है तथा यदि नहीं, तो क्या सरकार की उक्त जिलों को विस्तारित चरण में शामिल करने की कोई योजना है?

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

(क) : उर्वरक (नियंत्रण) आदेश के अंतर्गत, इन उत्पादों के आरंभ से लेकर 31 मार्च, 2026 तक राजस्थान राज्य में नैनो यूरिया (500 मि.ली. के समतुल्य) की कुल 1,03,73,705 बोतलों तथा नैनो

डीएपी (500 मि.ली. के समतुल्य) की कुल 28,00,128 बोतलों की बिक्री की गई है। टोंक एवं सवाई माधोपुर सहित जिला-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख): 1 अप्रैल, 2026 की स्थिति के अनुसार, राजस्थान राज्य में स्थित 9,526 प्रधानमंत्री किसान समृद्धि केंद्रों (पीएमकेएसके) में से 1,977 प्रधानमंत्री किसान समृद्धि केंद्र नियमित रूप से नैनो यूरिया एवं नैनो डीएपी का भंडारण एवं विक्रय कर रहे हैं। संबंधित जिलों सहित जिला-वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग) से (ङ): उर्वरक विभाग के सहयोग से भारत की अग्रणी नैनो उर्वरक कंपनी इफको (IFFCO) ने नैनो उर्वरकों के उपयोग को बढ़ावा देने के उद्देश्य से देशव्यापी अभियान "नैनो उर्वरक उपयोग संवर्धन महाअभियान" प्रारंभ किया। इस अभियान के अंतर्गत, इफको ने देश के सभी 15 कृषि-जलवायु क्षेत्रों को आच्छादित करते हुए 21 राज्यों के 100 जिलों में नैनो यूरिया प्लस के 660 खेत परीक्षण आयोजित किए, जिनमें राजस्थान राज्य के टोंक एवं सवाई माधोपुर जिले भी शामिल हैं। वर्ष 2024-25 तथा 2025-26 के दौरान इफको द्वारा आयोजित नैनो यूरिया प्लस के कृषि-जलवायु क्षेत्र-वार, राज्य-वार तथा जिला-वार खेत परीक्षणों का ब्यौरा **विवरण-III** में संलग्न है।

विवरण-I

राजस्थान राज्य में नैनो यूरिया और नैनो डीएपी की जिलेवार बिक्री

क्रम.सं.	जिला	नैनो यूरिया	नैनो डीएपी
1	अजमेर	434976	78832
2	अलवर	432465	95812
3	बांसवाड़ा	338617	25548
4	बारां	346560	276171
5	बाड़मेर	196444	75360
6	भरतपुर	476387	79759
7	भीलवाड़ा	500479	63362

8	बीकानेर	536767	153416
9	बूंदी	378120	130432
10	चित्तौड़गढ़	516796	136084
11	चुरू	280344	46176
12	धौलपुर	142104	22486
13	दौसा	118365	10452
14	डूंगरपुर	47483	5748
15	गंगानगर	700272	147560
16	हनुमानगढ़	522048	202648
17	जयपुर	609718	74524
18	जैसलमेर	140948	50472
19	जालोर	251346	59180
20	झालावाड़	251904	145036
21	झुंझुनूं	147264	17824
22	जोधपुर	433080	284056
23	करौली	81866	7620
24	कोटा	513660	197428
25	नागौर	364475	147146
26	पाली	297744	51508
27	प्रतापगढ़	221304	44128
28	राजसमंद	134520	19240
29	सवाई माधोपुर	203729	14128
30	सीकर	166872	31536
31	सिरोही	153408	18880
32	टोंक	281175	77184
33	उदयपुर	152465	10392
राजस्थान कुल:		**10373705**	**2800128**

विवरण-II

राजस्थान राज्य में 01.04.2026 की स्थिति के अनुसार नियमित रूप से नैनो यूरिया और नैनो डीएपी का भंडारण और बिक्री करने वाले पीएमकेएसके की जिला-वार सूची:

क्रम.सं.	जिले का नाम	नैनो फर्टिलाइज़र का भंडार रखने वाले PMKSK की संख्या
1	अजमेर	88
2	अलवर	151
3	बांसवाड़ा	20
4	बारां	50
5	बाड़मेर	30
6	भरतपुर	87
7	भीलवाड़ा	144
8	बीकानेर	115
9	बूंदी	65
10	चित्तौड़गढ़	125
11	चुरू	49
12	धौलपुर	11
13	दौसा	27
14	डूंगरपुर	8
15	गंगानगर	100
16	हनुमानगढ़	121
17	जयपुर	130
18	जैसलमेर	23
19	जालोर	38
20	झालावाड़	28
21	झुंझुनूं	31
22	जोधपुर	81
23	करौली	79
24	कोटा	35

25	नागौर	116
26	पाली	20
27	प्रतापगढ़	37
28	राजसमंद	20
29	सवाई माधोपुर	9
30	सीकर	50
31	सिरोही	9
32	टोंक	49
33	उदयपुर	31
कुल		**1977**

विवरण-III

2024-25 और 2025-2026 के दौरान कृषि-जलवायु क्षेत्रवार, राज्य-वार, जिले-वार नैनो यूरिया प्लस क्षेत्र परीक्षणों का ब्यौरा:

एसी कोड क्र.सं.	कृषि-जलवायु क्षेत्र) एसीजेड)	राज्य	जिला	प्रशिक्षणों की संख्या
1	पश्चिमी हिमालयी क्षेत्र	हिमाचल प्रदेश	बिलासपुर	7
1	पश्चिमी हिमालयी क्षेत्र	हिमाचल प्रदेश	मंडी	7
1	पश्चिमी हिमालयी क्षेत्र	जम्मू और कश्मीर	जम्मू	4
1	पश्चिमी हिमालयी क्षेत्र	जम्मू और कश्मीर	पुलवामा	3
1	पश्चिमी हिमालयी क्षेत्र	उत्तराखंड	गढ़वाल	2
1	पश्चिमी हिमालयी क्षेत्र	उत्तराखंड	हरिद्वार	8
1	पश्चिमी हिमालयी क्षेत्र	उत्तराखंड	उधम सिंह नगर	5
2	पूर्वी हिमालयी क्षेत्र	असम	बारपेटा	6
2	पूर्वी हिमालयी क्षेत्र	असम	नगांव	10
3	निचला गंगा का मैदानी क्षेत्र	पश्चिम बंगाल	बांकुड़ा	8
3	निचला गंगा का मैदानी क्षेत्र	पश्चिम बंगाल	बीरभूम	8
3	निचला गंगा का मैदानी क्षेत्र	पश्चिम बंगाल	कूचबिहार	8
3	निचला गंगा का मैदानी क्षेत्र	पश्चिम बंगाल	जलपाईगुड़ी	8
3	निचला गंगा का मैदानी क्षेत्र	पश्चिम बंगाल	मुर्शिदाबाद	8
4	मध्य गंगा का मैदानी क्षेत्र	बिहार	भोजपुर	3

4	मध्य गंगा का मैदानी क्षेत्र	बिहार	मुजफ्फरपुर	3
4	मध्य गंगा का मैदानी क्षेत्र	बिहार	पटना	4
4	मध्य गंगा का मैदानी क्षेत्र	बिहार	रोहतास	1
4	मध्य गंगा का मैदानी क्षेत्र	बिहार	समस्तीपुर	2
4	मध्य गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	बलिया	5
4	मध्य गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	भदोही	2
4	मध्य गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	देवरिया	7
4	मध्य गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	गाजीपुर	4
4	मध्य गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	गोरखपुर	2
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	आगरा	2
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	अमरोहा	8
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	बाराबंकी	7
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	बुलन्दशहर	8
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	फ़तेहपुर	5
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	खेरी	6
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	लखनऊ	2
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	मथुरा	8
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	मेरठ	9
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	पीलीभीत	10
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	रायबरेली	2
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	संभल	6
5	ऊपरी गंगा का मैदानी क्षेत्र	उत्तर प्रदेश	सीतापुर	2
6	ट्रांस-गंगा मैदानी क्षेत्र	हरियाणा	अम्बाला	8
6	ट्रांस-गंगा मैदानी क्षेत्र	हरियाणा	जींद	7
6	ट्रांस-गंगा मैदानी क्षेत्र	हरियाणा	करनाल	6
6	ट्रांस-गंगा मैदानी क्षेत्र	हरियाणा	रेवाड़ी	5
6	ट्रांस-गंगा मैदानी क्षेत्र	हरियाणा	रोहतक	8
6	ट्रांस-गंगा मैदानी क्षेत्र	पंजाब	अमृतसर	8
6	ट्रांस-गंगा मैदानी क्षेत्र	पंजाब	फरीदकोट	8
6	ट्रांस-गंगा मैदानी क्षेत्र	पंजाब	गुरदासपुर	8
6	ट्रांस-गंगा मैदानी क्षेत्र	पंजाब	जालंधर	9
6	ट्रांस-गंगा मैदानी क्षेत्र	पंजाब	लुधियाना	9
6	ट्रांस-गंगा मैदानी क्षेत्र	पंजाब	मोगा	8
6	ट्रांस-गंगा मैदानी क्षेत्र	पंजाब	श्री मुक्तसर साहिब	8

6	ट्रांस-गंगा मैदानी क्षेत्र	राजस्थान	गंगानगर	10
7	पूर्वी पठार और पहाड़ी क्षेत्र	छत्तीसगढ	धमतरी	5
7	पूर्वी पठार और पहाड़ी क्षेत्र	छत्तीसगढ	रायपुर	8
7	पूर्वी पठार और पहाड़ी क्षेत्र	छत्तीसगढ	राजनंदगांव	8
7	पूर्वी पठार और पहाड़ी क्षेत्र	झारखंड	रांची	8
7	पूर्वी पठार और पहाड़ी क्षेत्र	ओडिशा	बारगढ़	8
7	पूर्वी पठार और पहाड़ी क्षेत्र	ओडिशा	संबलपुर	7
8	मध्य पठार और पहाड़ी क्षेत्र	मध्य प्रदेश	इंदौर	10
8	मध्य पठार और पहाड़ी क्षेत्र	मध्य प्रदेश	मन्दसौर	8
8	मध्य पठार और पहाड़ी क्षेत्र	मध्य प्रदेश	रतलाम	8
8	मध्य पठार और पहाड़ी क्षेत्र	मध्य प्रदेश	उज्जैन	8
8	मध्य पठार और पहाड़ी क्षेत्र	मध्य प्रदेश	पश्चिम निमाड़	8
9	पश्चिमी पठार और पहाड़ियाँ	महाराष्ट्र	अकोला	8
9	पश्चिमी पठार और पहाड़ियाँ	महाराष्ट्र	अमरावती	11
9	पश्चिमी पठार और पहाड़ियाँ	महाराष्ट्र	जलगांव	8
9	पश्चिमी पठार और पहाड़ियाँ	महाराष्ट्र	नागपुर	7
9	पश्चिमी पठार और पहाड़ियाँ	महाराष्ट्र	नासिक	8
9	पश्चिमी पठार और पहाड़ियाँ	महाराष्ट्र	परभनी	8
9	पश्चिमी पठार और पहाड़ियाँ	महाराष्ट्र	सांगली	8
9	पश्चिमी पठार और पहाड़ियाँ	महाराष्ट्र	वाशिम	2
10	दक्षिणी पठार और पहाड़ियाँ	आंध्र प्रदेश	अनंतपुर	9
10	दक्षिणी पठार और पहाड़ियाँ	आंध्र प्रदेश	कुरनूल	10
10	दक्षिणी पठार और पहाड़ियाँ	कर्नाटक	बेलगाम	8
10	दक्षिणी पठार और पहाड़ियाँ	कर्नाटक	दावनगेरे	6
10	दक्षिणी पठार और पहाड़ियाँ	कर्नाटक	हसन	8
10	दक्षिणी पठार और पहाड़ियाँ	कर्नाटक	विजयपुरा	6
10	दक्षिणी पठार और पहाड़ियाँ	तमिलनाडु	कोयंबत्तूर	5
10	दक्षिणी पठार और पहाड़ियाँ	तमिलनाडु	मदुरै	4
10	दक्षिणी पठार और पहाड़ियाँ	तमिलनाडु	पेरम्बलुर	4
10	दक्षिणी पठार और पहाड़ियाँ	तमिलनाडु	तिरुचिरापल्ली	3
10	दक्षिणी पठार और पहाड़ियाँ	तमिलनाडु	तिरुवन्नामलाई	5
10	दक्षिणी पठार और पहाड़ियाँ	तेलंगाना	आदिलाबाद	8
10	दक्षिणी पठार और पहाड़ियाँ	तेलंगाना	करीमनगर	7
10	दक्षिणी पठार और पहाड़ियाँ	तेलंगाना	निजामाबाद	8

10	दक्षिणी पठार और पहाड़ियाँ	तेलंगाना	वारंगल ग्रामीण	6
10	दक्षिणी पठार और पहाड़ियाँ	तेलंगाना	यदाद्रि भुवनगिरी	8
11	पूर्वी तटीय मैदान और पहाड़ियाँ	तमिलनाडु	तंजावुर	2
11	पूर्वी तटीय मैदान और पहाड़ियाँ	तमिलनाडु	तुत्थुकुडी	6
12	पश्चिमी तटीय मैदान और घाट	केरल	पलक्कड़	2
13	गुजरात के मैदान और पहाड़	गुजरात	आनन्द	8
13	गुजरात के मैदान और पहाडियां	गुजरात	बनास काँथा	8
13	गुजरात के मैदान और पहाडियां	गुजरात	भावनगर	8
13	गुजरात के मैदान और पहाडियां	गुजरात	जामनगर	10
13	गुजरात के मैदान और पहाडियां	गुजरात	साबर कंथा	8
13	गुजरात के मैदान और पहाडियां	गुजरात	सूरत	8
14	पश्चिमी शुष्क क्षेत्र	राजस्थान	अजमेर	12
14	पश्चिमी शुष्क क्षेत्र	राजस्थान	हनुमानगढ़	10
14	पश्चिमी शुष्क क्षेत्र	राजस्थान	सवाई माधोपुर	4
14	पश्चिमी शुष्क क्षेत्र	राजस्थान	सीकर	10
14	पश्चिमी शुष्क क्षेत्र	राजस्थान	टोंक	2
14	पश्चिमी शुष्क क्षेत्र	राजस्थान	उदयपुर	9
			ज़िलों की संख्या: 100	प्रशिक्षणों की संख्या: 660

INTER-AIIMS TRANSFER POLICY

2284. PROF. SOUGATA RAY:

SHRI KISHORI LAL:

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

(a) whether the Government proposes to formulate a uniform, transparent and time-bound inter-AIIMS transfer policy applicable to all AIIMS institutions of the country and if so, the details thereof;

(b) whether the Government has received any representations or grievances from employees regarding delays, inconsistencies and non-uniformity in inter-AIIMS transfer procedures and if so, the details thereof;

(c) whether any common guidelines or standard operating procedures are currently in force for processing inter-AIIMS transfer requests and if so, the details thereof;

(d) whether the Government has reviewed the impact of the absence of a uniform transfer policy on employee morale, retention and the functioning of newer AIIMS institutions;

(e) if so, the details thereof; and

(f) whether it is true that a large number of posts are lying vacant at AIIMS-Rae Bareli and if so, the details thereof along with the steps taken by the Government to fill the lying posts?

THE MINISTER 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): Representations/grievances have been received in the Ministry regarding transfer of employees from one All India Institute of Medical Sciences (AIIMS) to another. All AIIMS are Autonomous Bodies established under AIIMS Act, 1956, as amended from time to time. AIIMS Institutions are separate entities

and as per the AIIMS Act, there is no provision to transfer employees from one AIIMS to another.

(f): The status of sanctioned, filled and vacant faculty and non-faculty position in AIIMS Raebareli is as under:

Faculty			Non-Faculty		
Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
209	113	96	1613	1188	425

Creation of posts and recruitment is a continuous and dynamic process. In order to expeditiously fill vacant sanctioned positions in newly set up AIIMS following special measures have been taken by the Ministry of Health and Family Welfare:

(i) Standing Selection Committee (SSC) has been constituted in each Institute as per the provision of their respective Act for selection of faculty etc.

(ii) Provision has been made for engagement of retired faculty at the level of Professor, Additional Professor and Associate Professor, on contract basis, in new AIIMS, up to the age of 70 years from Institutes of National Importance (INIs) and Government Medical Colleges (GMCs).

(iii) Visiting Faculty Scheme has been formulated to allow Professors, Additional Professors and Associate Professors, who are holding academic positions in Government Institutions within India or academic institutions outside India, to be the Visiting Faculty in new AIIMS for teaching purposes.

(iv) Nursing Officer Recruitment Common Eligibility Test (NORCET) is conducted by AIIMS Delhi for recruitment of Nursing Officers.

(v) Common Recruitment Examination (CRE) in 2025 was conducted by AIIMS Delhi twice in the year for recruitment to Group B and C non-faculty positions.

(vi) The Institute of National Importance Combined Entrance Test (INI-CET) for selection of Junior Residents (Academic) and the Institute of National Importance Super Speciality (INI-SS) Exam for selection of Senior Residents (Academic) are conducted by AIIMS Delhi twice a year.

ESTABLISHMENT OF AIIMS UNDER PMSSY

2285. SHRI RAVINDRA DATTARAM WAIKAR:
SHRIMATI BHARTI PARDHI:
SHRI SHRIRANG APPA CHANDU BARNE:

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

(a) whether any proposal is under consideration by the Union Government to establish a national-level medical institution like AIIMS in Maharashtra and Madhya Pradesh under the 'Pradhan Mantri Swasthya Suraksha Yojana' (PMSSY) to provide advanced and affordable medical facilities, if so, the details thereof;

(b) whether any official proposal or correspondence has been received by the Union Government from the State Governments regarding the availability or

identification of land for setting up AIIMS Institutions in Maharashtra and Madhya Pradesh;

(c) the total financial assistance provided by the Union Government during the last three years for the expansion of Super Speciality Blocks in major Government and municipal hospitals in the said States to reduce the immense burden of patients;

(d) the details of projects currently sanctioned for the upgradation of other medical colleges in the said States under the PMSSY scheme; and

(e) the future roadmap of the Union Government for the coming years to further strengthen tertiary healthcare and boost medical research in the said States?

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

(a) to (e): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), one AIIMS each has been established at Nagpur in Maharashtra and at Bhopal in Madhya Pradesh and both the institutes are functional. These AIIMS are functional with teaching learning & research, IPD/OPD facilities, emergency & trauma, diagnostic facilities, various Specialty and Super- Specialty Departments, AMRIT pharmacy, Jan Aushadhi Kendra etc. Promoting quality research and innovation in bio-medical field is a key focus area of new AIIMS. Indian Council of

Medical Research (ICMR) and Department of Science & Technology (DST) have been providing research grants for taking up research projects in new AIIMS.

Under National Health Mission (NHM), financial and technical support is provided to the States/UTs to strengthen their healthcare infrastructure based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. The State Program Implementation Plan (SPIP) approval for infrastructure strengthening under National Health Mission (NHM) from the FY 2023-24 to 2025-26 for the State of Maharashtra and Madhya Pradesh is given below:

(₹ in Cr.)

Financial Year	**SPIP Approvals**	
	Maharashtra	**Madhya Pradesh**
2023-24	601.34	426.80
2024-25	800.12	331.02
2025-26	617.20	527.81

Central Releases under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) from the FY 2023-24 to 2025-26 for the State of Maharashtra and Madhya Pradesh is given below:

(₹ in Cr.)

Financial Year	**Central Releases**	
	Maharashtra	**Madhya Pradesh**
2023-24	31.76	228.52
2024-25	65.48	63.19
2025-26	221.13	130.42

The details of the projects sanctioned for the upgradation of other medical colleges in the State of Maharashtra and Madhya Pradesh is given in the enclosed **Statement**.

STATEMENT

Government Medical Colleges/Institutions (GMCs) approved for upgradation under PMSSY in Maharashtra and Madhya Pradesh:

State	Name of Govt. Medical College/Institute (GMC)	Approved Infrastructure	Status
Madhya Pradesh	Government Medical College, Rewa	Super Speciality Block	Completed
	Netaji Subhash Chandra Bose Medical College, Jabalpur	Super Speciality Block	Completed
	G.R. Medical College, Gwalior	Super Speciality Block	Completed
	Government Medical College, Indore	Super Speciality Block	Completed
Maharashtra	Grant Medical College & Sir J.J. Group of Hospitals, Mumbai	Procurement of Medical Equipment	Completed
	Government Medical College, Nagpur	Procurement of Medical Equipment	Completed
	Government Medical College, Aurangabad	Super Speciality	Completed

		Block	
	Government Medical College, Latur	Super Speciality Block	Completed
	Government Medical College, Akola	Super Speciality Block	Completed
	Shri Vasantrao Naik Government Medical College, Yavatmal	Super Speciality Block	Completed

विद्यार्थियों में आत्महत्या की बढ़ती घटनाएं

2286. श्रीमती प्रतिभा सुरेश धानोरकर:

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

(क) क्या स्वास्थ्य और परिवार कल्याण मंत्रालय तथा शिक्षा मंत्रालय का संयुक्त रूप से देश के विद्यालयों, महाविद्यालयों तथा व्यावसायिक कोचिंग संस्थानों में विद्यार्थियों के मानसिक तनाव को कम करने के लिए किसी राष्ट्रीय नीति को लागू करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ख) देश के प्रत्येक शैक्षणिक संस्थान में योग्य मनोचिकित्सकों तथा परामर्शदाताओं की नियुक्ति को अनिवार्य बनाने तथा अभिभावकों के लिए परामर्श सेवाएं उपलब्ध कराने के लिए सरकार द्वारा क्या कदम उठाए गए हैं अथवा उठाए जाने प्रस्तावित हैं?

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

(क) और (ख): मानसिक विकारों के बोझ को दूर करने के लिए, भारत सरकार देश में राष्ट्रीय मानसिक स्वास्थ्य कार्यक्रम (एनएमएचपी) कार्यान्वित कर रही है। एनएमएचपी के जिला मानसिक स्वास्थ्य कार्यक्रम (डीएमएचपी) घटक को 767 जिलों में कार्यान्वयन के लिए अनुमोदित किया गया है, जिसके लिए राष्ट्रीय स्वास्थ्य मिशन के माध्यम से राज्यों/संघ राज्य क्षेत्रों को सहायता प्रदान की जा रही है।

डीएमएचपी के तहत, स्कूल और कॉलेज के छात्रों के लिए लक्षित पहलें की जाती हैं। लक्षित पहलों के अंतर्गत, देश भर के जिलों में स्कूलों में जीवन कौशल शिक्षा एवं परामर्श, कॉलेज शिक्षकों का परामर्शदाता के रूप में कार्य करने संबंधी प्रशिक्षण, मानसिक स्वास्थ्य समस्याओं से ग्रसित स्कूल से निकल जाने वाले बच्चों का परामर्श/किशोर मानसिक स्वास्थ्य कार्यक्रम आदि जैसी गतिविधियाँ संचालित की जाती हैं।

सरकार प्राथमिक स्वास्थ्य परिचर्या स्तर पर मानसिक स्वास्थ्य परिचर्या सेवाओं को सुदृढ़ करने के लिए भी कदम उठा रही है। सरकार ने 1.8 लाख से अधिक उप स्वास्थ्य केंद्रों (एसएचसीज़) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को आयुष्मान आरोग्य मंदिरों में उन्नत किया है। इन आयुष्मान आरोग्य मंदिरों में प्रदान की जाने वाली व्यापक प्राथमिक स्वास्थ्य परिचर्या सेवा पैकेजों में मानसिक स्वास्थ्य सेवाएँ शामिल की गई हैं।

"भावनात्मक कल्याण और मानसिक स्वास्थ्य" को आयुष्मान भारत स्कूल स्वास्थ्य एवं कल्याण कार्यक्रम के तहत एक समर्पित मॉड्यूल के रूप में शामिल किया गया है। स्वास्थ्य एवं कल्याण एम्बैसडरों (शिक्षकों) को कार्यक्रम के अन्य विषयगत क्षेत्रों के साथ-साथ मानसिक स्वास्थ्य के संबंध में प्रशिक्षित किया जाता हैं वे छात्रों के साथ संवादात्मक सत्र आयोजित करते हैं और आनंददायक ढंग में सीखने को बढ़ावा देने वाले साप्ताहिक सत्रों के माध्यम से संदेशों को फैलाते हैं।

स्वास्थ्य और परिवार कल्याण मंत्रालय का राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम (आरकेएसके) अपनी पहलों जैसे कि किशोर अनुकूल स्वास्थ्य क्लीनिक (एएफएचसी), सहकर्मी शिक्षा कार्यक्रम और किशोर स्वास्थ्य और कल्याण दिवस (एएचएंडडब्ल्यूडी) के माध्यम से मानसिक स्वास्थ्य के मुद्दों पर जागरूकता पैदा करता है और परामर्श सेवाएं प्रदान करता है। सहकर्मी शिक्षक समुदाय में 15-20 लड़के और लड़कियों के समूह बनाते हैं और किशोर स्वास्थ्य, जिसमें मानसिक स्वास्थ्य और कल्याण शामिल है, पर सप्ताह में एक से दो घंटे सहभागी सत्र आयोजित करते हैं।

शिक्षा मंत्रालय (एमओई) ने देश भर के छात्रों, उनके परिवारों और शिक्षकों को मानसिक स्वास्थ्य और कल्याण के लिए मनोसामाजिक सहायता प्रदान करने के उद्देश्य से 'मनोदर्पण' नामक एक पहल शुरू की है। मनोदर्पण पहल के तहत की जाने वाली सभी गतिविधियों का लक्ष्य स्कूलों, कॉलेजों और विश्वविद्यालयों के छात्रों, जिनमें प्रतिरोगी परीक्षाओं की तैयारी कर रहे छात्र भी शामिल हैं, के मानसिक स्वास्थ्य और कल्याण में सहायता करना हैं।

उपरोक्त के अलावा, सरकार ने देश में गुणवत्तापूर्ण मानसिक स्वास्थ्य परामर्श और परिचर्या सेवाओं तक पहुंच को और बेहतर बनाने के लिए 10 अक्टूबर, 2022 को "राष्ट्रीय टेली मानसिक स्वास्थ्य कार्यक्रम" शुरू किया है। दिनांक 27.07.2026 तक की स्थिति के अनुसार, 36 राज्यों/संघ राज्य क्षेत्रों ने 53 टेली मानस सेल स्थापित किए हैं और टेली मानसिक स्वास्थ्य सेवाएं शुरू कर दी हैं। हेल्पलाइन नंबर पर 42 लाख से अधिक कॉलों को हैंडल किया गया।

शिक्षा मंत्रालय से प्राप्त जानकारी के अनुसार, सीबीएसई ने दिनांक 19.01.2026 की अधिसूचना के माध्यम से विद्यालयों में संरचित दोहरे परामर्शदाता मोड के तहत परामर्शी ढांचे को सुदृढ़ किया है। इस ढांचे के अंतर्गत, विद्यालयों को छात्रों की मनोसामाजिक एवं करियर-संबंधी आवश्यकताओं को पूरा करने के लिए निम्नलिखित परामर्शदाताओं की नियुक्ति करनी होगी:

i. परामर्श एवं कल्याण शिक्षक (सामाजिक-भावनात्मक परामर्शदाता)

ii. कैरियर परामर्शदाता।

सीबीएसई ने स्कूल-आधारित परामर्श सहायता को सुदृढ़ करने के लिए काउंसलिंग हब और स्पोके स्कूल मॉडल भी लागू किया है और सक्रिय अभिभावक-विद्यालय सहभागिता के माध्यम से छात्रों की सामाजिक-भावनात्मक आवश्यकताओं के प्रति जागरूकता बढ़ाने तथा उनकी प्रारंभिक पहचान सुनिश्चित करने के लिए पेरेंटिंग कैलेंडर प्रस्तुत किया है।

SHORTAGE OF MEDICAL STAFF IN HEALTH CENTRES IN MAHARASHTRA

2287. DR. AMOL RAMSING KOLHE:

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

(a) whether the existing network of Sub-Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in Maharashtra meets the Indian Public Health Standards (IPHS) and prescribed population norms, if so, the details thereof, district-wise;

(b) the number of sanctioned, functional and vacant SHCs, PHCs, CHCs, Sub-District Hospitals and District Hospitals in the State, including Pune District, along with the shortages of doctors, specialists, nurses and paramedical staff in the said institutions;

(c) whether the Government has undertaken any assessment of the healthcare infrastructure requirements of Pune District, in view of its rapidly growing urban and peri-urban population and if so, the details thereof;

(d) the corrective measures taken by the Union Government to bridge infrastructure and manpower gaps, particularly in the tribal, hilly, drought-prone and aspirational districts of Maharashtra; and

(e) the timeline fixed by the Union Government for achieving full compliance with IPHS norms across 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): Public Health' & 'Hospitals' are State subjects. The primary responsibility of the availability of healthcare facilities and human resources in various public health facilities in the country lies with the respective State Governments.

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality healthcare across the country including Maharashtra. Under NHM, this Ministry provides technical and financial support to the States/UTs, including tribal, hilly, drought-prone and aspirational districts of Maharashtra, to strengthen the public healthcare system in rural areas, based on the proposals received in the form of Programme Implementation Plans (PIPs). Government of India provides approval for the proposals received in the form of Record of Proceedings (RoPs) as per norms & available resources.

The Indian Public Health Standards (IPHS) have been developed by MoHFW for primary and secondary healthcare facilities which provides a set of uniform standards, including norms for services, infrastructure, human resources, diagnostics, equipment, medicines etc, envisaged to improve the quality of health care delivery in the country. They are used as the reference point for public health care infrastructure planning and up-gradation in the States and UTs.

Health Dynamics of India (HDI) is an annual publication, based on healthcare administrative data reported by States/UTs. Details of availability and shortfall of health infrastructure including Sub-Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) and doctors, specialists, nurses, paramedical staff across the country including Pune district in Maharashtra, State/UT-wise, may be accessed through the HMIS portal under Publications at the following link of HDI 2023-24:

https://hmis.mohfw.gov.in

To facilitate the assessment of public health facilities, MoHFW has developed an Open Data Kit (ODK), an Android-based application. This application allows States and UTs to conduct a baseline assessment of their healthcare facilities, identify gaps, and implement timely corrective measures by achieving compliance to provide all essential services and work towards desirable standards.

Under NHM, the performance of various health programmes including gaps in health infrastructure in all the States/UTs including Pune district of Maharashtra in view of its rapidly growing urban and peri-urban population, through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of SHCs, PHCs and CHCs have been reduced to 3,000, 20,000 and 80,000 respectively. One Accredited Social Health Activist (ASHA) is allowed per habitation instead of per 1,000 population.

A total of 1.86 lakh Ayushman Arogya Mandirs (AAMs) including 13,457 AAMs in Maharashtra have been operationalized by strengthening SHCs and PHCs. These AAMs provide preventive, promotive, rehabilitative and curative care for an expanded range of services. The AAMs incrementally provide 12 package of primary health care services across the country including Maharashtra, encompassing Reproductive and child care services, Communicable diseases, Non Communicable diseases (NCD), Palliative Care and elderly Care, Care for common mental disorders, neurological conditions

(epilepsy, dementia) and substance use disorders management (tobacco, alcohol, drugs), Oral health, ENT care, and Basic emergency care.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) aims to support for infrastructure development for SHCs, Urban AAMs, Support for Block Public Health Units (BPHUs), Integrated District Public Health Laboratories (IPHL) and Critical Care Hospital Blocks (CCB) in the country including Maharashtra. The Fifteenth Finance Commission (FC-XV) has recommended grants through Local Governments for specific components of the health sectors.

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

बस्तर में सिकल सेल एनीमिया

2288. श्री महेश कश्यपः

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

(क) बस्तर संसदीय निर्वाचन क्षेत्र में सिकल सेल एनीमिया, मलेरिया, तपेदिक (टीबी) तथा कुपोषण की वर्तमान स्थिति क्या है;

(ख) राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन के अंतर्गत अब तक जांच किए गए तथा उपचार प्राप्त करने वाले व्यक्तियों की संख्या कितनी है;

(ग) जिला अस्पतालों तथा सामुदायिक स्वास्थ्य केन्द्रों में विशेषज्ञ चिकित्सकों तथा आवश्यक उपकरणों की उपलब्धता की वर्तमान स्थिति क्या है; और

(घ) सुदूर जनजातीय क्षेत्रों में मोबाइल चिकित्सा इकाइयों तथा टेलीमेडिसिन सेवाओं को बढ़ाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं अथवा उठाए जाने प्रस्तावित हैं?

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

(क) और (ख): राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन (एनएससीएईएम) के अंतर्गत, 17 प्रभावित जनजातीय राज्यों में जिला अस्पताल (डीएच) से लेकर आयुष्मान आरोग्य मंदिर (एएएम) स्तर तक सभी स्वास्थ्य सुविधा केंद्रों पर लक्षित आयु वर्ग 0–40 वर्ष के व्यक्तियों की सिकल सेल रोग (एससीडी) की पहचान हेतु जांच की जाती है।

राज्यों द्वारा एससीडी पोर्टल पर प्रदान की गई सूचना के अनुसार, दिनांक 26.07.2026 की स्थिति के अनुसार, छत्तीसगढ़ के बस्तर लोकसभा निर्वाचन क्षेत्र में की गई जांचों और रोगी एवं वाहक के रूप में चिन्हित व्यक्तियों का विवरण निम्नानुसार है:

जिले का नाम	**की गई कुल जांचें**	**रोगग्रस्त व्यक्तियों की संख्या**	**वाहक व्यक्तियों की संख्या**
बस्तर	614270	897	8567
बीजापुर	141184	76	1943
दंतेवाड़ा	191862	46	276
कोंडागांव	550655	641	11936

नारायणपुर	51905	49	611
सुकमा	144517	81	981
	1694393	**1,790**	**24,314**

स्वास्थ्य और परिवार कल्याण मंत्रालय के अधीन राष्ट्रीय वेक्टर जनित रोग नियंत्रण केंद्र (एनसीवीबीडीसी) द्वारा मलेरिया सहित वेक्टर जनित रोगों की रोकथाम एवं नियंत्रण हेतु राष्ट्रीय वेक्टर जनित रोग नियंत्रण कार्यक्रम (एनवीबीडीसीपी) नामक एक समेकित कार्यक्रम संचालित किया जाता है। बस्तर लोकसभा निर्वाचन क्षेत्र में मलेरिया की वर्तमान स्थिति निम्नानुसार है:

जिले का नाम	**2025**
	मलेरिया के मामले
बस्तर	2887
बीजापुर	9166
दंतेवाड़ा	3294
कोंडागांव	1784
नारायणपुर	3619
सुकमा	4056

पिछले और चालू वर्ष में छत्तीसगढ़ राज्य द्वारा टीबी मुक्त भारत अभियान के अंतर्गत बस्तर लोकसभा निर्वाचन क्षेत्र के अंतर्गत आने वाले जिलों में अधिसूचित टीबी मामलों की संख्या निम्नानुसार है:

जिले का नाम	**2025 (जनवरी-दिसंबर)**	**2026 (जनवरी-जून)***
बस्तर	1642	819
बीजापुर	484	203
दंतेवाड़ा	625	346
कोंडागांव	573	277
नारायणपुर	295	131
सुकमा	547	192

	4166	**1968**
*डेटा स्रोत: निक्षय पोर्टल (दिनांक 27.07.2026 की स्थिति के अनुसार)		

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) छत्तीसगढ़ सहित देशभर में एनीमिया, कुपोषण तथा अन्य स्वास्थ्य संकेतकों में हुए प्रमुख परिवर्तनों का विवरण प्रदान करता है। एनएफएचएस-6 के प्रमुख संकेतकों की राज्य-वार सूची नीचे दिए गए लिंक से प्राप्त की जा सकती है:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/111ff4a13ca36b5cabb7f94aec5bb0ce.pdf

(ग): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, राज्यों/संघ राज्य क्षेत्रों द्वारा उनकी समग्र संसाधन सीमा के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में प्रस्तुत आवश्यकताओं के आधार पर उनकी स्वास्थ्य सेवा तंत्र प्रणाली को सुदृढ़ करने हेतु वित्तीय एवं तकनीकी सहायता प्रदान की जाती है। भारत सरकार मानदंडों एवं उपलब्ध संसाधनों के अनुसार प्रस्तावों के कार्यवाही अभिलेख (आरओपी) के रूप में अनुमोदन प्रदान करती है।

'हेल्थ डायनॉमिक्स ऑफ इन्डिया' (एचडीआई), एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा सूचित स्वास्थ्य परिचर्या संबंधी प्रशासनिक आंकड़ों पर आधारित है। देशभर में डॉक्टरों, विशेषज्ञों एवं नर्सिंग कार्मिकों की उपलब्धता का राज्य/संघ राज्य क्षेत्र-वार विवरण एचडीआई 2023-24 के माध्यम से निम्नलिखित लिंक पर एचएमआईएस पोर्टल के अंतर्गत प्रकाशनों के माध्यम से प्राप्त किया जा सकता है: https://hmis.mohfw.gov.in

(घ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत दुर्गम भू-भागों में स्थित उन दूरस्थ जनजातीय क्षेत्रों में, जो अल्पसेवित और पहुंच से बाहर हैं, संपर्क सेवाएं मुहैया कराने के लिए मोबाइल चिकित्सा इकाइयों (एमएमयू) को सहायता प्रदान की जाती है। एनएचएम के अंतर्गत जनजातीय/पहाड़ी/दुर्गम क्षेत्रों में स्वास्थ्य परिचर्या तक पहुंच को सुदृढ़ करने हेतु मानदंडों में ढ़ील दी गई है। मैदानी जिलों में 2

एमएमयू की तुलना में जनजातीय एवं दुर्गम क्षेत्रों में प्रति जिला 4 एमएमयू की अनुमति प्रदान की जाती है। एनएचएम-एमआईएस रिपोर्ट के अनुसार, देशभर में कुल 1,546 एमएमयू तैनात की गई हैं।

राष्ट्रीय एम्बुलेंस सेवा के अंतर्गत, देश में मरीजों, विशेष रूप से गर्भवती महिलाओं एवं बीमार शिशुओं को घर से जन स्वास्थ्य सुविधा केंद्रों तक लाने ले जाने के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत 3,287 उन्नत जीवन रक्षक (एएलएस), 15,472 बुनियादी जीवन रक्षक (बीएलएस), 3,912 रोगी परिवहन वाहन (पीटीवी), 19 नाव एम्बुलेंस, 81 बाइक इमर्जेंसी रेस्पांस वीकल तथा 5,701 अन्य पैनलबद्ध वाहनों हेतु सहायता प्रदान की जा रही है।

देशभर में सभी कार्यशील आयुष्मान आरोग्य मंदिरों (एएएम) में उपलब्ध टेलीपरामर्श सेवाएं लोगों को उनके घरों के निकट विशेषज्ञ सेवाएं प्राप्त करने में सक्षम बनाती हैं जो आवागमन और सेवा प्रदाताओं की कमी जैसी समस्याओं का समाधान करती हैं तथा निरंतर स्वास्थ्य परिचर्या को सुगम बनाती हैं।

SHORTAGE OF MEDICAL EQUIPMENTS

2289. SHRI RAJABHAU PARAG PRAKASH WAJE:

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

(a) whether the Government has assessed the reasons why Government hospitals continue to face severe shortages of doctors, specialists, nurses, paramedical staff, essential medicines, diagnostic facilities and critical medical equipment despite increased public expenditure and multiple health sector initiatives, if so, the details thereof;

(b) the details of sanctioned and vacant posts of healthcare personnel, availability of essential medicines, ICU beds, diagnostic facilities and critical

equipment in Government hospitals in the country during the last five years, State-wise;

(c) whether the Government has evaluated the impact of these shortages on patient care, treatment delays, referral rates, maternal and infant mortality and out-of-pocket healthcare expenditure if so, the details and the findings thereof; and

(d) the specific policy measures, budgetary allocations, accountability mechanisms and timebound roadmap proposed to fill up vacancies, modernise public hospitals and ensure equitable access to affordable, quality healthcare 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 (d): Health is a State subject. The primary responsibility of strengthening public healthcare system, including vacant posts lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. States/ UTs to ensure availability of HR by

creating adequate number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and using NHM posts in the short to medium term to fill critical gaps. The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

The details of doctors, specialists, physicians, nurses and paramedical staff in Government hospitals and health centres across the country 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

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

Under NHM, following types of incentives and honorarium are provided for encouraging doctors, specialists, nurses and paramedical staff to practice in rural and remote areas of the country to address the shortage of staff:

- Hard area, including rural and tribal areas, are given 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.

Monitoring under the National Health Mission (NHM) and PM-ABHIM is carried out through a robust, multi-layered framework that includes review of State-wise Key Deliverables against approved targets during NPCC meetings with all States/UTs, 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.

जनजातीय क्षेत्रों में प्रधानमंत्री मातृ वंदना योजना

2290. श्री बंटी विवेक साहूः
श्री उत्कर्ष वर्मा मधुरः

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

(क) प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) के अंतर्गत वर्ष 2025-26 तथा चालू वित्तीय वर्ष के दौरान मध्य प्रदेश के छिंदवाड़ा जिले के तामिया एवं पातालकोट जैसे ग्रामीण एवं सुदूर जनजातीय क्षेत्रों तथा उत्तर प्रदेश के लखीमपुर खीरी संसदीय निर्वाचन क्षेत्र में कितने पात्र लाभार्थियों को मातृत्व लाभ का सफलतापूर्वक भुगतान किया गया है;

(ख) क्या सरकार इस बात से अवगत है कि उक्त क्षेत्रों में मोबाइल नेटवर्क, आधार लिंकिंग, निष्क्रिय बैंक खातों, तकनीकी त्रुटियों अथवा सत्यापन संबंधी समस्याओं के कारण अनेक पात्र लाभार्थियों के आवेदन अस्वीकृत हो रहे हैं अथवा उन्हें राशि प्राप्त नहीं हो पा रही है;

(ग) यदि हाँ, तो इन विसंगतियों को दूर करने के लिए सरकार द्वारा क्या उपचारात्मक कदम उठाए जा रहे हैं; और

(घ) क्या सरकार का उक्त क्षेत्रों के जनजातीय बहुल जिलों में इस योजना के अंतर्गत शत-प्रतिशत कवरेज सुनिश्चित करने तथा अप्रयुक्त धनराशि का उपयोग करते हुए प्रक्रिया को और सरल बनाने के लिए स्थानीय आंगनवाड़ी केन्द्रों के माध्यम से कोई विशेष अभियान चलाने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): छिंदवाड़ा जिले (तामिया और पातालकोट को शामिल करते हुए) और उत्तर प्रदेश में लखीमपुर खीरी जिले के ग्रामीण और दूर-दराज के जनजातीय क्षेत्रों में पीएमएमवीवाई के अंतर्गत मातृत्व लाभ का भुगतान प्राप्त करने वाले लाभार्थियों की संख्या निम्नानुसार है:

वित्तीय वर्ष	छिंदवाड़ा जिला	लखीमपुर खीरी जिला
2025-26	21,969	17,286
2026-27 (29.07.2026 तक)	4,328	3,390

भारत सरकार द्वारा आधार लिंकिंग/निष्क्रिय बैंक खातों/तकनीकी कमियों/सत्यापन इत्यादि से संबंधित समस्याओं का समाधान करने और समय पर आधार-आधारित प्रत्यक्ष लाभ अंतरण (डीबीटी) भुगतान सुनिश्चित करने, आवेदनों की निर्बाध प्रक्रिया, योजना का प्रभावी कार्यान्वयन तथा ग्रामीण और दूरदराज के जनजातीय क्षेत्रों सहित पात्र महिलाओं के बीच जागरूकता, पंजीकरण और कवरेज की संतृप्ति में वृद्धि करके महिला स्वास्थ्य सशक्तीकरण को बढ़ावा देने के लिए कई उपाय और पहल की गई हैं। इनमें से कुछ इस प्रकार हैं:

I. पीएमएमवीवाई के लिए मार्च 2023 में एक नया पूरी तरह से कागज रहित पोर्टल शुरू किया गया था। पूर्व दिशा-निर्देशों के अनुसार, कागज़ का फॉर्म(फिजिकल फॉर्म) भरकर आगे की

प्रक्रिया के लिए पुराने पीएमएमवीवाई-सीएएस पोर्टल पर अपलोड करने होते थे। नई प्रणाली में कागज़ में आवेदन पत्रों को समाप्त कर दिया गया है और पूर्ण ऑनलाइन समाधान प्रदान किया गया है।

II. भुगतान, आधार ब्रिज पेमेंट्स सिस्टम के माध्यम से किए जाते हैं, क्योंकि पीएमएमवीवाई पोर्टल पर आवेदकों के पहचान विवरण की पुष्टि के लिए आधार कार्ड आधारित बायोमेट्रिक सत्यापन (फेशियल रिक्गनिशन सिस्टम के माध्यम से) की सुविधा है।

III. तीव्र प्रक्रिया के लिए पंजीकरण के समय ही आधार सत्यापन, बैंक खाते का डीबीटी-सक्षम होना आदि जैसी सभी अनिवार्य शर्तों की जांच की जाती है।

IV. सभी पंजीकृत लाभार्थियों के लिए आवेदन की स्वीकृति और भुगतान स्थिति की जांच करने हेतु 'खोजें और स्थिति ट्रैक करें' की सुविधा उपलब्ध है।

V. सभी नागरिकों के लिए पीएमएमवीवाई से संबंधित कोई भी शिकायत दर्ज कराने हेतु शिकायत दर्ज करने और स्थिति का पता लगाने के लिए मॉड्यूल उपलब्ध है। यह मॉड्यूल शिकायत को सीधे कार्यान्वयन अधिकारियों को भेजता है, जिससे समय की बचत होती है और त्वरित समाधान होता है।

VI. पीएमएमवीवाई से संबंधित पूछताछ और शिकायतों के लिए टोल-फ्री एवं बहुभाषी (16 भाषाएं) हेल्पलाइन (1515) उपलब्ध है। पारदर्शिता के उद्देश्य से, आवेदकों/लाभार्थियों को आवेदन के पंजीकरण, पंजीकरण की अस्वीकृति, भुगतान आदि जैसे विभिन्न चरणों पर मुख्य 12 भाषाओं में से एक में एसएमएस प्राप्त होता है।

VII. पीएमएमवीवाई पोर्टल आंगनवाड़ी केंद्र स्तर तक एलजीडी अनुपालन योग्य है। राज्य/जिला/ब्लॉक/गांव/ग्राम पंचायत/वार्ड स्तर तक एलजीडी सीडिंग शुरू की गई है।

VIII. ओपन एपीआई में अन्य केंद्रीय एवं राज्य के मंत्रालयों/विभागों के साथ डेटा साझा करने की स्वतंत्रता है।

IX. विस्तृत निगरानी/विश्लेषण के लिए राज्य/जिला/ब्लॉक/गांव/वार्ड/परियोजना/सेक्टर/आंगनवाड़ी स्तर पर एमआईएस डेटा तैयार किया जा सकता है।

X. पीएमएमवीवाई का उपयोग, आंगनवाड़ी/आशा कार्यकर्त्रियों द्वारा डेटा-केंद्रित संचालन और रिपोर्ट देखने के लिए किया जाएगा।

XI. पोषण ट्रैकर पर गर्भवती एवं स्तनपान कराने वाली माताओ के उपलब्ध डेटाबेस का उपयोग एडब्ल्यूडब्ल्यू/आशा स्तर पर सुलभ पीएमएमवीवाई पोर्टल पर संभावित लाभार्थियों की 'सूची' (Due List) बनाने के लिए किया जाता है।

इसके अतिरिक्त, महिला एवं बाल विकास मंत्रालय सभी राज्यों और संघ राज्य क्षेत्रो के लिए 'संकल्प - महिला सशक्तिकरण केंद्र' योजना के माध्यम से मातृत्व लाभ सहित विभिन्न जागरूकता कार्यक्रम आयोजित करता है। इसमें सूचना, शिक्षा एवं संचार तथा व्यवहार परिवर्तन संचार के विविध कार्यकलाप जैसे कि प्रभात फेरी, नुक्कड़ नाटक, समाचार पत्रों में विज्ञापन, रेडियो पर जिंगल प्रसारण, सेल्फी अभियान, घर-घर अभियान तथा सामुदायिक कार्यक्रम शामिल हैं, जो फील्ड कार्यकर्ताओं के स्तर पर आयोजित किए जाते हैं। इसके अतिरिक्त, मंत्रालय सभी राज्यों और संघ राज्य क्षेत्रों में पात्र लाभार्थियों को पीएमएमवीवाई के तहत पंजीकृत करने के लिए समय-समय पर विशेष अभियान भी चलाता है।

समय-समय पर सरकार स्थानीय आंगनवाड़ी केंद्रों के माध्यम से विभिन्न कमियों को दूर करने और जनजातीय बहुल जिलों सहित देश भर में पीएमएमवीवाई के तहत अधिकतम कवरेज सुनिश्चित करने हेतु पीएमएमवीवाई के तहत विभिन्न 'विशेष अभियान'/'नामांकन अभियान' आयोजित करती है।

हाल ही में, मंत्रालय ने 15 जून 2026 से 15 जुलाई 2026 तक एक 'विशेष अभियान' आयोजित किया, जिसके दौरान योजना के तहत नामांकित लाभार्थियों की संख्या निम्नानुसार है:

	15.06.2026 से 15.07.2026 तक विशेष अभियान के दौरान नामांकित लाभार्थी
भारत	8,83,877
उत्तर प्रदेश	1,77,966
मध्य प्रदेश	97,811

उत्तर प्रदेश में आयुष आरोग्य केन्द्र

2291. श्री रामभुआल निषाद :

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

(क) वित्तीय वर्ष 2025-26 के दौरान आयुष क्षेत्र के लिए सरकार द्वारा आवंटित कुल धनराशि कितनी है तथा इसमें विशेषकर सुल्तानपुर जिले सहित उत्तर प्रदेश को, जिला-वार जारी की गई धनराशि कितनी है;

(ख) आगामी वर्ष के दौरान उत्तर प्रदेश में, विशेषकर सुल्तानपुर जिले में, कितने नए आयुष आरोग्य केन्द्रों/आयुष्मान आरोग्य मंदिरों/यूनानी केन्द्रों का निर्माण प्रस्तावित है; और

(ग) उत्तर प्रदेश के सुल्तानपुर जिले में आयुष आरोग्य केन्द्रों/आयुष्मान आरोग्य मंदिरों/यूनानी केन्द्रों के लिए कितने नए चिकित्सकों तथा अन्य सहायक कर्मियों की भर्ती की गई है अथवा प्रस्तावित है?

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

(क): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के अंतर्गत, केंद्र सरकार द्वारा आयुष पद्धति के विकास एवं प्रोत्साहन हेतु वित्तीय वर्ष 2025-26 में विभिन्न राज्यों/संघ राज्य क्षेत्रों

को 736.16 करोड़ रुपये की राशि आवंटित/जारी की गई है, और इसमें से 24.15 करोड़ रुपये की राशि उत्तर प्रदेश राज्य को जारी की गई है। एनएएम के तहत जिला-वार धनराशि जारी नहीं की जाती है।

(ख): जन स्वास्थ्य राज्य का विषय है, इसलिए नए आयुष आरोग्य केंद्रों/आयुष्मान आरोग्य मंदिरों/यूनानी केंद्रों की स्थापना करना संबंधित राज्य सरकार के अधिकार क्षेत्र में आता है। तथापि, एनएएम के अंतर्गत, मौजूदा आयुष औषधालयों और उप-स्वास्थ्य केंद्रों को उन्नत करके आयुष स्वास्थ्य एवं कल्याण केंद्रों, जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] के रूप में पुनर्नामित किया गया है, के संचालन के लिए उत्तर प्रदेश सहित राज्य/संघ राज्य क्षेत्र की सरकारों को वित्तीय सहायता प्रदान करने का प्रावधान है।राज्य वार्षिक कार्य योजनाओं (एसएएपीर) के माध्यम से उत्तर प्रदेश राज्य सरकार से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने उत्तर प्रदेश के विभिन्न भागों में 1034 एएएम (आयुष) को स्वीकृति प्रदान की है, जिनमें सुल्तानपुर जिले के 11 एएएम (आयुष) भी शामिल हैं, और राज्य सरकार द्वारा दी गई सूचना के अनुसार ये सभी संचालित हैं।

(ग): जन स्वास्थ्य राज्य का विषय होने के कारण, उत्तर प्रदेश के सुल्तानपुर जिले में आयुष आरोग्य केंद्रों /आयुष्मान आरोग्य मंदिरों/यूनानी केंद्रों में डॉक्टरों और अन्य सहायक कर्मचारियों के पदों को भरने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार के अधिकार क्षेत्र में आती है। उत्तर प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, उत्तर प्रदेश के सुल्तानपुर जिले में एएएम (आयुष) के तहत 9 चिकित्सा अधिकारी, 5 फार्मासिस्ट, 8 अटेंडेंट और 3 स्वीपर/चौकीदार तैनात किए गए हैं।

PRESCRIPTION FOR MEDICINAL SYRUPS

2292. SHRI SUDAMA PRASAD:

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

(a) whether the Government has assessed the impact of the prescription only requirement for medicinal syrups on patient residing of rural, tribal and remote areas where access to registered medical practitioners is limited, if so, the details thereof; and

(b) whether any monitoring mechanism has been established by the Government to prevent the illegal sale of syrup-based medicines without a prescription in the country and if so, the details thereof?

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

(a) and (b): As per the Drugs and Cosmetics Act, 1940, and Drugs Rules, 1945, all drugs including cough syrups covered under Schedule X, H and/or H1 are required to be sold by retail on the prescription of a Registered Medical Practitioner (RMP) only. Further, Schedule K to the said Rules provided an exemption for sale of cough syrups in villages with a population not exceeding 1,000 persons and where no dealer was licensed under the said Act. However, the Government vide notification G.S.R 477 (E) dated 09.06.2026, has amended the Drugs Rules, 1945, withdrawing the said exemption to enhance regulatory control and promote safe use of cough syrup in the interest of patient safety.

However, drugs supplied by Multipurpose workers attached to Primary Health Centres/Sub-Centres, Community Health Volunteers under the Rural

Health Scheme, Nurses Auxiliary Nurses, Midwives and Lady Health Visitors attached to Urban Family Welfare Centres/Primary Health Centres/Sub-Centres, Anganwadi Workers and Community Health Officers at Ayushman Bharat Health and Wellness Centres are permitted under Schedule K to dispense prescribed drugs without a sale license.

State Licensing Authorities carryout periodic inspections or as per risk-based approach from time to time of the licensed premises for verification of compliance with the provisions of the Act and rules thereunder. Actions such as suspension and cancellation of licences, prosecutions in the court of law are taken against the erring firms by the State Licensing Authorities.

STRENGTHENING OF PRIMARY HEALTHCARE

2293. SHRI SUKANTA KUMAR PANIGRAHI:

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

(a) whether it is a fact that the Government's visionary expansion of Ayushman Arogya Mandirs has successfully enhanced primary healthcare access across the nation, with centers operational as of 2026, if so, the details thereof;

(b) whether the Government has analyzed that the systematic release and utilization of funds during the last three years have significantly improved healthcare delivery standards across the country, if so, the details thereof;

(c) whether the Government proposes to further strengthen these Mandirs in aspirational districts like Kandhamal, Odisha, by integrating advanced digital diagnostics and AI-driven healthcare services to bridge the urban-rural divide, if so, the details thereof; and

(d) whether the Government, building upon its commendable national progress, is likely to consider a time-bound roadmap to enhance infrastructure and workforce capability in these tribal-dominated areas to ensure universal health coverage and improved medical outcomes for the local population, 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 Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system including primary and district-level healthcare services, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM). Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. More than 1.86 lakh Ayushman Arogya Mandirs (AAMs) have been operationalized by strengthening Sub Health Centres (SHCs) and Primary Health

Centres (PHCs) in the country. A total of 7,379 AAMs in Odisha including 221 AAMs in Kandhamal district have been operationalized.

These AAMs provide preventive, promotive, rehabilitative and curative care for an expanded range of services. The AAMs incrementally provide 12 package of primary health care services across the country, encompassing Reproductive and child care services, Communicable diseases, Non Communicable diseases (NCD), Palliative Care and elderly Care, Care for common mental disorders, neurological conditions (epilepsy, dementia) and substance use disorders management (tobacco, alcohol, drugs), Oral health, ENT care, and Basic emergency care.

The Indian Public Health Standards (IPHS) have been developed by MoHFW for primary and secondary healthcare facilities which provides a set of uniform standards, including norms for services, infrastructure, human resources, diagnostics, equipment, medicines etc, envisaged to improve the quality of health care delivery in the country. They are used as the reference point for public health care infrastructure planning and up-gradation in the States and UTs.

Ayushman Bharat Digital Mission (ABDM) aims to create an online platform enabling interoperability of health data within the health ecosystem to create longitudinal electronic health record of every citizen, to improve access to quality healthcare in aspirational districts including Kandhamal.

The teleconsultation services, available at all operational AAMs across the country, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care.

In an effort to establish seamless data flow and continuity of care, MoHFW has launched Swasth Bharat Portal - a centralized digital platform that provides single-window access to multiple national health programs, thereby reducing the burden of data reporting on healthcare providers and prioritizing patient care. It enables care providers to manage beneficiary details through ABHA ID and view longitudinal health records across various health programs.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) aims to support for infrastructure development for SHCs, Urban AAMs, Support for Block Public Health Units (BPHUs), Integrated District Public Health Laboratories (IPHL) and Critical Care Hospital Blocks (CCB) in the country including tribal-dominated areas. The Fifteenth Finance Commission (FC-XV) had recommended grants through Local Governments for specific components of the health sectors.

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of SHCs, PHCs and Community Health Centres (CHCs) have been relaxed from 5,000, 30,000 and 1,20,000 to 3,000, 20,000 and 80,000 respectively. One Accredited Social

Health Activist (ASHA) is allowed per habitation instead of per 1,000 population, and up to 4 Mobile Medical Units (MMUs) per district are permitted in tribal and hard-to-reach areas, compared to 2 in plain districts.

हिमाचल प्रदेश में एबी-पीएमजेएवाई के कार्यान्वयन की समीक्षा

2294. श्री सुरेश कुमार कश्यपः

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

(क) क्या सरकार द्वारा विगत तीन वर्षों के दौरान आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के कार्यान्वयन की समीक्षा की गयी है और यदि हाँ, तो देशभर में राज्य-वार, विशेषकर हिमाचल प्रदेश तथा शिमला संसदीय क्षेत्र में पात्र लाभार्थियों, इलाज कराने वाले रोगियों तथा सूचीबद्ध अस्पतालों का ब्यौरा क्या है;

(ख) आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना के अंतर्गत स्वास्थ्य बीमा कवरेज का विस्तार करने तथा आयुष्मान आरोग्य मंदिरों के माध्यम से प्राथमिक स्वास्थ्य सेवाओं को सुदृढ़ बनाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं तथा हिमाचल प्रदेश एवं शिमला संसदीय निर्वाचन क्षेत्र में इनकी वर्तमान स्थिति क्या है;

(ग) आयुष्मान भारत डिजिटल मिशन के अंतर्गत एबीएचए (आयुष्मान भारत स्वास्थ्य खाता), डिजिटल स्वास्थ्य अभिलेखों तथा अन्य डिजिटल स्वास्थ्य सेवाओं के एकीकरण की वर्तमान स्थिति क्या है; और

(घ) क्या उक्त योजना से लोगों के स्वास्थ्य पर उनके द्वारा होने वाले खर्च में कमी आई है तथा देशभर में, विशेषकर हिमाचल प्रदेश एवं शिमला संसदीय क्षेत्र में, सार्वभौमिक स्वास्थ्य कवरेज के लक्ष्य की दिशा में क्या प्रगति हुई 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): राष्ट्रीय स्वास्थ्य प्राधिकरण राज्यों/संघ राज्य क्षेत्रों के साथ समय-समय पर समीक्षा बैठकों के माध्यम से आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीमजेएवाई) के कार्यान्वयन किसी नियमित रूप से समीक्षा करता है जिससे योजना के कार्यान्वयन की प्रगति, लाभार्थियों का कवरेज, अस्पतालों का एम्पेनलमेंट तथा योजना के उपयोग की स्थिति का आकलन किया जा सके।

आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) का शुभारंभ सितंबर 2018 में किया गया था और शुरुआत में इस योजना के अंतर्गत सामाजिक-आर्थिक जातिगत जनगणना (एसईसीसी), 2011 के आधार पर चिन्हित 10.74 करोड़ परिवारों को शामिल किया गया था, जो भारत की कुल जनसंख्या के निचले 40 प्रतिशत हिस्से का प्रतिनिधित्व करते हैं। जनवरी 2023 में देश की दशकीय जनसंख्या वृद्धि को ध्यान में रखते हुए योजना के लाभार्थी आधार को 10.74 करोड़ से बढ़ाकर 12 करोड़ परिवार कर दिया गया। मार्च 2024 में मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं, आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायकों के लगभग 37 लाख अतिरिक्त परिवारों को योजना के अंतर्गत शामिल किया गया। अक्टूबर 2024 में योजना का और विस्तार करते हुए 70 वर्ष एवं उससे अधिक आयु के वरिष्ठ नागरिकों को, उनकी सामाजिक-आर्थिक स्थिति की परवाह किए बिना, 4.5 करोड़ परिवारों से संबंधित 6 करोड़ नागरिकों को इसमें शामिल किया गया।

दिनांक 30.06.2026 की स्थिति के अनुसार, इस योजना के अंतर्गत कुल 37,413 अस्पताल पैनलबद्ध किए गए हैं, जिनमें से 14,761 अस्पताल पिछले तीन वर्षों (वित्त वर्ष 2023-24 से वित्त वर्ष 2025-26 तक) के दौरान पैनलबद्ध किए गए हैं। हिमाचल प्रदेश सहित राज्य/संघ राज्य क्षेत्र-वार एवं

जिला-वार पैनलबद्ध अस्पतालों का विवरण निम्नलिखित लिंक पर देखा जा सकता है: https://hem.nha.gov.in/search

इसके अतिरिक्त, दिनांक 30.06.2026 की स्थिति के अनुसार, इस योजना के अंतर्गत अस्पताल में भर्ती के कुल 12.69 करोड़ मामलों को प्राधिकृत किया गया है, जिनमें से 7.14 करोड़ अस्पताल भर्ती मामले पिछले तीन वर्षों (वित्त वर्ष 2023-24 से वित्त वर्ष 2025-26 तक) के दौरान प्राधिकृत किए गए हैं। इसी अवधि के दौरान अस्पताल में भर्ती मामलों के प्राधिकृत विवरण का हिमाचल प्रदेश सहित राज्य/संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

एबी-पीएमजेएवाई के अंतर्गत लोकसभा निर्वाचन क्षेत्र-वार आंकड़े संकलित नहीं किए जाते हैं, तथापि, शिमला संसदीय निर्वाचन क्षेत्र के अंतर्गत आने वाले जिलों में पिछले तीन वर्षों (वित्त वर्ष 2023-24 से वित्त वर्ष 2025-26 तक) के दौरान योजना की प्रगति निम्नानुसार है:

जिला	**बनाए गए आयुष्मान कार्डों की संख्या**	**अस्पताल भर्तियों की प्राधिकृत संख्या**
शिमला	17,920	22,785
सोलन	14,807	21,299
सिरमौर	24,668	20,582

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत देश भर में 1.86 लाख आयुष्मान आरोग्य मंदिरों (एएएम) के माध्यम से (जिनमें हिमाचल प्रदेश के 2,845 एएएम और शिमला संसदीय निर्वाचन क्षेत्र के अंतर्गत सोलन, सिरमौर एवं शिमला जिलों में क्रमशः 203, 178 और 343 एएएम शामिल हैं) उप-स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके व्यापक प्राथमिक स्वास्थ्य परिचर्या सेवाएं प्रदान की जाती हैं। ये एएएम प्रजनन एवं बाल स्वास्थ्य परिचर्या सेवाओं, संचारी रोगों,

गैर-संचारी रोगों तथा अन्य स्वास्थ्य संबंधी समस्याओं सहित सेवाओं की एक विस्तृत श्रृंखला के लिए निवारक, प्रोत्साहक, पुनर्वासात्मक और उपचारात्मक स्वास्थ्य सेवाएं प्रदान करते हैं।

(ग): भारत सरकार द्वारा सितंबर 2021 में आयुष्मान भारत डिजिटल मिशन (एबीडीएम) का शुभारंभ एकीकृत, नागरिक-केंद्रित राष्ट्रीय डिजिटल स्वास्थ्य इकोसिस्टम के विकास में सहयोग देने के उद्देश्य से किया गया था। दिनांक 27.07.2026 की स्थिति के अनुसार देश में एबीडीएम की प्रगति निम्नानुसार है:

- नागरिकों के लिए आयुष्मान भारत स्वास्थ्य खाता (आभा) – 95.78 करोड़
- नागरिकों के आभा से जुड़े स्वास्थ्य रिकॉर्ड – 106.99 करोड़
- स्वास्थ्य पेशेवर रजिस्ट्री में सत्यापित स्वास्थ्य पेशेवर – 10.20 लाख
- स्वास्थ्य सुविधा रजिस्ट्री में सत्यापित स्वास्थ्य सुविधा केंद्र – 5.38 लाख
- एबीडीएम एनेबल्ड सॉफ्टवेयर का उपयोग करने वाले स्वास्थ्य सुविधा केंद्र – 2.74 लाख

(घ): राष्ट्रीय स्वास्थ्य लेखा अनुमान वर्ष 2022-23 के अनुसार, कुल स्वास्थ्य व्यय की तुलना में जेब से किए जाने वाले व्यय (आउट ऑफ पॉकेट एक्सपेंडिचर) का अनुपात वर्ष 2014-15 के 62.6 प्रतिशत था जो वर्ष 2022-23 में कम होकर 43.4 प्रतिशत हो गया है। यह उल्लेखनीय कमी दर्शाती है कि जन स्वास्थ्य क्षेत्र में बढ़ते निवेश तथा एबी-पीएमजेएवाई जैसी सार्वजनिक रूप से वित्त पोषित स्वास्थ्य बीमा योजनाओं के विस्तार के कारण परिवारों द्वारा स्वास्थ्य सेवाओं पर अपनी जेब से किए जाने वाले व्यय का हिस्सा काफी कम हुआ है।

इसके अतिरिक्त, दिनांक 30.06.2026 की स्थिति के अनुसार, शिमला संसदीय निर्वाचन क्षेत्र के अंतर्गत आने वाले तीन जिलों अर्थात शिमला, सिरमौर एवं सोलन में पात्र लाभार्थियों के लिए कुल

64,666 अस्पताल में भर्ती के मामलों को प्राधिकृत किया गया है, जिसके अंतर्गत 102.90 करोड़ रुपये की कैशलेस उपचार सुविधा प्रदान की गई है।

विवरण

पिछले तीन वर्षों (वित्त वर्ष 2023-24 से वित्त वर्ष 2025-26 तक) के दौरान अस्पताल में प्राधिकृत किए गए भर्ती मामलों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा:

राज्य/संघ राज्य क्षेत्र	**अस्पताल भर्तियों की प्राधिकृत संख्या (लाख में)**
अंडमान और निकोबार द्वीप समूह	0.026
आंध्र प्रदेश	60.44
अरुणाचल प्रदेश	0.14
असम	15.39
बिहार	26.69
चंडीगढ़	0.71
छत्तीसगढ़	48.51
दिल्ली	0.37
गोवा	0.27
गुजरात	43.42
हरियाणा	27.46
हिमाचल प्रदेश	2.68
जम्मू और कश्मीर	12.64

झारखंड	13.35
कर्नाटक	100.28
केरल	29.76
लद्दाख	0.30
लक्षद्वीप	0.02
मध्य प्रदेश	49.18
महाराष्ट्र	33.52
मणिपुर	2.40
मेघालय	6.88
मिजोरम	1.10
नागालैंड	0.95
ओडिशा	14.68
पुदुचेरी	1.42
पंजाब	19.39
राजस्थान	58.22
सिक्किम	0.35
तमिलनाडु	34.23
तेलंगाना	20.40
दादरा और नगर हवेली एवं दमन और दीव	0.61
त्रिपुरा	3.95

उत्तर प्रदेश	72.55
उत्तराखंड	12.01

निजी क्लीनिकों में मनमाने शुल्क

2295. श्री राजेश रंजनः

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

(क) क्या सरकार को यह जानकारी है कि देश के अनेक राज्यों में निजी क्लीनिक, नर्सिंग होम तथा तथाकथित सुपर मल्टी-स्पेशियलिटी अस्पताल रोगियों से मनमाना शुल्क वसूल रहे हैं और उन्हें केवल अपने संबद्ध केन्द्रों पर अनावश्यक अल्ट्रासाउंड, एमआरआई तथा अन्य नैदानिक जांच कराने के लिए विवश कर रहे हैं तथा बकाया राशि का भुगतान न होने पर मृत रोगियों के शव परिजनों को सौंपने से इंकार कर रहे हैं;

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

(ग) क्या वेंटिलेटर सहायता के नाम पर अवैध शुल्क वसूले जाने तथा एक ही चिकित्सक द्वारा बार-बार परामर्श शुल्क लिए जाने संबंधी शिकायतें सरकार के संज्ञान में आई हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या केंद्र सरकार की ऐसे अस्पतालों में उपचार दर, जांच मानकों तथा परामर्श अवधि के लिए राष्ट्रीय मानक दिशानिर्देश निर्धारित करने तथा राज्य सरकारों द्वारा उनकी अनुपालना सुनिश्चित कराने की कोई योजना है; और

(ङ) 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' राज्य का विषय है, अत: रोगियों से मनमाना शुल्क लेने, उन्हें केवल अपने संबद्ध केंद्रों पर ही अनावश्यक अल्ट्रासाउंड, एमआरआई और अन्य नैदानिक जाँचें करवाने के लिए बाधित करने और मृत रोगियों के शवों को रोके रखने जैसी समस्याओं से निपटने की मुख्य ज़िम्मेदारी संबंधित राज्यों/संघ राज्य क्षेत्रों की है।

तथापि, भारत सरकार ने नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम, 2010 (सीई अधिनियम) अधिनियमित किया और सरकारी (सशस्त्र बल संबंधित स्थापन को छोड़कर) के साथ-साथ चिकित्सा की मान्यता प्राप्त प्रणालियों से संबंधित निजी नैदानिक स्थापनों के रजिस्ट्रीकरण और विनियमन के लिए नैदानिक स्थापन (केंद्र सरकार) नियम, 2012 यथासंशोधित 2018 और 2020 (सीई नियमावली) को अधिसूचित किया। सीई अधिनियम के अनुसार, नैदानिक स्थापनों को प्रदान की जाने वाली प्रत्येक प्रकार की सेवा के लिए न्यूनतम मानकों की शर्तों को पूरा करना आवश्यक है। सीई अधिनियम को 19 राज्यों/संघ राज्य क्षेत्रों (12 राज्यों, अर्थात, अरुणाचल प्रदेश, असम, बिहार, झारखंड, हरियाणा, हिमाचल प्रदेश, मिजोरम, राजस्थान, सिक्किम, तेलंगाना, उत्तराखंड और उत्तर प्रदेश और 7 संघ राज्य क्षेत्रों, अर्थात, अंडमान और निकोबार द्वीप समूह, चंडीगढ़, दादरा और नगर हवेली और दमन और दीव, जम्मू और कश्मीर, लद्दाख, लक्षद्वीप और पुडुचेरी) द्वारा अपनाया गया है। नैदानिक स्थापनों के रजिस्ट्रीकरण के लिए, सीई नियमावली में अन्य बातों के साथ-साथ, निम्नलिखित प्रावधान किए गए हैं:

(i) प्रत्येक नैदानिक स्थापन को रोगियों की सुविधा के लिए, प्रदान की जाने वाली प्रत्येक सेवा और उपलब्ध सुविधाओं के लिए ली जाने वाली दरों को स्थानीय और अंग्रेज़ी भाषा में किसी ऐसी जगह पर प्रदर्शित करना होगा जहाँ वे आसानी से दिख सकें।

(ii) नैदानिक स्थापन प्रत्येक प्रकार की प्रक्रियाओं और सेवाओं के लिए दरों की उस सीमा के भीतर शुल्क लेंगे जो केंद्र सरकार ने राज्य सरकारों के परामर्श से निश्चित और जारी की हैं। इस संबंध

में, केंद्र सरकार ने राज्यों/संघ राज्य क्षेत्रों के साथ कई बार विमर्श किया है। यह मामला अभी भारत के सर्वोच्च न्यायालय में विचाराधीन है।

(iii) नैदानिक स्थापन मानक उपचार दिशानिर्देशों का अनुपालन सुनिश्चित करेंगे।

'स्वास्थ्य' राज्य का विषय है, इसलिए जिन राज्यों/संघ राज्य क्षेत्रों ने सीई अधिनियम को अपनाया है, वे अपने-अपने राज्यों/संघ राज्य क्षेत्रों में सीई अधिनियम के प्रावधानों को लागू/ कार्यान्वित करने के लिए मुख्य रूप से ज़िम्मेदार हैं। इस अधिनियम ने ज़िला स्तर पर ज़िला कलेक्टर/ज़िला मजिस्ट्रेट की अध्यक्षता में एक रजिस्ट्रीकरण प्राधिकरण को अधिकार दिया है कि वह अधिनियम के प्रावधानों के उल्लंघन के मामले में शास्ति लगाने जैसी कार्रवाई कर सके। यदि अधिनियम के प्रावधानों का अनुपालन नहीं किया जाता है, तो रजिस्ट्रीकरण रद्द करने का भी प्रावधान है। ऐसे नैदानिक स्थापन के प्रति की गई कार्रवाई का डेटा और विवरण केंद्रीय स्तर पर नहीं रखा जाता है। जिन राज्यों/संघ राज्य क्षेत्रों ने सीई अधिनियम को नहीं अपनाया और लागू नहीं किया है, वहां के नैदानिक स्थापन का रजिस्ट्रीकरण और विनियमन संबंधित राज्य के अधिनियमों के तहत किया जाता है।

RAMAGUNDAM FERTILIZERS AND CHEMICALS LIMITED

2296: SHRI MADHAVANENI RAGHUNANDAN RAO:

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

(a) whether the Government has any proposal to expand the Ramagundam Fertilizers and Chemicals Limited (RFCL) plant at Ramagundam, Telangana, if so, the details thereof;

(b) whether any special allocation of fertilizers produced at the said plant is being made to the State of Telangana, if so, the details thereof; and

(c) the steps taken by the Government to ensure adequate fertilizer availability to farmers in Telangana from RFCL?

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): At present, there is no such proposal of Ramagundam Fertilizers and Chemicals Limited (RFCL) under consideration in the Department of Fertilizers.

(b) and (c): The following steps are taken by the Government in every season for ensuring timely and adequate supply of fertilizers across the States/UTs, including the State of Telangana:

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 State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.

IV. Regular coordination with the Ministry of Railways is undertaken for giving sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States.

V. The distribution of fertilizers within the State at district level is done by the concerned State government.

Further, to ensure an efficient and uninterrupted supply, Urea produced by RFCL, like that from all other indigenous manufacturing plants, is pooled at the national level and allocated to States based on their assessed requirements to ensure equitable distribution across the country.

Accordingly, the availability of fertilizers has remained adequate in the State of Telangana during the ongoing Kharif 2026 season (from 01.04.2026 to 26.07.2026). The information regarding requirement, availability, sales and closing stocks of fertilizers in the State during the said period is given in the enclosed **Statement.**

STATEMENT

AVAILABILITY OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.2026 TO 26.07.26):

TELANGANA					
					Figures in LMT
S. No.	Product	Requirement	Availability	DBT Sales	Closing Stock as on 26.07.26
1	UREA	7.26	7.88	4.27	3.61
2	DAP	2.04	1.93	1.62	0.31
3	MOP	0.57	0.54	0.15	0.39
4	NPKS	7.18	7.68	4.49	3.18

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

INDIGENOUS CONTAINER MANUFACTURING

2297. SHRI DEVUSINH CHAUHAN:

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

(a) whether the Government has achieved a milestone in indigenous container manufacturing by facilitating the production of India's first international export-import (EXIM) shipping containers in 2026;

(b) the details of the Production Linked Incentives (PLI) framework formulated to support domestic shipping container manufacturing and make it globally competitive;

(c) whether the Government is contemplating the expansion of National Waterways, including the operationalization of new inland connectivity routes; and

(d) the roadmap for the Atmanirbhar Bharat vision in the maritime sector to reduce dependency on foreign imports and generate employment opportunities?

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

(a): An order for shipping containers was placed by a global shipping line on an Indian container manufacturer. The domestically produced prototype container was unveiled at Dadri, Uttar Pradesh on 03.07.2026. The shipping container are produced in accordance with internationally accepted quality and safety standards, including International Organization for Standardization (ISO) specifications and the International Convention for Safe Containers (CSC).

(b): The Government in Budget Speech 2026-27 has announced a Scheme for container manufacturing in India with a budget outlay of ₹ 10,000 crore aimed at creating globally competitive container manufacturing ecosystem in the country.

(c): The Union Budget of 2026 announced plans to operationalize 19 new National Waterways over the next five years, building upon the 32 national waterways that are already operational for cargo/ passenger movement out of a total network of 111 declared waterways

(d): The Government has approved a comprehensive ₹69,725 crore package to strengthen domestic shipbuilding capacity, maritime financing, shipyard development, skilling, and reforms. Key components of the package include:

i. Shipbuilding Financial Assistance Scheme (SBFAS), an extension of Shipbuilding Financial Assistance Policy (SBFAP), with outlay of ₹ 24,736 crore to address cost disadvantages of Indian shipyards vis-a-vis global shipyards;

ii. Maritime Development Fund (MDF) corpus of ₹ 25,000 crore for providing long term financing support to shipbuilding and maritime sector comprising a Maritime Investment Fund (MIF) of ₹ 20,000 crore and Interest Incentivisation Fund (IIF) of ₹ 5,000 crore;

iii. Shipbuilding Development Scheme (SbDS) with ₹19,989 crore outlay to expand Indian shipbuilding output capacity by setting up greenfield shipbuilding clusters and capacity expansion of the existing shipyards.

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

एनर्जी ड्रिंक्स में मिलावट

2298. श्री मनसुखभाई धनजीभाई वसावाः

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

(क) क्या देश में बड़े पैमाने पर मिलावटी एनर्जी ड्रिंक्स बेचे जा रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या इन मिलावटी पेय पदार्थों में कैफीन की अत्यधिक मात्रा होने के कारण बड़ी संख्या में लोग कैंसर, पक्षाघात और हृदय रोगों के शिकार हो रहे हैं और यदि हां, तो देश में अब तक दर्ज किए गए ऐसे मामलों की संख्या कितनी है और तत्संबंधी ब्यौरा क्या है; और

(ग) सरकार द्वारा मिलावटी एनर्जी ड्रिंक्स के निर्माताओं और विक्रेताओं के विरुद्ध 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 (ग): भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफ़एसएसएआई) को खाद्य पदार्थों के लिए विज्ञान-आधारित मानक निर्धारित करने तथा उनके विनिर्माण, भंडारण, वितरण, विक्रय और आयात को विनियमित करने का दायित्व सौंपा गया है, ताकि मानव उपभोग के लिए सुरक्षित और पौष्टिक भोजन की उपलब्धता सुनिश्चित की जा सके। खाद्य सुरक्षा और मानक (एफ़एसएस) अधिनियम, 2006 का कार्यान्वयन और प्रवर्तन केंद्र और राज्य सरकारों की साझा जिम्मेदारी है।

एफ़एसएसएआई ने दिनांक 28.03.2024 की अपनी एडवाइजरी के माध्यम से स्पष्ट किया है कि 'हेल्थ ड्रिंक' को एफ़एसएस अधिनियम, 2006 अथवा उसके तहत बनाए गए किसी भी नियम एवं विनियम के तहत कहीं भी परिभाषित/मानकीकृत नहीं किया गया है। अतः 'प्रोप्राइटरी फूड' के अंतर्गत लाइसेंस प्राप्त वे खाद्य उत्पाद, जिनकी निकटतम श्रेणी डेयरी आधारित पेय मिश्रण या अनाज आधारित पेय मिश्रण या माल्ट आधारित पेय है, और जिन्हें ई-कॉमर्स वेबसाइटों पर 'हेल्थ ड्रिंक' 'एनर्जी ड्रिंक' श्रेणी के अंतर्गत बेचा जा रहा है, उन्हें सलाह दी गई है कि वे अपनी वेबसाइट से ऐसे पेय/पेय पदार्थों को 'हेल्थ ड्रिंक/एनर्जी ड्रिंक' श्रेणी से हटाएँ/डी-लिंक करें तथा ऐसे उत्पादों को वर्तमान कानून के अनुसार उपयुक्त श्रेणी में रखें।

खाद्य सुरक्षा और मानक (खाद्य उत्पाद मानक एवं खाद्य योजक) विनियम, 2011 के अनुसार, कैफीनयुक्त पेय में "उत्पाद के निर्माण में किसी भी स्रोत से प्राप्त कुल कैफीन की मात्रा प्रति लीटर 145 मि.ग्रा. से कम तथा 300 मि.ग्रा. प्रति लीटर से अधिक नहीं होनी चाहिए।" इसके अतिरिक्त, उत्पाद के लेबल पर यह घोषणा अंकित होना आवश्यक है: "प्रतिदिन 500 मि.ली. से अधिक सेवन न करें।" ये मानक एफएसएसएआई के स्वतंत्र वैज्ञानिक पैनलों तथा वैज्ञानिक समिति द्वारा उपलब्ध वैज्ञानिक साक्ष्यों, डायटरी एक्सपोज़र और देश-विशिष्ट आवश्यकताओं को ध्यान में रखते हुए किए गए वैज्ञानिक जोखिम आकलन के आधार पर निर्धारित किए गए हैं तथा ये अंतरराष्ट्रीय स्तर पर स्वीकृत मानकों के प्रति पर्याप्त रूप से सामंजस्यपूर्ण हैं।

एफएसएसएआई ने खाद्य उत्पादों में मिलावट पर अंकुश लगाने के लिए "#नो टू अडल्ट्रेशन", "हाउ टू चेक फॉर अडल्ट्रेशन" जैसे जागरूकता अभियान चलाना तथा मोबाइल फूड टेस्टिंग प्रयोगशाला (एमएफ़टीएल) या "फूड सेफ़्टी ऑन व्हील्स" (एफ़एसडब्ल्यू), और फूड सेफ्टी मैजिक बॉक्स के लिए धन उपलब्ध कराना जैसे कई उपाय किए हैं। एफ़एसएसएआई ने मिलावट का पता लगाने के लिए रैपिड एनालिटिकल फूड टेस्टिंग (रैपिड) किटों को मंजूरी दी है और डिटेक्ट अडल्ट्रेशन विद रैपिड टेस्ट (डीएआरटी) पुस्तिका प्रकाशित की है।

इसके अतिरिक्त, वित्त वर्ष 2026–27 के दौरान खाद्य सुरक्षा और मानक (लेबलिंग एवं प्रदर्शन) विनियम, 2020 के उल्लंघन के लिए खाद्य व्यवसाय संचालकों (एफ़बीओ) को 15 नोटिस जारी किए गए हैं। वर्ष 2025–26 के दौरान मिलावट के मामलों सहित मानकों के अनुरूप न पाए गए खाद्य उत्पादों के विरुद्ध राज्यों/संघ राज्य क्षेत्रों के खाद्य सुरक्षा प्राधिकरणों द्वारा की गई प्रवर्तन कार्रवाई का विवरण निम्नानुसार है:-

वित्त वर्ष 2025-26 के लिए पेय पदार्थ एवं कैफीनयुक्त पेय पदार्थ सहित प्रवर्तन का ब्यौरा				
वर्ष	विश्लेषित नमूनों की संख्या	गैर-अनुरूप पाए गए नमूनों की संख्या	सिविल मामले	आपराधिक मामले
			शास्ति के साथ निर्णीत	दोषसिद्धियों की संख्या
2025-26*	223,808	40023	31878	1918

* वित्त वर्ष 2025–26 के लिए डेटा अनंतिम है और आगे की प्रयोगशाला जाँच तथा न्यायालयीन कार्यवाही के परिणामों के आधार पर संशोधन के अधीन है।

नोट- शुरू किए गए मामले और लगाई गई शास्ति में पिछले वर्ष विश्लेषित किए गए नमूनों का डेटा भी शामिल है।

SATELLITE CENTRE AT AIIMS BHADOHI

2299. DR. VINOD KUMAR BIND:

SHRI PRATAP CHANDRA SARANGI:

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

(a) whether the Government has approved the establishment of a Satellite Centre of the All India Institute of Medical Sciences (AIIMS) at Bhadohi, Uttar Pradesh and Balasore, Odisha, if so, the details thereof;

(b) the present status of the projects, including fund allocation, engagement of Doctors and other healthcare professionals and the progress achieved so far;

(c) the reasons for the delay in the operationalisation of the proposed Satellite Centres despite, the growing healthcare needs of the people;

(d) whether the Government has undertaken any review regarding the impact of the delay on access to tertiary healthcare services for the people of

Bhadohi, Uttar Pradesh and the Balasore, Odisha and adjoining districts, if so, the details thereof; and

(e) the timeline fixed by the Union Government for operationalisation of the AIIMS Satellite Centre at the said places?

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

(a) to (e): Under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), a Satellite Centre of All India Institute of Medical Sciences (AIIMS), Bhubaneswar has been set up at Balasore with an approved project cost of Rs. 40.59 crore. The Out-Patient Department (OPD) of the Satellite Centre was completed in 2022. To further strengthen OPD services of the Satellite Centre at Balasore, 46 posts including 18 posts of Assistant Professor, 18 posts of Senior Residents and 10 posts of Nursing Officers have been approved by the Government. Till date, more than 30,000 patients have availed OPD treatment at Satellite Centre, Balasore.

As regards the state of Uttar Pradesh, two AIIMS have been established, one each at Raebareli and Gorakhpur under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) and both the institutes are functional. In the current phase of PMSSY, there is no proposal to establish a Satellite Centre of AIIMS at Bhadohi, Uttar Pradesh.

SHORTAGE OF ALLIED HEALTH PROFESSIONALS

2300. SHRI SRIBHARAT MATHUKUMILLI:

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

(a) whether the Government has assessed the shortage of Allied Health Professionals (AHPs) including physiotherapists, laboratory, dialysis and radiology professionals and if so, the details of the current demand, available workforce and shortage of such professionals, profession-wise, district-wise and State-wise;

(b) whether the target of adding one lakh AHPs in five years is based on such workforce-gap assessment and if so, the annual recruitment/training targets fixed thereunder, State-wise and profession-wise;

(c) the number of institutions assessed for faculty, laboratories, clinical training capacity and compliance with the National Commission for Allied and Healthcare Professions (NCAHP) curricula, which is mandatory from 2026, along with the deficiencies identified for the same; and

(d) the amount of funds allocated for upgrading AHP institutions and the measurable annual indicators fixed to monitor whether increased training seats translate into qualified professionals employed in areas of shortage across the country, State-wise?

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

(a) to (d): The assessment and management of health workforce requirements is an ongoing, dynamic process carried out in coordination with State Governments and Union Territories based on evolving public health needs. To establish a robust statutory mechanism for regulating allied and healthcare professions across 57 recognized categories, the Government enacted the National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021, and constituted the National Commission for Allied and Healthcare Profession (NCAHP) under the provisions of the Act. NCAHP has finalised 18 competency based curriculum and online enrolment portals for professionals and institutions were made live in October 2024 to facilitate central and state-level workforce mapping. Furthermore, 29 States/UTs have constituted State Allied and Healthcare Councils for implementation and execution of the provisions under the Act.

To address the evolving demands for AHPs in healthcare ecosystem, the Central Government in Budget Announcement 2026, announced addition of 100,000 AHPs over next five years. Further, an amount of Rs.1000 Crore has been allocated in this year for the Scheme for Allied Health Care Professionals.

माननीय अध्यक्ष : सदन की कार्यवाही आज 12 बजे तक के लिए स्थगित की जाती है।

… (व्यवधान)

11.02 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. Mohammad Jawed and some other hon. Members came and stood on the floor near the Table.

... (व्यवधान)

12.01½ hrs

PAPERS LAID ON THE TABLE

माननीय सभापति : अब पत्र सभा पटल पर रखे जाएंगे।

आइटम नंबर 2 – माननीय मंत्री श्री प्रतापराव जाधव जी।

… (व्यवधान)

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : महोदय, मैं आयुष मंत्रालय से संबंधित निम्नलिखित पत्र सभा पटल पर रखता हूँ:-

(1) राष्ट्रीय भारतीय चिकित्सा पद्धति आयोग अधिनियम, 2020 की धारा 56 के अंतर्गत राष्ट्रीय भारतीय चिकित्सा पद्धति आयोग (सदस्यों की नियुक्ति और नामनिर्देशन की

रीति, उनके वेतन, भत्ते और सेवा के निबंधन और शर्तें और परिसंपत्तियों की घोषणा, वृत्तिक और वाणिज्यिक वचनबंध) संशोधन नियम, 2026, जो दिनांक 4 जून, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.440(अ) में प्रकाशित हुए थे, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 7245/18/26]

(2) राष्ट्रीय होम्योपैथी आयोग अधिनियम, 2020 की धारा 56 के अंतर्गत राष्ट्रीय होम्योपैथी आयोग (सदस्यों की नियुक्ति और नामनिर्देशन की रीति, उनके वेतन, भत्ते और सेवा के निबंधन और शर्तें और परिसंपत्तियों की घोषणा, वृत्तिक और वाणिज्यिक वचनबंध) संशोधन नियम, 2026, जो दिनांक 15 मई, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.366(अ) में प्रकाशित हुए थे, की प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 7246/18/26]

… (व्यवधान)

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): Hon. Chairperson, Sir, with your permission, I rise to lay on the Table:-

(1) A copy each of the following Notifications (Hindi and English versions) under Section 38 of the Drugs and Cosmetics Act, 1940:-

(i) The Drugs (Second Amendment) Rules, 2026 published in Notification No. G.S.R.377(E) in Gazette of India dated 20th May, 2026.

[Placed in Library, See No. LT 7247/18/26]

(ii) The Drugs (Third Amendment) Rules, 2026 published in Notification No. G.S.R.407(E) in Gazette of India dated 25th May, 2026.

[Placed in Library, See No. LT 7248/18/26]

(iii) The Drugs (Fourth Amendment) Rules, 2026 published in Notification No. G.S.R.444(E) in Gazette of India dated 5th June, 2026.

[Placed in Library, See No. LT 7249/18/26]

(iv) The Drugs (Fifth Amendment) Rules, 2026 published in Notification No. G.S.R.477(E) in Gazette of India dated 15th June, 2026.

[Placed in Library, See No. LT 7250/18/26]

(v) The Drugs (Sixth Amendment) Rules, 2026 published in Notification No. G.S.R.496(E) in Gazette of India dated 18th June, 2026.

[Placed in Library, See No. LT 7251/18/26]

(vi) The Drugs (Seventh Amendment) Rules, 2026 published in Notification No. G.S.R.506(E) in Gazette of India dated 22nd June, 2026.

[Placed in Library, See No. LT 7252/18/26]

(vii) The Drugs (Eighth Amendment) Rules, 2026 published in Notification No. G.S.R.530(E) in Gazette of India dated 30th June,

2026.

[Placed in Library, See No. LT 7253/18/26]

(viii) The Drugs (Ninth Amendment) Rules, 2026 published in Notification No. G.S.R.561(E) in Gazette of India dated 3rd July, 2026.

[Placed in Library, See No. LT 7254/18/26]

(ix) The Drugs (Tenth Amendment) Rules, 2026 published in Notification No. G.S.R.607(E) in Gazette of India dated 9th July, 2026.

[Placed in Library, See No. LT 7255/18/26]

(2) A copy of the Drugs (Prices Control) Amendment Order, 2026 (Hindi and English versions) published in Notification No. S.O.3516(E) in Gazette of India dated 30th June, 2026 under sub-section(6) of Section 3 of the Essesntial Commodities Act, 1955.

[Placed in Library, See No. LT 7256/18/26]

(3) A copy of the Council (National Institute of Pharmaceutical Education and Research) Amendment Rules, 2026 (Hindi and English versions) published in Notification No. G.S.R.141(E) in Gazette of India dated 24th February, 2026 under sub-section (3) of Section 30E of the National Institute of Pharmaceutical Education & Research) Act, 1998.

[Placed in Library, See No. LT 7257/18/26]

(4) A copy each of the following papers (Hindi and English versions) under

sub-section 1(b) of Section 394 of the Companies Act, 2013:-

(a) (i) Statement regarding Review by the Government of the working of the Brahmaputra Valley Fertilizer Corporation Limited, Dibrugarh, for the year 2024-2025.

(ii) Annual Report of the Brahmaputra Valley Fertilizer Corporation Limited, Dibrugarh, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 7258/18/26]

(b) (i) Statement regarding Review by the Government of the working of the Fertilizer Corporation of India Limited, New Delhi, for the year 2024-2025.

(ii) Annual Report of the Fertilizer Corporation of India Limited, New Delhi, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 7259/18/26]

(c) (i) Statement regarding Review by the Government of the working of the Hindustan Fertilizer Corporation Limited, New Delhi, for the year 2024-2025.

(ii) Annual Report of the Hindustan Fertilizer Corporation Limited, New Delhi, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 7260/18/26]

(5) Three Statements (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (4) above.

… (*Interruptions*)

THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND WATERWAYS (SHRI SHANTANU THAKUR): Hon. Chairperson, Sir, I rise to lay on the Table:-

(1) A copy of the Notification No. S.O.1499(E) (Hindi and English versions) published in Gazette of India dated 23rd March, 2026, appointing the 1st day of April, 2026, as the date on which the provisons of the Indian Ports Act, 2025 shall come into force issued under sub-section (2) of Section 1 of the said Act.

[Placed in Library, See No. LT 7261/18/26]

(2) A copy of the Notification No. S.O.2524(E) (Hindi and English versions) published in Gazette of India dated 15th May, 2026, establishing for the purposes of the Indian Ports Act, 2025, a Council to be called the Maritime State Development Council, with effect from the date of publication of this Notification issued under sub-section (1) of Section 3 of the said Act.

[Placed in Library, See No. LT 7262/18/26]

(3) A copy of the Notification No. S.O.3268(E) (Hindi and English versions) published in Gazette of India dated 22nd 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 to the Major Port

Authorities Act, 2021, as mentioned against serial number 72 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 7263/18/26]

(4) A copy of the Notification No. S.O.3270(E) (Hindi and English versions) published in Gazette of India dated 22nd 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 of the Indian Ports Act, 2025 as mentioned against serial number 80 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 7264/18/26]

(5) A copy of the Notification No. S.O.3269(E) (Hindi and English versions) published in Gazette of India dated 22nd 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 serial number 71, and entries thereto in the Schedule to the said Act, relating to the Recycling of Ships Act, 2019, 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 7265/18/26]

(6) A copy of the Notification No. S.O.3266(E) (Hindi and English versions) published in Gazette of India dated 22nd 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 to the Dock Workers (Regulation of Employment)

Act, 1948, as mentioned against serial number 10 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 7266/18/26]

(7) A copy of the Notification No. S.O.3267(E) (Hindi and English versions) published in Gazette of India dated 22nd June, 2026, appointing the 08th 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 Marine Aids to Navigation Act, 2021, as specified against serial number 74 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 7267/18/26]

(8) A copy of the Notification No. S.O.3262(E) (Hindi and English versions) published in Gazette of India dated 20th June, 2026, appointing the 30th day of June, 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 Inland Waterways Authority of India Act, 1985, as specified against serial number 49 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. LT7268/18/26]

(9) A copy of the Notification No. S.O.3261(E) (Hindi and English versions) published in Gazette of India dated 20th June, 2026, appointing the 30th day of June, 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 Inland Vessels Act, 2021, as specified against serial number 75 of the Schedule to the said Act issued under sub-section (2) of Section 1 of the Jan Vishwas (Amendment of Provisions) Act, 2026.

[Placed in Library, See No. LT 7269/18/26]

(10) A copy of the Notification No. S.O.3445(E) (Hindi and English versions) published in Gazette of India dated 25th June, 2026, notifying the form and manner of application, the sum payable for compounding and the manner of payment, in respect of certain offences referred to in sub-section (1) of Section 53A of the Indian Ports Act, 2025, issued under sub-section (1) and (3) of the said Act.

[Placed in Library, See No. LT 7270/18/26]

(11) 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 National Shipping Board Rules, 2026 published in Notification No. G.S.R.379(E) in Gazette of India dated 20th May, 2026.

[Placed in Library, See No. LT 7271/18/26]

(ii) The Merchant Shipping (Civil Liability for Oil Pollution Damage) Rules, 2026 published in Notification No. G.S.R.611(E) in Gazette of India dated 10th July, 2026.

[Placed in Library, See No. LT 7272/18/26]

(iii) Merchant Shipping (Radiocommunication) Rules, 2026 published in Notification No. G.S.R.376(E) in Gazette of India dated 20th May, 2026.

[Placed in Library, See No. LT 7273/18/26]

(iv) The Merchant Shipping (Limitation of Liability for Maritime Claims) Rules, 2026 published in Notification No. G.S.R.585(E) in Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7274/18/26]

(v) The Merchant Shipping (Seafarers' Identity Document) Rules, 2026 published in Notification No. G.S.R.584(E) in Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7275/18/26]

(vi) The Merchant Shipping (Tonnage Measurement of Vessels) Rules, 2026 published in Notification No. G.S.R.581(E) in Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7276/18/26]

(vii) The Merchant Shipping (Seafarers Welfare Board and Levy of Fees) Rules, 2026 published in Notification No. G.S.R.408(E) in Gazette of India dated 26th May, 2026.

[Placed in Library, See No. LT 7277/18/26]

(viii) The Merchant Shipping (International Fund for Compensation for Oil

Pollution Damage) Rules, 2026 published in Notification No. G.S.R.583(E) in Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7278/18/26]

(ix) The Merchant Shipping (Seafarers Accommodation) Rules, 2026 published in Notification No. G.S.R.587(E) in Gazette of India dated 6th July, 2026.

[Placed in Library, See No. LT 7279/18/26]

(x) The Merchant Shipping (Prevention of Pollution by Garbage from Vessels) Rules, 2026 published in Notification No. G.S.R.378(E) in Gazette of India dated 20th May, 2026.

[Placed in Library, See No. LT 7280/18/26]

(xi) The Merchant Shipping (Safety Management) Rules, 2026 published in Notification No. G.S.R.589(E) in Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7281/18/26]

(xii) The Merchant Shipping (Appeal against Penalties and Miscellaneous Matters) Rules, 2026 published in Notification No. G.S.R.201(E) in Gazette of India dated 24th March, 2026.

[Placed in Library, See No. LT 7282/18/26]

(xiii) The Merchant Shipping (Load Line) Rules, 2026 published in Notification No. G.S.R.519(E) in Gazette of India dated 25th June, 2026.

[Placed in Library, See No. LT 7283/18/26]

(xiv) The Merchant Shipping (Prevention of Pollution by Sewage from Vessels) Rules, 2026 published in Notification No. G.S.R.588(E) in

Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7284/18/26]

(xv) The Merchant Shipping (Prevention of Air Pollution from Vessels) Rules, 2026 published in Notification No. G.S.R.586(E) in Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7285/18/26]

(xvi) The Merchant Shipping (Use of Liquefied Gases or Other Low-Flashpoint Fuels) Rules, 2026 published in Notification No. G.S.R.582(E) in Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7286/18/26]

(xvii) The Merchant Shipping (Control of Anti-fouling System) Rules, 2026 published in Notification No. G.S.R.595(E) in Gazette of India dated 8th July, 2026.

[Placed in Library, See No. LT 7287/18/26]

(xviii) The Merchant Shipping (Marine Incident and Emergency Response) Rules, 2026 published in Notification No. G.S.R.354(E) in Gazette of India dated 12th May, 2026.

[Placed in Library, See No. LT 7288/18/26]

(xix) The Merchant Shipping (Civil Liability for Bunker Oil Pollution Damage) Rules, 2026 published in Notification No. G.S.R.610(E) in Gazette of India dated 10th July, 2026.

[Placed in Library, See No. LT 7289/18/26]

(xx) The Merchant Shipping (Continuous Discharge Certificate) Rules, 2026

published in Notification No. G.S.R.594(E) in Gazette of India dated 8th July, 2026.

[Placed in Library, See No. LT 7290/18/26]

(xxi) The Merchant Shipping (Prevention of Pollution by Harmful Substances Carried by Sea in Packaged Form) Rules, 2026 published in Notification No. G.S.R.596(E) in Gazette of India dated 8th July, 2026.

[Placed in Library, See No. LT 7291/18/26]

(xxii) The Merchant Shipping (Cargo Vessel Construction, Fire Appliances and Survey) Rules, 2026 published in Notification No. G.S.R.590(E) in Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7292/18/26]

(12) A copy each of the following Notifications (Hindi and English versions) under of Section 51 of the Marine Aids to Navigation Act, 2021:-

(i) The Marine Aids to Navigation (Vessel Traffic Services) Rules, 2026 published in Notification No. G.S.R.591(E) in Gazette of India dated 7th July, 2026.

[Placed in Library, See No. LT 7293/18/26]

(ii) S.O.1404(E) published in Gazette of India dated 18th March, 2026, appointing Director General of Aids to Navigation as the Competent Authority for Vessel Traffic Services.

[Placed in Library, See No. LT 7294/18/26]

(13) A copy of the Coastal Shipping (Strategic Plan and National Database)

Rules, 2026 (Hindi and English versions) published in Notification No. G.S.R.361(E) in Gazette of India dated 13th May, 2026 under Section 40 of the Coastal Shipping Act, 2025.

[Placed in Library, See No. LT 7295/18/26]

… (*Interruptions*)

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर) : महोदय, मैं महिला और बाल विकास मंत्रालय से संबंधित निम्नलिखित पत्र सभा पटल पर रखती हूँ:-

(1) (एक) सावित्रीबाई फुले राष्ट्रीय महिला और बाल विकास संस्थान, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) सावित्रीबाई फुले राष्ट्रीय महिला और बाल विकास संस्थान, 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 7296/18/26]

… (व्यवधान)

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA MARGHERITA): Sir, with your kind permission, I rise to lay on the Table:-

(1) (i) A copy of the Annual Report (Hindi and English versions) of the Research and Information System for Developing Countries (RIS), New

Delhi, for the year 2024-2025, alongwith Audited Accounts.

(ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Research and Information System for Developing Countries (RIS), New Delhi, for the year 2024-2025.

(2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 7297/18/26]

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… (*Interruptions*)

12.02½ hrs

STANDING COMMITTEE ON RURAL DEVELOPMENT AND PANCHAYATI RAJ

33rd and 34th Reports

SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT): Sir, I rise to present the following Reports (Hindi and English versions) of the Standing Committee on Rural Development and Panchayati Raj:-

(1) Thirty-third Report on 'Review of Panchayats Extension to the Scheduled Areas Act, 1996' of the Ministry of Panchayati Raj.

(2) Thirty-fourth Report on Action taken by the Government on the recommendations contained in the Seventeenth Report on 'Pradhan Mantri Gram Sadak Yojana (PMGSY)' (2024-25) of the Ministry of Rural Development (Department of Rural Development).

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… (*Interruptions*)

12.03 hrs

BUSINESS OF THE HOUSE

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI ARJUN RAM MEGHWAL): Hon. Chairperson, Sir, with your kind permission, I rise to announce that Government Business during the week commencing from Monday, the 3rd of August, 2026, will consist of:-

1. Consideration of any item of Government Business carried over from today's order paper:- [***it contains*** - (i) Consideration and passing of the Registration of Births and Deaths (Amendment) Bill, 2026 and (ii) Discussion on Statutory Resolution seeking disapproval of the Supreme Court (Number of Judges) Amendment Ordinance, 2026 (No. 1 of 2026) and consideration and passing of the Supreme Court (Number of Judges) Amendment Bill, 2026]
2. Consideration and passing of the Micro, Small and Medium Enterprises Development (Amendment) Bill, 2026, *after it is considered and passed by Rajya Sabha*.
3. Consideration and passing of the following Bills, *after their introduction*:-

   (i) The Indian Statistical Institute Bill, 2026; and

   (ii) The Bankers' Books Evidence Bill, 2026.
4. Discussion on Demands for Excess Grants for the year 2022-23 after

presentation and introduction, consideration and passing of the related Appropriation Bill.

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… (*Interruptions*)

12.04 hrs

MOTION RE: REPORT OF THE JOINT COMMITTEE ON THE CONSTITUTION (ONE HUNDRED AND THIRTIETH AMENDMENT) BILL, 2025; THE JAMMU AND KASHMIR REORGANISATION (AMENDMENT) BILL, 2025; AND THE GOVERNMENT OF UNION TERRITORIES (AMENDMENT) BILL, 2025 - EXTENSION OF TIME

SHRIMATI APARAJITA SARANGI (BHUBANESWAR): Hon. Chairperson, Sir, I wish to move the following motion:-

"That this House do extend time for presentation of the Report of the Joint Committee on the Constitution (One Hundred and Thirtieth Amendment) Bill, 2025; the Jammu and Kashmir Reorganisation (Amendment) Bill, 2025; and the Government of Union Territories (Amendment) Bill, 2025 upto the first day of last week of the Winter Session, 2026."

माननीय सभापति : प्रश्न यह है:

"कि यह सभा संविधान (एक सौ तीसवां संशोधन) विधेयक, 2025; जम्मू-कश्मीर पुनर्गठन (संशोधन) विधेयक, 2025; और संघ राज्यक्षेत्र शासन (संशोधन) विधेयक, 2025 संबंधी संयुक्त समिति के प्रतिवेदन को प्रस्तुत किये जाने के लिए समय को शीतकालीन सत्र 2026 के अंतिम सप्ताह के प्रथम दिवस तक बढ़ाती है।"

प्रस्ताव स्वीकृत हुआ।

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… (व्यवधान)

12.05 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 rule 127 of the Rules of Procedure and Conduct of Business in the Rajya Sabha, I am directed to inform the Lok Sabha that the Rajya Sabha at its sitting held on the 30th July, 2026 agreed without any amendment to the Public Examinations (Prevention of Unfair Means) Amendment Bill, 2026 which was passed by the Lok Sabha at its sitting held on the 29th July, 2026."

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… (*Interruptions*)

12.06 hrs

MATTERS UNDER RULE 377*

माननीय सभापति : माननीय सदस्यगण, जिन्हें आज नियम 377 के अधीन मामले उठाने की अनुमति प्रदान की गई है, वे व्यक्तिगत रूप से मामले के अनुमोदित पाठ को सभा पटल पर रख सकते हैं।

(i) Need to set up a world class Data Centre in Bundelkhand Industrial Development Authority (BIDA), Jhansi, Uttar Pradesh

SHRI ANURAG SHARMA (JHANSI): I wish to draw the attention of the Government towards a matter of urgent public importance regarding the establishment of a state-of-the-art Data Centre at the Bundelkhand Industrial Development Authority (BIDA), Jhansi. I congratulate the Government for approval on 5 May 2026 of two new semiconductor facilities under the India Semiconductor Mission (ISM). With these approvals, the total number of approved semiconductor projects has reached 12, involving investments of nearly ₹1.64 lakh crore. The Government has also strengthened India's semiconductor ecosystem by extending design infrastructure support to 315 academic institutions and 104 startups. As semiconductor manufacturing, Artificial Intelligence, cloud computing and digital public infrastructure expand rapidly, India requires secure, high-capacity data centres. BIDA, Jhansi, possesses vast industrial land, excellent connectivity through highways and

* Treated as laid on the Table.

expressways, dependable power infrastructure and a strategic location, making it an ideal destination for such a facility. I, therefore, urge the Government to approve a world-class Data Centre at BIDA under the India Semiconductor Mission or any suitable scheme. This initiative will attract investments, create high-skilled employment, strengthen digital infrastructure, promote balanced regional development and transform Bundelkhand into a significant technology and semiconductor support hub for the nation.

(ii) Need to strengthen mobile telecommunication services in Keonjhar district, Odisha

श्री अनन्त नायक (क्योंझर) : मैं सरकार का ध्यान ओडिशा राज्य के क्योंझर जिले के कई ग्रामीण एवं आदिवासी बहुल क्षेत्रों में मोबाइल नेटवर्क की गंभीर समस्या की ओर आकर्षित करना चाहता हूँ। जिले के आनंदपुर , चंपुआ, तेलकोई, पटना, हरचंदनपुर, बांसपाल, घाटगांव, जोडा तथा झुम्पुरा ब्लॉकों के अनेक गाँव आज भी शैडो नेटवर्क ज़ोन में आते हैं, जहाँ मोबाइल नेटवर्क अत्यंत कमजोर है या बिल्कुल उपलब्ध नहीं है। नेटवर्क की कमी के कारण स्थानीय लोगों को संचार, स्वास्थ्य सेवाओं, आपातकालीन सहायता, शिक्षा तथा ऑनलाइन सरकारी सेवाओं का लाभ लेने में भारी कठिनाइयों का सामना करना पड़ रहा है। विद्यार्थियों की ऑनलाइन पढ़ाई, डिजिटल भुगतान और विभिन्न सरकारी योजनाओं से जुड़ी जानकारी प्राप्त करने में भी बाधा उत्पन्न हो रही है। देश में डिजिटल कनेक्टिविटी को बढ़ावा देने के प्रयासों के बीच क्योंझर जिले के इन दुर्गम क्षेत्रों में दूरसंचार अवसंरचना का अभाव विकास की प्रक्रिया को प्रभावित कर रहा है। अतः मैं सरकार से आग्रह करता हूँ कि ओडिशा राज्य के क्योंझर जिले के शैडो नेटवर्क क्षेत्रों का विस्तृत सर्वेक्षण कर वहाँ शीघ्र अतिरिक्त मोबाइल टावर स्थापित किए जाएँ तथा दूरसंचार सेवाओं को सुदृढ़ बनाने के लिए आवश्यक कदम उठाए जाएँ, ताकि वहाँ के नागरिकों को विश्वसनीय मोबाइल और इंटरनेट कनेक्टिविटी उपलब्ध हो सके।

(iii) Need to strengthen marine biotechnology and ocean research infrastructure to boost Blue Economy in Odisha

SHRIMATI APARAJITA SARANGI (BHUBANESWAR): I wish to draw the attention of the Government towards the immense potential of Odisha in advancing India's Blue Economy through marine biotechnology and ocean-based research. I urge the Government to strengthen scientific infrastructure, accelerate collaborative research through institutions such as Indian National Centre for Ocean Infrastructure (INCOIS), National Institute of Ocean Technology (NIOT) and National Centre for Coastal Research (NCCR), support innovation and startup ecosystems, and provide greater assistance for sustainable utilization of marine resources and coastal livelihood development in Odisha.

(iv) Need to reopen the window for submission of joint option for higher pension under EPS – 1995

श्री बिद्युत बरन महतो (जमशेदपुर) : माननीय सर्वोच्च न्यायालय द्वारा दिनांक 04 नवम्बर, 2022 को EPFO बनाम सुनील कुमार बी. एवं अन्य मामले में दिए गए निर्णय के अनुपालन में वर्ष 2023 में पात्र कर्मचारियों को ईपीएस-95 के अंतर्गत उच्च वेतन पर उच्च पेंशन का विकल्प चुनने हेतु संयुक्त आवेदन प्रस्तुत करने का अवसर प्रदान किया गया। यह सरकार की एक सराहनीय एवं जनहितकारी पहल थी, जिससे अनेक पेंशनभोगियों को लाभ प्राप्त हुआ। किन्तु अनेक पात्र सेवानिवृत्त कर्मचारी सीमित डिजिटल साक्षरता, ऑनलाइन प्रक्रिया की जटिलता, साइबर सुरक्षा संबंधी आशंकाओं तथा तकनीकी सहायता के अभाव के कारण निर्धारित समय-सीमा के भीतर आवेदन प्रस्तुत नहीं कर सके। केवल जमशेदपुर क्षेत्र के लगभग 1,200 पात्र पूर्व कर्मचारी इस समस्या से प्रभावित हैं, जबकि देश के अन्य भागों में भी बड़ी संख्या में ऐसे कर्मचारी हैं। अतः मैं

आपके माध्यम से माननीय श्रम एवं रोजगार मंत्री से आग्रह करता हूँ कि मानवीय एवं जनहित के दृष्टिकोण से ईपीएस-95 के अंतर्गत उच्च पेंशन हेतु आवेदन की समय-सीमा एकमुश्त विशेष अवसर (One-Time Measure) के रूप में पुनः खोली जाए तथा कर्मचारी भविष्य निधि संगठन (EPFO) को आवश्यक निर्देश जारी किए जाएं।

(v) Need to strengthen DBT mechanism and ensure timely disbursement of funds to beneficiaries under various welfare schemes in Odisha

SHRIMATI SANGEETA KUMARI SINGH DEO (BOLANGIR): I would like to raise a matter of urgent public importance regarding the persistent delay in the disbursement of funds under various Direct Benefit Transfer (DBT)-based welfare schemes in Odisha. I have received numerous representations from beneficiaries across my Parliamentary Constituency of Bolangir regarding delays in the payment of old age pensions, widow pensions, wages under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), and benefits under several other welfare schemes. The Direct Benefit Transfer (DBT) system was introduced to ensure transparency, eliminate intermediaries, reduce leakages and delays, and enable direct transfer of benefits to eligible beneficiaries. However, despite this robust mechanism, beneficiaries continue to experience undue delays in receiving their entitlements. After interacting with Hon'ble Members of Parliament from different parts of Odisha, I have learnt that this issue extends across the State, causing severe hardship to elderly citizens, widows, daily wage labourers and other vulnerable sections. I, therefore, urge the Government to examine the reasons for these delays, strengthen the DBT payment mechanism, ensure

accountability, and take necessary steps for timely and uninterrupted disbursement of benefits to all eligible beneficiaries.

(vi) Need to ensure adequate allocation under PMAY (Urban-1.0) for Malkajgiri Parliamentary Constituency, Telangana

SHRI EATALA RAJENDER (MALKAJGIRI): I wish to bring to the notice of Hon'ble Minister of Housing and Urban Affairs that My Parliamentary Constituency, Malkajgiri in Telangana State encompasses a population of 80 lakhs and a voter base of 40 lakhs. It is the largest Parliamentary Constituency in India and is called Mini-India. It is pertinent to mention that most of the residents of this Constituency are very poor and live below the poverty line. More than 70% population live in urban areas and as they are living from hand to mouth, they don't have their own houses to live in. As the representative of Malkajgiri Parliamentary Constituency, I am committed to addressing the concerns and needs of my constituents. I have received so many requests from the residents highlighting their problems. In this regard, I humbly request sanctioning of one lakh houses under PMAY-Urban scheme so that the needy persons may get benefit of this scheme and the other problem regarding non-receipt of subsidy amount registered under the Prime Minister Awas Yojana (Urban 1.0) for Credit Linked Subsidy Scheme (CLSS) may also be addressed. I urge upon the Government to consider this as a voice of the people of Telangana and direct the concerned to sanction and allocate funds for the Scheme.

(vii) Regarding construction of ROBs at level crossings on Darbhanga - Madhubani - Jainagar and Darbhanga - Sitamarhi railway sections in Bihar

श्री अशोक कुमार यादव (मधुबनी) : बिहार राज्य, मधुबनी लोक सभा के अन्तर्गत दो रेल खण्ड दरभंगा- मधुबनी - जयनगर एवं दरभंगा सीतामढ़ी पूर्व मध्य रेल के अधीन है। दरभंगा- मधुबनी-जयनगर रेल खण्ड में समपार संख्या 13C एवं 10, तथा दरभंगा-सीतामढ़ी रेल खण्ड में समपार संख्या-19B एवं 28LC पर आर०ओ०बी० निर्माण के लिए 17वीं लोक सभा से लेकर अभी तक माननीय मंत्री जी को पत्राचार के माध्यम से प्रस्ताव दिया एवं मंडल रेल समिति समस्तीपुर तथा रेल उपभोगकर्ता परामर्शदात्री समिति की सभी बैठक में प्रस्ताव दिया लेकिन अभी तक निर्माण कार्य की प्रक्रिया शुरू नहीं हुई है जिससे आम जनों को भारी कठिनाई का सामना करना पड़ रहा है।

अत: मैं सरकार से मांग करता हूं कि उपरोक्त समपार पर शीघ्रातिशीघ्र आर० ओ० बी० का निर्माण कार्य कराया जाये।

(viii) Need to develop Karaundi, a village in Katni district, Madhya Pradesh recognised as the geographical center point of India, as a tourist destination under Swadesh Darshan Scheme

श्रीमती हिमाद्री सिंह (शहडोल) : मैं अपने शहडोल संसदीय क्षेत्र के अंतर्गत आने वाले मध्य प्रदेश के कटनी जिले की ढीमरखेड़ा तहसील स्थित ग्राम करौंदी की ओर ध्यान आकर्षित करना चाहती हूँ। यह स्थान ऐतिहासिक एवं वैज्ञानिक दृष्टि से विभाजित भारत का 'भौगोलिक मध्य केंद्र बिंदु' होने का गौरव रखता है। सन् 1956 में प्रसिद्ध शोधकर्ता प्रो० सिद्धेश्वरी प्रसाद चक्रवर्ती द्वारा इसकी खोज की गयी थी तथा 1987 में तत्कालीन पूर्व प्रधानमंत्री स्व० चंद्रशेखर जी द्वारा यहाँ स्मारक स्तंभ का निर्माण कराया गया। यह सम्पूर्ण क्षेत्र जनजातीय बाहुल्य है और सांस्कृतिक रूप से अत्यंत समृद्ध है। अपार पर्यटन संभावनाओं के बावजूद, वर्तमान में यह ऐतिहासिक स्थल

उचित रखरखाव के अभाव में उपेक्षित स्थिति में है। मेरा माननीय मंत्री जी से अनुरोध है कि 'स्वदेश दर्शन' योजना के तहत इस परिसर का जीर्णोद्धार, सौंदर्यीकरण व लैंडस्केपिंग कराने के साथ-साथ यहाँ एक 'जनजातीय संग्रहालय', अत्याधुनिक डिजिटल इंटरप्रिटेशन सेण्टर और बुनियादी पर्यटन सुविधाएँ जैसे सड़क, विश्राम गृह आदि विकसित की जाएँ। इस कदम से स्थानीय जनजातीय क्षेत्र में रोज़गार के नए अवसर सृजित होंगे और भारत के इस हृदय स्थल को पर्यटन मानचित्र पर एक विशिष्ट पहचान मिलेगी।

(ix) Need for a pilot project to produce fertilizer grade Potash from Cement kiln dust captured during cement production in clusters in Satna, Madhya Pradesh and other parts of the country

श्री गणेश सिंह (सतना) : मैं सरकार का ध्यान कृषि आत्मनिर्भरता, पर्यावरण संरक्षण तथा परिपत्र अर्थव्यवस्था (Circular Economy) से जुड़े एक महत्वपूर्ण विषय की ओर आकर्षित करना चाहता हूँ। भारत पोटाश उर्वरक के लिए लगभग पूर्णतः आयात पर निर्भर है। वर्ष 2023-24 में लगभग 42 लाख टन म्यूरेट ऑफ पोटाश (MOP) का आयात किया गया। वर्ष 2022 में रूस-यूक्रेन युद्ध एवं बेलारूस पर प्रतिबंधों के कारण पोटाश की वैश्विक कीमतें लगभग छह गुना बढ़ गईं, जिसका सीधा बोझ हमारे किसानों पर पड़ा। यह केवल कृषि नहीं, बल्कि खाद्य एवं उर्वरक सुरक्षा का भी विषय है। दूसरी ओर, सतना सहित देश के सीमेंट क्लस्टरों में बड़ी मात्रा में सीमेंट किल्न डस्ट उत्पन्न होती है, जिसे भारी धातुओं के कारण खतरनाक अपशिष्ट मानकर निस्तारित किया जाता है। जबकि दक्षिण कोरिया में कार्बन डाइऑक्साइड आधारित तकनीक से इसी अपशिष्ट से उर्वरक-ग्रेड पोटाश प्राप्त करने पर कार्य हो रहा है। इससे औद्योगिक अपशिष्ट का उपयोग, कार्बन प्रबंधन तथा उर्वरक उत्पादन-तीनों उद्देश्य एक साथ पूरे होते हैं। अतः मैं माननीय रसायन एवं उर्वरक मंत्री तथा पर्यावरण, वन एवं जलवायु परिवर्तन मंत्री से आग्रह करता हूँ कि सतना सीमेंट क्लस्टर में इस तकनीक की पायलट परियोजना प्रारम्भ करने, इसकी वैज्ञानिक एवं तकनीकी व्यवहार्यता का अध्ययन कराने तथा सीएसआईआर, आईआईटी और सीमेंट उद्योग के सहयोग से

अनुसंधान को प्रोत्साहित करने की पहल करें। यह पहल भारत की पोटाश आयात निर्भरता कम करने, किसानों की लागत घटाने, औद्योगिक प्रदूषण कम करने तथा 'वेस्ट टू वेल्थ', 'मेक इन इंडिया' और 'आत्मनिर्भर भारत' के लक्ष्य को सशक्त बनाने की दिशा में एक महत्वपूर्ण कदम होगा।

(x) Need to establish the headquarters of National Makhana Board in Darbhanga, Bihar

श्री गोपाल जी ठाकुर (दरभंगा) : मैं भारत सरकार एवं माननीय प्रधानमंत्री श्री नरेंद्र मोदी जी का हृदय से आभार व्यक्त करता हूँ कि उन्होंने मखाना किसानों के हित में राष्ट्रीय मखाना बोर्ड के गठन का ऐतिहासिक निर्णय लिया। यह निर्णय बिहार सहित पूरे देश के लाखों मखाना उत्पादक किसानों के लिए नई आशा और अवसर लेकर आया है। अब आवश्यक है कि इस बोर्ड का स्थायी मुख्यालय बिहार के दरभंगा में स्थापित किया जाए। दरभंगा देश का प्रमुख मखाना उत्पादक क्षेत्र है, जहाँ आईसीएआर–राष्ट्रीय मखाना अनुसंधान केंद्र वर्षों से अनुसंधान, उन्नत किस्मों के विकास, किसानों के प्रशिक्षण तथा आधुनिक तकनीकों के प्रसार का महत्वपूर्ण कार्य कर रहा है। अनुसंधान केंद्र के पास पर्याप्त भूमि एवं आधारभूत संरचना उपलब्ध है, जिसका उपयोग राष्ट्रीय मखाना बोर्ड के प्रभावी संचालन के लिए किया जा सकता है। साथ ही, दरभंगा का 'एक जिला–एक उत्पाद (ODOP)' भी मखाना है। दरभंगा हवाई अड्डा, राष्ट्रीय राजमार्ग, प्रमुख रेलवे जंक्शन तथा नेपाल सीमा से निकटता इसे मखाना अनुसंधान, प्रसंस्करण, लॉजिस्टिक्स और निर्यात का सबसे उपयुक्त केंद्र बनाती है। राष्ट्रीय मखाना बोर्ड का मुख्यालय दरभंगा में स्थापित होने से किसानों, एफपीओ, स्वयं सहायता समूहों, स्टार्टअप, प्रसंस्करण उद्योगों एवं निर्यातकों के बीच बेहतर समन्वय स्थापित होगा।

(xi) Need to establish National Institute of Pharmaceutical Education and Research in Gorakhpur, Uttar Pradesh

श्री रवीन्द्र शुक्ला उर्फ रवि किशन (गोरखपुर) : गोरखपुर पूर्वी उत्तर प्रदेश का प्रमुख स्वास्थ्य एवं चिकित्सा केंद्र बनकर उभरा है। यहाँ अखिल भारतीय आयुर्विज्ञान संस्थान, बाबा राघव दास

मेडिकल कॉलेज तथा अन्य प्रमुख स्वास्थ्य संस्थान कार्यरत हैं, जो पूर्वी उत्तर प्रदेश सहित बिहार के सीमावर्ती क्षेत्रों के लाखों लोगों को स्वास्थ्य सेवाएँ प्रदान कर रहे हैं। इसके बावजूद इस पूरे क्षेत्र में फार्मास्यूटिकल शिक्षा, औषधि अनुसंधान, जैव प्रौद्योगिकी तथा चिकित्सा नवाचार के क्षेत्र में कोई राष्ट्रीय स्तर का संस्थान उपलब्ध नहीं है। राष्ट्रीय औषधि शिक्षा एवं अनुसंधान संस्थान की स्थापना गोरखपुर में किए जाने से पूर्वी उत्तर प्रदेश के साथ-साथ बिहार, झारखंड, उत्तराखंड एवं नेपाल सीमा से जुड़े क्षेत्रों के विद्यार्थियों, शोधार्थियों तथा वैज्ञानिकों को उच्च गुणवत्ता की शिक्षा एवं अनुसंधान का अवसर प्राप्त होगा। इसके अतिरिक्त औषधि निर्माण, बायोटेक्नोलॉजी, मेडिकल डिवाइस, स्टार्टअप, कौशल विकास एवं रोजगार सृजन को भी व्यापक प्रोत्साहन मिलेगा। यह संस्थान क्षेत्र में फार्मास्यूटिकल उद्योग के विकास, निवेश आकर्षित करने तथा आत्मनिर्भर भारत जैसे राष्ट्रीय अभियानों को भी मजबूती प्रदान करेगा अतः मैं सरकार से आग्रह करता हूँ कि जनहित, क्षेत्रीय संतुलित विकास तथा देश में औषधि शिक्षा एवं अनुसंधान को सुदृढ़ बनाने के उद्देश्य से गोरखपुर में राष्ट्रीय औषधि शिक्षा एवं अनुसंधान संस्थान की स्थापना हेतु आवश्यक कार्रवाई शीघ्र सुनिश्चित की जाए।

(xii) Need to provide financial assistance to establish an Advance Forensic Science Laboratory in Kerala

SHRI BENNY BEHANAN (CHALAKUDY): The Government of Kerala has submitted a proposal to the Ministry of Home Affairs seeking Central assistance for establishing an Advanced Forensic Science Laboratory (AFSL) for the Kerala Police. The proposed laboratory is estimated to cost ₹50 crore, of which the State Government has committed ₹20 crore, while seeking ₹30 crore as Central assistance. The proposed AFSL will provide advanced forensic facilities in critical disciplines such as DNA analysis, digital forensics, toxicology, ballistics, cyber forensics, and other scientific investigation

techniques. With the rapid increase in cybercrime, narcotics-related offences, financial fraud, and other complex crimes, strengthening forensic infrastructure has become an urgent necessity to ensure timely investigation, speedy disposal of cases, and higher conviction rates. The establishment of this laboratory will significantly enhance the scientific investigation capabilities of the Kerala Police, reduce delays in forensic examination, and strengthen the criminal justice delivery system. It will also serve as an important regional forensic facility for southern India. I, therefore, urge the Union Government to accord priority to the proposal and sanction Central assistance of ₹30 crore for the establishment of the Advanced Forensic Science Laboratory for Kerala Police at the earliest.

(xiii) Need to accord national project status to Palamuru-Rangareddy Lift Irrigation Scheme undertaken by Telangana Government

SHRI RAMASAHAYAM RAGHURAM REDDY (KHAMMAM): The Government of Telangana has undertaken the Palamuru–Rangareddy Lift Irrigation Scheme (PRLIS) as a flagship initiative to utilize the State's allocated share of Krishna River waters for providing irrigation, drinking water to the drought-prone districts. The project is envisaged to provide assured irrigation to vast extents of agricultural land, augment groundwater recharge, improve agricultural productivity, and enhance water security for millions of people. PRLIS is of immense socio-economic significance as it addresses the chronic water scarcity and recurring drought conditions prevailing in the region. The project is expected to improve rural livelihoods, generate employment,

strengthen climate resilience, and contribute substantially to balanced regional development. In view of its strategic importance and its alignment with the national objectives of water resource development, agricultural growth, food security, and enhancement of farmers' income, the Government of Telangana requests the Government of India to accord National Project status to PRLIS. Grant of such status would enable enhanced Central financial assistance, reduce the financial burden on the State, and facilitate expeditious completion of the project. The Government of Telangana assures the necessary compliance and solicits the favourable consideration of the Government of India for according National Project status to the Palamuru–Rangareddy Lift Irrigation Scheme.

(xiv) Need to strengthen the system to prevent irregularities in examinations while safeguarding mental wellbeing of students

DR. SHARMILA SARKAR (BARDHAMAN PURBA): Mental health is not separate from educational policy; it is an essential component of it. Every examination conducted by the nation should inspire confidence, not fear; hope, not despair. As a psychiatrist, I know that NEET-UG like high-stakes examinations already place immense psychological pressure on young minds. When an examination is tainted by allegations of a paper leak, the resulting uncertainty, anxiety, loss of trust, sleep disturbances, and emotional distress can have lasting consequences. Honest students and their families, who have invested years of hard work and sacrifice, deserve a system they can trust. I urge the Government to strengthen examination security through robust

safeguards and strict accountability, establish a transparent and time-bound mechanism to address examination irregularities, and provide accessible mental health support and counselling for affected students. Strong action must be taken immediately against those responsible, while ensuring that honest candidates are not made to suffer. The aspirations of our young people deserve a system that is secure, transparent, compassionate, and fair. I urge the Government to take urgent and meaningful steps to strengthen examination integrity while safeguarding the mental well-being of our students.

(xv) Need for stringent legislation to prohibit displaying of dangerous stunts in public places

DR. BYREDDY SHABARI (NANDYAL): I would like to draw the urgent attention of the Government to the alarming rise of dangerous social media stunt culture on our roads, railways and other public infrastructure. During my childhood, my sister and I visited carnivals in Kurnool and Nandyal with our parents. The "Well of Death" or ‘Maut Ka Kuan’ showcased risky stunts by trained riders in a controlled environment. Today, unfortunately, our roads and railway tracks have become the new "Wells of Death." Driven by the race for likes, views and followers, many youngsters perform dangerous stunts on highways, railway tracks, bridges and other public places, risking their own lives and those of innocent commuters. Many content creators also record videos in public places without people's consent, violating their privacy and dignity. I urge the Government to enact stringent laws to prohibit such stunt content on public infrastructure, strengthen enforcement, create public

awareness and coordinate with social media platforms to remove such hazardous content. Our public infrastructure is meant for safe mobility, not dangerous performances. Let us act before more young lives are lost.

(xvi) Need to provide adequate funds for public services in Dehuroad Cantonment Board in Maval Parliamentary Constituency, Maharashtra

श्री श्रीरंग आप्पा चंदू बारणे (मावल) : मेरे संसदीय क्षेत्र मावल के अंतर्गत देहूरोड छावनी परिषद क्षेत्र की गंभीर समस्याओं की ओर सरकार का ध्यान आकर्षित करना चाहता हूँ। इस क्षेत्र के लिए रक्षा मंत्रालय द्वारा पर्याप्त निधि आवंटित नहीं होने से विकास कार्य ठप पड़े हैं। नागरिकों के लिए मूलभूत सुविधाओं का अभाव है। निधि की कमी के कारण शिक्षा, स्वास्थ्य एवं सफाई विभाग के कर्मचारियों को कई महीनों से समय पर वेतन नहीं मिलने के कारण आर्थिक कठिनाइयों का सामना करना पड़ रहा है तथा कर्मचारियों में गहरा असंतोष व्याप्त है। देहूरोड छावनी क्षेत्र में पेयजल व्यवस्था भी सुदृढ़ किए जाने की आवश्यकता है। पर्याप्त जल उपलब्ध होने के बावजूद स्टोरेज टैंकों की कमी फिल्टर प्लांट और वितरण लाइनों की कमी के कारण नागरिकों को नियमित एवं पर्याप्त पानी नहीं मिल पा रहा है। कुछ ग्रामीण क्षेत्रों को जोड़ने वाली वर्ष 1990 में निर्मित कच्ची सड़क अत्यंत जर्जर हो चुकी है। इसके निर्माण का प्रस्ताव दक्षिणी कमान, पुणे को भेजा गया है, किंतु रक्षा भूमि होने के कारण स्वीकृति लंबित है। अतः मैं सरकार से आग्रह करता हूँ कि रक्षा मंत्रालय इस पर आवश्यक धनराशि शीघ्र प्रदान करे, ताकि कर्मचारियों को समय पर वेतन मिल सके, क्षेत्र में विकास कार्य प्रारंभ होकर हो।

(xvii) Regarding problems of forest dwellers and Tribals due to the eviction process in Srivilliputhur Megamalal Tiger Reserve, Tamil Nadu

SHRI SUBBARAYAN K. (TIRUPPUR): The Supreme Court has issued directions after examining reports filed by the Central Empowerment Committee to remove the encroachments around the Srivilliputhur-Megamalal

Tiger Reserve (SMTR) in Tamil Nadu. The people identified as encroachers by the Supreme Court are traditional forest dwellers having their rights ensured under the Forests Rights Act. There can be no dispute regarding the importance of protecting tiger habitats, biodiversity and the ecological integrity of the Western Ghats. But conservation measures cannot compromise the statutory and constitutional rights of forest dwelling communities. The implementation of Supreme Court direction may deny the legal rights of thousands of people from the Tribal communities in the 98 villages of Theni district in Tamil Nadu. I, therefore, urge upon the Government to immediately intervene to ensure that no eligible Tribe or traditional forest dweller is displaced without the completion of the process prescribed under the Forest Rights Act - The status of individual Forest Rights (IFR) and community forest rights (CFR) claims are reviewed before eviction, and - Gram Sabhas are empowered to undertake their statutory role under Section 6 of the Act.`

(xviii) Need for removal of derogatory caste names from census records in Tamil Nadu

DR. D. RAVI KUMAR (VILUPPURAM): I wish to draw the kind attention of the Government to the continued use of derogatory caste names such as Paraiyan, Panchama, and Pulaiyan in official records, including caste certificates issued to Scheduled Castes in Tamil Nadu. Members of these communities have long objected to these humiliating terms. Their intentional use to insult or humiliate Scheduled Caste persons is recognised as an offence under the Scheduled Castes and the Scheduled Tribes (Prevention of

Atrocities) Act, 1989, as these expressions are dehumanising and stigmatizing. The struggle against such nomenclature dates back to the late nineteenth and early twentieth centuries. Responding to this movement, the Justice Party Government of the Madras Presidency issued G.O. No. 817, Law (General) Department, dated 25 March 1922, directing that the derogatory terms “Pariah” and “Panchama” be discontinued in official records and replaced with the casteless nomenclature “Adi Dravida” in the Tamil districts. It is inconsistent for the law to criminalise the use of these expressions to humiliate Scheduled Caste persons while the State continues to legitimise them in official records. I therefore request the Government of India to direct the Registrar General and Census Commissioner of India to ensure that derogatory caste names are not used in Census records.

(xix) Need for verification of EWS certificates to ensure extension of reservation benefits to eligible persons falling under EWS Category

एडवोकेट चन्द्र शेखर (नगीना) : मैं देश में आर्थिक रूप से कमजोर वर्ग (EWS) के लिए जारी किए जा रहे प्रमाणपत्रों के संबंध में एक महत्वपूर्ण विषय सरकार के संज्ञान में लाना चाहता हूँ। वर्ष 2019 में EWS आरक्षण लागू होने के बाद पूरे देश में बड़ी संख्या में EWS प्रमाणपत्र जारी किए गए हैं। विभिन्न राज्यों से ऐसी शिकायतें सामने आई हैं कि कुछ स्थानों पर निर्धारित नियमों की अनदेखी कर अपात्र व्यक्तियों को EWS प्रमाणपत्र जारी किए जा रहे हैं। यदि ऐसा हो रहा है, तो इससे वास्तविक आर्थिक रूप से कमजोर एवं पात्र लोगों का अधिकार प्रभावित होने के साथ-साथ आरक्षण व्यवस्था की पारदर्शिता और विश्वसनीयता पर भी प्रश्नचिह्न लग सकता है। अतः सरकार देशभर में जारी EWS प्रमाणपत्रों का व्यापक सत्यापन एवं जाँच कराए, ताकि यह सुनिश्चित किया जा सके कि इसका लाभ केवल पात्र एवं जरूरतमंद व्यक्तियों को ही मिले। साथ ही वर्ष 2019 से

अब तक जारी EWS प्रमाणपत्रों का राज्यवार विवरण तथा इनके आधार पर सरकारी नौकरियों एवं शैक्षणिक संस्थानों में लाभ प्राप्त करने वाले व्यक्तियों की संख्या भी सदन के समक्ष प्रस्तुत की जाए।

———————

… (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, प्लीज आप सब लोग अपने-अपने आसन पर जाकर बैठिये।

… (व्यवधान)

HON. CHAIRPERSON: Hon. Members please be seated in your seats.

… (*Interruptions*)

माननीय सभापति : सदन को चलाने की जिम्मेदारी हम सब की है। कृपया आप सब लोग अपने-अपने आसन पर जाइये। कृपया सदन को चलाने में सहयोग कीजिए।

… (व्यवधान)

HON. CHAIRPERSON: Please go to your seats; please be seated.

… (*Interruptions*)

माननीय सभापति : आइटम नंबर 11, जन्म और मृत्यु रजिस्ट्रेशन (संशोधन) विधेयक 2026 – माननीय मंत्री जी।

… (व्यवधान)

12.07 hrs

THE REGISTRATION OF BIRTHS AND DEATHS (AMENDMENT) BILL, 2026

गृह मंत्रालय में राज्य मंत्री (श्री नित्यानन्द राय) : महोदय, श्री अमित शाह जी की ओर से मैं प्रस्ताव करता हूं:

"कि जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 का और संशोधन करने वाले विधेयक पर विचार किया जाए।"

माननीय सभापति : प्रश्न यह है:

"कि जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 का और संशोधन करने वाले विधेयक पर विचार किया जाए।"

प्रस्ताव स्वीकृत हुआ।

… (व्यवधान)

माननीय सभापति : अब सभा विधेयक पर खंडवार विचार करेगी।

Clause 2 Amendment of Section 13

माननीय सभापति : श्री लालजी वर्मा जी, श्री ससिकांत सेंथिल जी, श्री मनोज कुमार जी, श्री शफी परम्बिल जी, श्री बैन्नी बेहनन जी, श्री एन. के. प्रेमचन्द्रन जी, श्री डी. एम. कथीर आनंद जी।

… (व्यवधान)

माननीय सभापति : प्रश्न यह है:

"कि खंड 2 विधेयक का अंग बने।"

प्रस्ताव स्वीकृत हुआ।

खंड 2 विधेयक में जोड़ दिया गया।

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।

… (व्यवधान)

श्री नित्यानन्द राय : महोदय, मैं प्रस्ताव करता हूं :

"कि विधेयक पारित किया जाए।"

माननीय सभापति : प्रश्न यह है :

"कि विधेयक पारित किया जाए।"

प्रस्ताव स्वीकृत हुआ।

———

... (व्यवधान)

माननीय सभापति : श्री किरेन रिजिजू जी।

... (व्यवधान)

माननीय सभापति : माननीय पार्लियामेंट्री अफेयर्स मिनिस्टर की बात सुनिये।

... (व्यवधान)

संसदीय कार्य मंत्री; तथा अल्पसंख्यक कार्य मंत्री (श्री किरेन रिजिजू) : सभापति महोदय जी, आज बहुत ही महत्वपूर्ण बिल पारित किया गया है।... (व्यवधान) हम चाहते थे कि सभी सांसद इसमें भाग लें।... (व्यवधान) बिजनेस एडवाइजरी कमेटी में भी इसका टाइम तय किया गया था। ... (व्यवधान) बाद में बाहर जाकर आपको यह नहीं कहना चाहिए कि बिना चर्चा के बिल पारित क्यों किया गया? ... (व्यवधान) आपको यह नहीं कहना चाहिए। हमने बार-बार कहा कि चर्चा के लिए आप सब लोग इस हाउस में आइये।... (व्यवधान) जनता ने हमको जनता की बात रखने के लिए ही इस सदन में भेजा है।... (व्यवधान) मैंने कांग्रेस के सारे साथियों से बार-बार गुहार लगाई कि महत्वपूर्ण बिल पर चर्चा होनी चाहिए।... (व्यवधान) लेकिन अफसोस की बात है कि इतना महत्वपूर्ण Registration of Births and Deaths (Amendment) Bill आज यहां लोक सभा में पारित किया गया है।... (व्यवधान) लेकिन विपक्ष के साथियों ने इस बिल की चर्चा में भाग नहीं लिया।... (व्यवधान) यह दुर्भाग्यपूर्ण है।... (व्यवधान) हम चाहते हैं कि बिल पर सब बोलें। भविष्य में आप सब लोग ऐसा मत कीजिए।... (व्यवधान) पब्लिक आपसे इसका जवाब मांगेगी, आपको पार्लियामेंट में जनता ने अपनी बात बोलने के लिए भेजा है, हंगामा करने के लिए नहीं भेजा है।

… (व्यवधान) आप बिल की चर्चा में हिस्सा नहीं लेते हैं, फिर आप बाहर जाकर न्यूज में कहते हैं कि सरकार चर्चा नहीं कराती है।… (व्यवधान)

आप कहते हैं कि सरकार बिना चर्चा के बिल पारित करती है। … (व्यवधान) यह आरोप आप नहीं लगा सकते, क्योंकि आपने अपना मौका गंवा दिया है। … (व्यवधान)

सभापति महोदय, मैं सिर्फ इतना कहना चाहता हूं कि हम जो भी बिल आगे लेकर आएंगे, … (व्यवधान) यदि उनमें भी आप लोग ऐसा हंगामा करेंगे, तो यह बिल्कुल अच्छा नहीं होगा। … (व्यवधान) इसीलिए आप सहयोग करें, हंगामा न करें। … (व्यवधान)

माननीय सभापति : देखिए, माननीय पार्लियामेंट्री अफेयर्स मिनिस्टर, किरेन रिजिजू जी ने बार-बार आप सभी से अनुरोध किया है, आह्वान किया है कि सदन चलाने में सहयोग कीजिए।

… (व्यवधान)

माननीय सभापति : एक बहुत महत्वपूर्ण विधेयक पास करना था और पास कर भी लिया है।

… (व्यवधान)

माननीय सभापति : आपने बीएसी मीटिंग में इस विषय को समर्थन भी दिया था।

… (व्यवधान)

माननीय सभापति : आपके सहयोग के बिना ही यह बिल पास करना पड़ा, यह परंपरा ठीक नहीं है।

… (व्यवधान)

माननीय सभापति : आप सभी लोग इसमें सहयोग कीजिए। यदि आप बैठ जाएंगे, तो हम सदन चलाने की कोशिश करेंगे।

… (व्यवधान)

माननीय सभापति : कृपया आप सब अपनी-अपनी सीट्स पर बैठिए।

… (व्यवधान)

माननीय सभापति : क्या आप सदन नहीं चलाना चाहते हैं?

… (व्यवधान)

माननीय सभापति : सभा की कार्यवाही सोमवार, दिनांक 3 अगस्त, 2026 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

12.12 hrs

The Lok Sabha then adjourned till Eleven of the Clock on Monday, August 3, 2026/ Sravana 12,1948 (Saka).

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