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No. 8, Friday, February 6, 2026/ Magha 17, 1947 (Saka)**

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LOK SABHA

Friday, February 6, 2026/ Magha 17, 1947 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

ORAL ANSWER TO QUESTION**@Starred Question No. 101**

माननीय अध्यक्ष : प्रश्न काल । क्वेश्चन नंबर 101 – श्री राजपालसिंह महेंद्रसिंह जादव जी ।

... (व्यवधान)

श्री राजपालसिंह महेंद्रसिंह जादव : महोदय, प्रश्न संख्या 101... (व्यवधान)

गैर-संचारी रोगों के लिए स्वास्थ्य संबंधी प्रोटोकॉल

***101. +श्री राजपालसिंह महेंद्रसिंह जादव:**

श्रीमती विजयलक्ष्मी देवी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या एएएम (आयुष) केन्द्र मई 2025 में जारी मेटाबोलिक डिसऑर्डर संबंधी मानक उपचार दिशानिर्देशों (एसटीजी) के अनुसार उच्च रक्तचाप और मधुमेह जैसे गैर-संचारी रोगों के लिए मानकीकृत, साक्ष्य-आधारित स्वास्थ्य संबंधी प्रोटोकॉल प्रदान कर रहे हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) प्राथमिक स्वास्थ्य केन्द्रों, सामुदायिक स्वास्थ्य केन्द्रों और जिला अस्पतालों में आयुष सुविधाओं की सह-स्थापना के क्या परिणाम निकले हैं तथा आयुष और आधुनिक चिकित्सा द्वारा एक-दूसरे को की गई रेफरल दरों की किस प्रकार निगरानी की जाती है;
- (ग) क्या सितम्बर, 2025 के क्षमता निर्माण शिखर सम्मेलन के परिणामों से यह पता चलता है कि राज्यों द्वारा राष्ट्रीय आयुष मिशन के लिए संशोधित वित्तीय और संगठनात्मक सुधारों को अपनाया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) सरकार सामुदायिक स्वास्थ्य को सुदृढ़ करने तथा निवारक और प्रोत्साहक स्वास्थ्य

@ The sign + marked above the name of a Member indicates that the Question was actually asked on the floor of the House by that Member.

परिचर्या को बढ़ावा देने के लिए 7.5 लाख से अधिक आयुष चिकित्सकों की सेवाओं का किस प्रकार उपयोग कर रही है?

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

(क) से (घ): महोदय, **विवरण** सभा पटल पर रख दिया गया है।... (व्यवधान)

विवरण

(क): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, आयुष मंत्रालय ने राज्य/ संघ राज्य क्षेत्र सरकारों से राज्य वार्षिक कार्य योजना (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार देश के विभिन्न हिस्सों में 12500 आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] को अनुमोदित किया है और उनके द्वारा दी गई सूचना के अनुसार, ये सभी कार्यशील हैं। ये एएएम (आयुष) योग सहित आयुष सिद्धांतों और प्रथाओं के आधार पर समुदाय को समग्र कल्याण मॉडल प्रदान कर रहे हैं, जो उच्च रक्तचाप और मधुमेह जैसे गैर-संचारी रोगों (एनसीडी) सहित विभिन्न सामान्य बीमारियों के लिए निवारक, प्रोत्साहक, उपचारात्मक, पुनर्वास संबंधी स्वास्थ्य देखभाल पर विशेष ध्यान देते हैं।

इसके अलावा, स्वास्थ्य सेवा महानिदेशालय (डीजीएचएस) के तहत, आयुष वर्टिकल ने केंद्रीय स्वास्थ्य शिक्षा ब्यूरो (सीएचईबी) के सहयोग से मेटाबॉलिक विकारों पर मानक उपचार दिशानिर्देश (एसटीजी) जारी होने के बाद राष्ट्रव्यापी कार्यान्वयन का समर्थन करने के लिए अक्टूबर 2025 में राज्यों और संघ राज्य क्षेत्रों के मास्टर प्रशिक्षकों के लिए मॉड्यूलर प्रशिक्षण कार्यक्रम आयोजित किया था। इसमें 36 राज्यों और संघ राज्य क्षेत्रों के कुल 152 प्रतिभागियों को प्रशिक्षित किया गया, जिससे एएएम (आयुष) सहित आयुष स्वास्थ्य देखभाल सुविधाओं में एसटीजी की एक समान व्याख्या और रोलआउट का समर्थन करने के लिए राज्य-स्तरीय चरणबद्ध प्रशिक्षण कार्यक्रम के लिए राष्ट्रीय संसाधन पूल का गठन हुआ।

(ख): भारत सरकार ने प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों

(सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं के सह-संस्थापन की कार्यनीति अपनाई है, जिससे मरीजों को एक ही स्थान पर विभिन्न चिकित्सा प्रणालियों के लिए विकल्प उपलब्ध हो सके। आयुष चिकित्सकों/चिकित्सा सहायकों की नियुक्ति और उनके प्रशिक्षण को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, स्वास्थ्य एवं परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) द्वारा समर्थन दिया जाता है, जबकि आयुष मंत्रालय द्वारा एनएएम के तहत, आयुष अवसंरचना, उपकरणों/फर्नीचर और दवाओं के लिए साझा जिम्मेदारियों के रूप में समर्थन प्रदान किया जाता है। एनएचएम के तहत, सह-संस्थापित 13,094 आयुष सुविधाओं (6,206 पीएचसी, 3,133 सीएचसी, 472 डीएच, 3283 अन्य स्वास्थ्य सुविधाएं) में आयुष को मुख्यधारा में लाया गया है और समुदाय को स्वास्थ्य देखभाल सेवाएं प्रदान की जा रही हैं।

(ग): नई दिल्ली में सितंबर 2025 में माननीय राज्य मंत्री (स्वतंत्र प्रभार) आयुष मंत्रालय और राज्य मंत्री, एमओएचएफडब्ल्यू के श्री प्रतापराव जाधव की अध्यक्षता में "राष्ट्रीय आयुष मिशन और राज्यों में क्षमता निर्माण" विषय पर विभागीय शिखर सम्मेलन का आयोजन सफलतापूर्वक किया गया था। विभागीय शिखर सम्मेलन के प्रारंभिक चरण में मंत्रालय द्वारा अभिविन्यास सत्र आयोजित करना, राज्यों/संघ राज्य क्षेत्रों के बीच कार्यशालाओं का आयोजन करना, अवधारणा नोट तैयार करना, नामित उप-विषय पर छह कार्य समूहों का गठन करना, जमीनी स्तर से प्रतिपुष्टि टिप्पणियां एकत्र करना और प्रमुख चुनौतियों, संभावित समाधानों और कार्यान्वयन के तौर-तरीकों पर प्रकाश डालते हुए राज्यों/संघ राज्य क्षेत्रों द्वारा राज्य-विशिष्ट टिप्पणियां प्रस्तुत करना शामिल था।

विभागीय शिखर सम्मेलन में राज्यों/संघ राज्य क्षेत्रों के वरिष्ठ अधिकारियों, एमओएचएफडब्ल्यू के प्रख्यात विशेषज्ञों, सदस्य (स्वास्थ्य), नीति आयोग, आयुष अनुसंधान परिषदों, राष्ट्रीय संस्थानों, राष्ट्रीय आयोगों के प्रतिनिधियों और मंत्रालय के वरिष्ठ अधिकारियों ने भाग लिया, जिन्होंने एनएएम योजना के भावी विस्तार को आकार देने के लिए अपने विचार साझा किए। इस कार्यक्रम में राज्यों और संघ राज्य क्षेत्रों के विभागीय अधिकारियों से प्राप्त राज्य-विशिष्ट

टिप्पणियों और प्रतिक्रिया टिप्पणियों पर गहन चर्चा हुई, जिसमें जमीनी स्तर के पदाधिकारियों से प्राप्त बहुमूल्य जानकारी भी शामिल थी। तदनुसार, शिखर सम्मेलन ने संरचित क्षमता निर्माण, स्केलेबल मानक संचालन प्रक्रियाओं (एसओपी) और योजना मॉडल, कार्यक्रम प्रबंधन को सुदृढ़ करने, वित्तीय रिपोर्टिंग में पारदर्शिता बढ़ाने और अवसंरचना और सेवा गुणवत्ता में सुधार के लिए राज्य-विशिष्ट रोडमैप विकसित करने जैसे कार्रवाई योग्य समाधान प्रस्तावित करके कार्यान्वयन के लिए कार्यनीतियों को तैयार किया। कुल मिलाकर, शिखर सम्मेलन ने एनएएम के माध्यम से लोगों के लिए स्वास्थ्य सेवा प्रदायगी की परिकल्पना करने और उसे कार्यान्वित करने में आयुष मंत्रालय का समर्थन करने में महत्वपूर्ण भूमिका निभाई, साथ ही इस क्षेत्र में निरंतर विकास सुनिश्चित करने के लिए अंतर-राज्यीय सहयोग को बढ़ावा दिया।

(घ): जन स्वास्थ्य राज्य का विषय होने के कारण, विभिन्न आयुष उपचारों के माध्यम से निवारक और प्रोत्साहक स्वास्थ्य देखभाल सहित समुदाय को समग्र स्वास्थ्य देखभाल प्रदान करने के लिए आयुष चिकित्सकों का उपयोग करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र की सरकार की है। हालाँकि, मंत्रालय समुदाय को आयुष स्वास्थ्य देखभाल सेवाओं की बेहतर पहुंच प्रदान करने के लिए राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से एनएएम की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और विभिन्न गतिविधियों के तहत वित्तीय सहायता प्रदान करके उनके प्रयासों का समर्थन कर रहा है, जिसमें आयुष अवसंरचना को सुदृढ़ करना, आयुष जनशक्ति के लिए समर्थन, आयुष स्वास्थ्य सुविधाओं को दवाओं की आपूर्ति और आयुष जन स्वास्थ्य कार्यक्रमों का कार्यान्वयन शामिल है। तदनुसार, राज्य/संघ राज्य क्षेत्र की सरकारें एनएएम दिशानिर्देशों के अनुसार एसएएपी के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती हैं।

माननीय अध्यक्ष : माननीय सदस्यगण, मेरा हमेशा प्रयास रहता है कि सदन चले। प्रश्न काल सभी माननीय सदस्यों का समय होता है। आज राजपालसिंह जी का क्वेश्चन है, प्रियंका गांधी जी का भी है और अन्य सदस्यों का भी है।

... (व्यवधान)

माननीय अध्यक्ष : आप नियोजित तरीके से सदन नहीं चलाना चाहते हैं, गतिरोध पैदा करना चाहते हैं।

... (व्यवधान)

11.01 hrs

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

... (Interruptions)

माननीय अध्यक्ष : अभी तक 19 घंटे 13 मिनट सदन का समय बर्बाद हुआ है। 140 करोड़ जनता की यह अपेक्षा रहती है कि सदन चले, चर्चा हो, संवाद हो। लेकिन आप सभागृह की मर्यादाओं को समाप्त कर रहे हैं। देश की जनता सदन को चलते हुए देखना चाहती है और आपसे भी यह अपेक्षा करती है।

... (व्यवधान)

माननीय अध्यक्ष : आपको पोस्टर और नारेबाजी के लिए नहीं भेजा है। आपको चर्चा के लिए भेजा है। अगर आप सदन नहीं चलाना चाहते हैं, नियोजित तरीके से गतिरोध पैदा करना चाहते हैं, सभागृह की मर्यादाओं को समाप्त करना चाहते हैं तो मैं सदन को ऐसे नहीं चला सकता।

... (व्यवधान)

माननीय अध्यक्ष : आप अपनी सीट पर जाना चाहते हैं, प्रश्न काल में चर्चा करना चाहते हैं? क्या आप चर्चा नहीं करना चाहते हैं?

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्य, प्लीज बैठिये। विदेश मंत्री जी, आप इनसे बात मत कीजिए।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्य, आप इधर बैठिये । कोई भी माननीय सदस्य इधर से उधर जाकर वार्ता नहीं करेगा । आप सदन की मर्यादा बनाकर रखिये ।

... (व्यवधान)

WRITTEN ANSWERS TO QUESTIONS

(i) Starred Question Nos. 102 to 113 and 115 to 120

PM-JAY SCHEME***102. SHRIMATI PRIYANKA GANDHI VADRA:**

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

(a) whether a significant number of private hospitals in the country have reportedly opted out of the Pradhan Mantri Jan Arogya Yojana (PM-JAY) and suspended services thereunder, if so, the reasons therefor, State/UT-wise including Kerala;

(b) the details of private hospitals empanelled under PM-JAY which have opted out of the PM-JAY during the last three years, payments pending to empanelled hospitals and the average time being taken for settlement of claims;

(c) the details of PM-JAY empanelled hospitals in Kerala and the number of hospitals which have opted out during the last three years along with the details of pending payments, including Wayanad Lok Sabha Parliamentary Constituency;

(d) whether the Government has taken any action to assist beneficiaries affected due to the suspension of services by private empanelled hospitals opting out of the PM-JAY, if so, the details thereof; and

(e) whether the Government proposes to initiate measures to empanel more hospitals under PM-JAY, if so, the details thereof?

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

(a) to (e): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), hospital empanelment is a continuous process and is undertaken by implementing State/UT based on the requirements and availability of healthcare providers meeting the criteria as per empanelment guidelines of National Health Authority. The empanelment of private hospitals under the scheme is entirely voluntary.

The empanelment of hospitals under the scheme has increased from 6,917 hospitals in FY 2018–19, comprising 3,013 public and 3,904 private hospitals, to 33,270 hospitals as on 31.12.2025, out of which 17,537 are public and 15,733 are private hospitals.

Out of 15,733 empanelled private hospitals, 6952 private hospitals have been empanelled in the last three years (April 2022 to March 2025), whereas 458 hospitals have voluntarily opted out of the scheme during the same period due to reasons including administrative reasons, empanelment only for the COVID period, closure or non-functionality of hospitals, relocation of hospitals, among others.

In the State of Kerala, as on 31.12.2025, 581 hospitals, including 377 private hospitals and 204 public hospitals, are empanelled under the scheme. During the last three years (April 2022 to March 2025), 246 hospitals have voluntarily opted out of the scheme in the State of Kerala. Out of these, 229 hospitals were temporarily empanelled during the COVID-19 period which

discontinued their services after the pandemic and 17 hospitals have voluntarily opted out from the scheme due to administrative or other reasons.

All eligible beneficiaries under AB-PMJAY can avail treatment through a network of over 33,270 public and private empanelled hospitals. In cases of denial of treatment by an empanelled hospital, beneficiaries can register their grievances through the Centralized Grievance Redressal Management System (CGRMS) or the 24×7 toll-free helpline number 14555.

Under the scheme, settlement of claims is a regular and uninterrupted process and claims are settled by respective State Health Agencies as per claim adjudication guidelines issued by National Health Authority. As per the guideline, the permissible turnaround time for settlement of claim to hospitals is within 15 days of claim submission for intra-state hospitals (hospitals located within the State) and within 30 days in case of portability claims (hospitals located outside the State).

आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना के अंतर्गत पैनेल में शामिल निजी अस्पताल

***103. श्री नलिन सोरेन:**

श्री नीरज मोर्य:

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

(क) वर्ष 2023 से दिसम्बर, 2025 तक देशभर में आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत पैनेल में शामिल निजी अस्पतालों की संख्या में हुई वृद्धि का झारखंड के दुमका जिले सहित राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;

(ख) उक्त अवधि के दौरान शाहजहांपुर, बदायूं और आंवला लोक सभा संसदीय निर्वाचन क्षेत्र के विशेष संदर्भ सहित उत्तर प्रदेश तथा देशभर में टियर-II और टियर-III शहरों और आकांक्षी जिलों

में पैनल में शामिल निजी अस्पतालों की संख्या में हुई वृद्धि का ब्यौरा क्या है;

(ग) वर्ष 2018 से पूर्व कार्यान्वित की गई पिछली सार्वजनिक स्वास्थ्य बीमा योजनाओं तथा उक्त योजना के अंतर्गत महिला लाभार्थियों के अस्पताल में भर्ती होने की दर के तुलनात्मक आंकड़ों का ब्यौरा क्या है; और

(घ) देश में आयुष्मान भारत स्वास्थ्य खातों (एबीएचए) के सृजन में हुई वृद्धि का ब्यौरा तथा जनजातीय बहुल क्षेत्रों में सचल स्वास्थ्य इकाइयों को उन्नत बनाए जाने तथा इनकी तैनाती में हुई प्रगति का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है और उत्तर प्रदेश के एटा-आंवला क्षेत्र में अब तक कितने आयुष्मान भारत स्वास्थ्य खाते सृजित किए गए हैं?

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

(क) से (घ): दिनांक 31.12.2025 की स्थिति के अनुसार, आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत कुल 15,733 निजी अस्पताल पैनलबद्ध हैं, जिनमें से 7247 निजी अस्पताल जनवरी 2023 से दिसंबर 2025 की अवधि के दौरान पैनलबद्ध किए गए हैं। इस अवधि के दौरान एबी-पीएमजेएवाई के अंतर्गत पैनलबद्ध निजी अस्पतालों की राज्य/संघ राज्य क्षेत्र वार संख्या संलग्न **विवरण** में दी गई है।

दिनांक 31.12.2025 की स्थिति के अनुसार झारखंड राज्य के दुमका जिले में कुल 8 निजी अस्पताल पैनलबद्ध हैं।

दिनांक 31.12.2025 की स्थिति के अनुसार, देश भर के आकांक्षी जिलों में कुल 1259 निजी अस्पताल पैनलबद्ध हैं। चूंकि इस योजना के अंतर्गत निर्वाचन क्षेत्र-वार आंकड़े एकत्र नहीं किए जाते हैं, इसलिए उत्तर प्रदेश के संबंधित जिलों में पैनलबद्ध निजी अस्पतालों का विवरण इस प्रकार है:

जिला	पैनलबद्ध निजी अस्पतालों की संख्या
शाहजहांपुर	24
संभल	9

बदायूं	14
बरेली	209

वर्ष 2018 से पहले की जन स्वास्थ्य बीमा योजनाओं के साथ एबी-पीएमजेएवाई के तहत महिला अस्पताल में भर्ती होने की दरों के तुलनात्मक आंकड़े उपलब्ध नहीं हैं, क्योंकि एबी-पीएमजेएवाई सितंबर 2018 में शुरू की गई थी। तथापि, दिनांक 31.12.2025 तक, एबी पीएम-जेएवाई के तहत कुल 11.22 करोड़ अस्पताल में भर्ती होने वालों में से लगभग 49% महिलाओं द्वारा लाभ उठाया गया है।

आयुष्मान भारत स्वास्थ्य खाता (एबीएचए) नागरिकों को एक विशिष्ट डिजिटल स्वास्थ्य पहचान प्रदान करता है और स्वास्थ्य परिचर्या प्रदाताओं के साथ उनके चिकित्सा रिकॉर्ड तक सुरक्षित पहुंच, देखने और सहमति के आधार पर साझा करने में सक्षम बनाता है। दिनांक 02.02.2026 की स्थिति के अनुसार, देश भर में कुल 85.48 करोड़ आभा सृजित गए हैं। राज्य/संघ राज्य क्षेत्र-वार आभा सृजन का विवरण dashboard.abdm.gov.in पर देखा जा सकता है।

राष्ट्रीय स्वास्थ्य प्राधिकरण आभा सृजन का जिलावार डेटा रखता है। एटा, कासगंज, बदायूं और बरेली जिलों को मिलाकर एटा-आंवला क्षेत्र में 02 .02. 2026 तक आभा की संख्या का ब्यौरा इस प्रकार है:

जिला	सृजित आभा की संख्या
एटा	14,02,875
कासगंज	9,35,407
बदायूं	22,10,371
बरेली	34,11,651

विवरण
एबी-पीएमजेएवाई के अंतर्गत पैनलबद्ध निजी अस्पतालों की संख्या का
राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	पैनलबद्ध निजी अस्पतालों की संख्या (जनवरी 2023 से दिसंबर 2025 तक)
आंध्र प्रदेश	263
अरुणाचल प्रदेश	8
असम	51
बिहार	422
चंडीगढ़	6
छत्तीसगढ़	155
दिल्ली	114
गोवा	1
गुजरात	347
हरियाणा	344
हिमाचल प्रदेश	82
जम्मू और कश्मीर	63
झारखंड	48
कर्नाटक	242
केरल	50
लद्दाख	1
मध्य प्रदेश	299
महाराष्ट्र	554
मणिपुर	18
मेघालय	3
मिजोरम	2
नागालैंड	12
ओड़िशा	788
पुदुचेरी	2
पंजाब	187
राजस्थान	976
सिक्किम	4
तमिलनाडु	189

तेलंगाना	258
दादरा और नगर हवेली और दमन और दीव	5
त्रिपुरा	6
उत्तर प्रदेश	1591
उत्तराखंड	135
पश्चिम बंगाल	21

आयुष्मान आरोग्य मंदिर

***104. श्री राहुल सिंह लोधी:**

श्री मितेश पटेल (बकाभाई):

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

(क) ऐसे आयुष्मान आरोग्य मंदिरों (एएएम) का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है जिनमें 12 आवश्यक व्यापक प्राथमिक स्वास्थ्य देखभाल सेवाओं (सीपीएचसी) के सभी विस्तारित सेवा पैकेज पूरी तरह से कार्यशील हैं;

(ख) वर्ष 2022 से अब तक उक्त आयुष्मान आरोग्य मंदिरों की प्रगति का ब्यौरा क्या है;

(ग) विगत तीन वर्षों के दौरान छत्तीसगढ़ के कांकेर, बालोद जिलों तथा मध्य प्रदेश सहित राज्य-वार कितने उप स्वास्थ्य केन्द्रों (एसएचसी) और प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) को आयुष्मान आरोग्य मंदिरों के रूप में उन्नत और नामित किया गया है;

(घ) विशेषकर असम सहित उत्तर-पूर्व क्षेत्र, राजस्थान, कुशीनगर जिले सहित उत्तर प्रदेश, झारखंड तथा गुजरात के साबरकांठा लोक सभा संसदीय निर्वाचन क्षेत्र के अंतर्गत साबरकांठा और अरावली जिलों, छत्तीसगढ़, मध्य प्रदेश तथा आन्ध्र प्रदेश में जिला-वार देश भर के आकांक्षी जिलों और जनजातीय बहुल ब्लॉकों में कितने उप स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केन्द्रों का आयुष्मान आरोग्य मंदिर के रूप में उन्नयन किया गया है; और

(ङ) राष्ट्रीय राजधानी राज्यक्षेत्र दिल्ली में विशेषकर अल्पसेवित और घनी आबादी वाले क्षेत्रों में आयुष्मान आरोग्य मंदिरों के सुदृढ़ीकरण और विस्तार के लिए सरकार द्वारा उठाए गए/उठाए जाने

वाले कदमों का ब्यौरा क्या है?

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

(क) से (ड): दिनांक 31.12.2025 की स्थिति के अनुसार राज्यों/संघ राज्य क्षेत्रों द्वारा आयुष्मान आरोग्य मंदिर (एएएम) पोर्टल पर दी गई जानकारी के अनुसार, छत्तीसगढ़, मध्य प्रदेश, असम, राजस्थान, उत्तर प्रदेश, झारखंड, गुजरात, आंध्र प्रदेश और दिल्ली सहित देश भर में उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके 1,82,944 एएएम को कार्यशील बनाया गया है। देश भर में कार्यशील एएएम की राज्य/संघ राज्य क्षेत्र-वार संख्या **विवरण-I** में संलग्न है।

आयुष्मान आरोग्य मंदिर (एएएम) शहरी, ग्रामीण, आदिवासी बहुल और आकांक्षी जिलों में प्राथमिक स्वास्थ्य परिचर्या सेवाओं के 12 पैकेज क्रमिक रूप से प्रदान करते हैं, जिनमें प्रजनन और शिशु परिचर्या सेवाएं, संचारी रोग, गैर-संचारी रोग (एनसीडी) आदि शामिल हैं। सेवाओं के विस्तारित पैकेज को पूरा करने के लिए, आवश्यक दवाओं और निदान की सूची का विस्तार किया गया है ताकि पीएचसी-एएएम में 172 दवाएं और 63 निदान और एसएचसी-एएएम में 106 दवाएं और 14 निदान उपलब्ध हो सकें।

वर्ष 2021-2022 से 2024-2025 तक कार्यशील एएएम की संचयी संख्या वर्षवार इस प्रकार है:

वित्त वर्ष	एएएम की संचयी संख्या
2021-2022	1,17,440
2022-2023	1,59,526
2023-2024	1,72,148
2024-2025	1,76,887

राज्यों/संघ राज्य क्षेत्रों द्वारा एएएम पोर्टल पर दी गई जानकारी के अनुसार, दिनांक

31.12.2025 की स्थिति के अनुसार, कांकेर, बालोद, कुशीनगर, साबरकांठा, अरावली और आंध्र प्रदेश के जिलों में कार्यशील एएएम की संचयी संख्या संलग्न **विवरण-II** में दी गई है।

दिनांक 31.12.2025 की स्थिति के अनुसार 26 राज्यों के 178 आदिवासी जिलों में कुल 30,817 एएएम और 27 राज्यों के 112 आकांक्षी जिलों में 24,327 एएएम कार्यशील हो चुके हैं।

यह मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन के तहत राज्यों/संघ राज्य क्षेत्रों, जिनमें दिल्ली राष्ट्रीय राजधानी क्षेत्र (एनसीटी) भी शामिल है, को कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर एएएम को सुदृढ़ और विस्तार करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार, मानदंडों और उपलब्ध संसाधनों के अनुसार, कार्यवाही अभिलेख (आरओपी) के रूप में प्राप्त प्रस्तावों को स्वीकृति प्रदान करती है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के पूरक आरओपी वित्त वर्ष 2025-26 के तहत 123 शहरी पीएचसी-एएएम और प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के तहत 1139 शहरी एएएम को कार्यशील बनाने हेतु दिल्ली राष्ट्रीय राजधानी क्षेत्र को स्वीकृति दी जा चुकी है, जिनमें अल्पसेवित और घनी आबादी वाले क्षेत्र भी शामिल हैं।

विवरण-I

दिनांक 31.12.2025 की स्थिति के अनुसार देश भर में राज्यों/संघ राज्य क्षेत्रों में कार्यशील एएएम की संख्या:

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कार्यशील एएएम की कुल संख्या
1	अंडमान और निकोबार द्वीप समूह	129
2	आंध्र प्रदेश	11,871
3	अरुणाचल प्रदेश	511
4	असम	4,963
5	बिहार	12,144
6	चंडीगढ़	60
7	छत्तीसगढ़	5,898
8	दिल्ली	222
9	दादरा और नगर हवेली और दमन और द्वीव	95

10	गोवा	306
11	गुजरात	10,696
12	हरियाणा	3,269
13	हिमाचल प्रदेश	2,764
14	जम्मू और कश्मीर	3,168
15	झारखंड	4,155
16	कर्नाटक	10,126
17	केरल	7,183
18	लद्दाख	321
19	लक्षद्वीप	13
20	मध्य प्रदेश	12,676
21	महाराष्ट्र	12,933
22	मणिपुर	420
23	मेघालय	621
24	मिजोरम	412
25	नागालैंड	485
26	ओड़िशा	7,374
27	पुदुचेरी	133
28	पंजाब	3,311
29	राजस्थान	12,669
30	सिक्किम	184
31	तमिलनाडु	8,502
32	तेलंगाना	5,050
33	त्रिपुरा	1,131
34	उत्तर प्रदेश	23,336
35	उत्तराखंड	2,357
36	पश्चिम बंगाल	13,456
कुल		1,82,944

विवरण-II

दिनांक 31.12.2025 की स्थिति के अनुसार कांकेर, बालोद, कुशीनगर, साबरकांठा, अरावली और आंध्र प्रदेश के जिलों में कार्यशील एएएम की कुल संख्या:

क्र.सं.	राज्य	जिला	कार्यशील एएएम की कुल संख्या
●	छत्तीसगढ़	कांकेर	243
●		बालोद	245
●	उत्तर प्रदेश	कुशीनगर	321
●	गुजरात	साबरकांठा	310
●		अरावली	222
●	आंध्र प्रदेश	श्रीकाकुलम	681
●		विजयनगरम	554
●		विशाखापत्तनम	130
●		पूर्वी गोदावरी	418
●		पश्चिम गोदावरी	422
●		कृष्णा	431
●		गुंटूर	290
●		प्रकाशम	629
●		एसपीएसआर नेल्लोर	587
●		वाई.एस.आर.	470
●		कुरनूल	495
●		अनंतपुर	505
●		चित्तूर	532
●		पार्वतीपुरम मान्यम	325
●		अनकापल्ली	484
●		काकीनाडा	477
●		कोनासीमा	488

●		एलुरु	546
●		एनटीआर	338
●		बापतला	423
●		पलनाडु	434
●		तिरुपति	529
●		अन्नामय्या	436
●		श्री सत्य साई	443
●		नांडयाल	444
●		अल्लूरी सीताराम राजू	360

SUPPORT TO HEALTHCARE SYSTEMS

***105. SHRI C. N. ANNADURAI:**

SHRI G. SELVAM:

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

(a) whether the Government provides financial and technical support to States and Union Territories under the National Health Mission (NHM) for strengthening their healthcare systems and infrastructure;

(b) if so, the details of healthcare facilities constructed, upgraded or made functional in the States/UTs under NHM, including Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals, State/UT-wise including Tamil Nadu;

(c) the major initiatives taken by the Government to improve maternal and child health services, disease control programmes and non-communicable

disease management under NHM in the States/UTs including Tamil Nadu;

(d) whether the Government proposes to increase the resource envelope/allocation for Tamil Nadu under NHM in the upcoming financial year considering its population and healthcare needs; and

(e) the steps taken by the Government to ensure timely completion, effective monitoring, and transparency in the implementation of NHM projects in Tamil Nadu?

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 provides technical and financial support to the States/UTs including Tamil Nadu 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 strengthening healthcare facilities including construction, upgradation or made functional, including Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals, in the States/UTs under NHM including Tamil Nadu, are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

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

Ayushman Arogya Mandirs (AAMs), erstwhile Ayushman Bharat Health

and Wellness Centres (AB-HWCs), have been established by upgrading existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas to deliver 12 package of basic healthcare services. These primarily health services include Reproductive and Child Health (RMNCHA+N) services, Communicable Diseases, Non-Communicable Diseases (NCDs) (screening and management for NCDs such as Hypertension, Diabetes and 3 common cancers of Oral, Breast and Cervix) and incrementally adding other services for mental health, ENT, Ophthalmology, oral health, geriatric and palliative health care and trauma care etc.

Further, the major initiatives taken by the Government to improve maternal and child health services includes Janani Suraksha Yojana (JSY), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), STOP Diarrhoea campaign, Anemia Mukh Bharat (AMB), Rashtriya Bal Swasthya Karyakram (RBSK), Universal Immunization Programme, UWIN, Mission Indradhanush, etc.

In order to prevent and control various Communicable Diseases various schemes are operated like National Vector Borne Diseases Control Programme (NVBDCP), National TB Mukh Bharat Abhiyaan (TBMBA), National Leprosy Eradication Programme (NLEP), National Viral Hepatitis Control Programme (NVHCP), etc.

Further, to prevent and control various Non-Communicable Diseases (NCDs), National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) for prevention and control of Cancer,

Diabetes, Cardiovascular Diseases and Stroke, National Tobacco Control Programme (NTCP), and National Mental Health Programme (NMHP), Tele MANAS etc. are in operation.

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 including Tamil Nadu, 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.

REPATRIATION OF INDIAN CITIZENS FROM IRAN

***106. SHRI ANAND BHADAURIA:**

PROF. SOUGATA RAY:

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

- (a) whether the Government has assessed the impact of political unrest in Iran on Indians residing there and its likely impact on the national interests of India, if so, the details thereof and if not, the reasons therefor;
- (b) whether the Government has repatriated Indian citizens from Iran recently, if so, the details thereof;
- (c) the number of Indians still stranded in Iran as on date along with the details of the efforts being made for their repatriation; and

(d) whether India has taken any steps to help resolve the issues between Iran and USA and if so, the details thereof?

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

(a) to (d): The Government is closely monitoring the situation in Iran. The Embassy of India in Tehran is in regular contact with Indian nationals, including students, in Iran, and is providing them regular advice. The Government had issued travel advisories on 05 and 14 January 2026, urging avoidance of non-essential travel to Iran, advising Indians in Iran to leave via commercial flights and to stay alert. The Embassy continues to assist, advise, and guide Indian citizens as required.

Government does not currently view Indian nationals in Iran as stranded, given that Iranian airspace remains open and there is regular air connectivity between Iran and India and with the countries in the region. A special evacuation has therefore not been arranged by the Government so far. Government continues to assess the situation as circumstances evolve.

The last evacuation from Iran organized by the Government was under Operation Sindhu in June 2025, during which 3,597 Indian nationals were evacuated. The evacuation was facilitated during the tensions between Iran and Israel. No evacuation has been organized from Iran since then.

There are about 9,000-10,000 Indian nationals across 16 provinces in Iran, which includes mainly students (and their families), workers, pilgrims, tourists, business persons and seafarers. Since Iranian airspace remains open

as on date, Indian nationals wishing to leave Iran have been advised to do so using available means, including commercial flights.

On 14 January 2026, the Minister of External Affairs had a telephonic conversation with Iranian Foreign Minister Dr. Seyyed Abbas Araghchi. They discussed the evolving situation in and around Iran. India remains in touch with various interlocutors regarding the situation.

आयुष आधारित स्वास्थ्य सुविधाएं

*107. श्री सुधाकर सिंह:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या बिहार के बक्सर, कैमूर और रोहतास जिलों में उच्च जनसंख्या घनत्व होने तथा पारंपरिक चिकित्सा सेवाओं की कमी के कारण स्थानीय लोगों को आयुष आधारित स्वास्थ्य सुविधाओं से वंचित किया जा रहा है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार को उक्त जिलों में 50 बिस्तरों वाले आयुष अस्पताल की स्थापना के लिए कोई प्रस्ताव प्राप्त हुआ है अथवा ऐसा कोई प्रस्ताव विचाराधीन है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और उक्त प्रस्ताव की वर्तमान स्थिति, अनुमोदन प्रक्रिया और उक्त अस्पतालों की स्थापना के लिए संभावित समय-सीमा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (घ) क्या सरकार का विचार उक्त जिलों के सामाजिक-भौगोलिक महत्व और जनसांख्यिकीय आवश्यकता को ध्यान में रखते हुए भविष्य में इस दिशा में कोई कदम उठाने का 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 राज्य का विषय होने के कारण, बिहार के बक्सर, कैमूर और रोहतास

जिलों में आयुष आधारित स्वास्थ्य सुविधाओं और पारंपरिक चिकित्सा सेवाओं की उपलब्धता सुनिश्चित करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार के कार्यक्षेत्र में आती है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, देश के विभिन्न हिस्सों में 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों (आईएच) की स्थापना के लिए वित्तीय सहायता का प्रावधान है। एनएएम दिशानिर्देशों के अनुसार, आईएच की स्थापना सहित विभिन्न गतिविधियों का वित्तपोषण राज्य वार्षिक कार्य योजनाओं (एसएपी) के माध्यम से प्राप्त प्रस्तावों पर अंतर भरने के आधार पर आवश्यकता को ध्यान में रखते हुए किया जाता है।

बिहार सहित राज्य/संघ राज्य क्षेत्र की सरकारों को समय-समय पर जिलों में ऐसे उपयुक्त स्थान का चयन करके आईएच की स्थापना का प्रस्ताव करने के लिए प्रोत्साहित किया गया है, जहां पर्याप्त कनेक्टिविटी उपलब्ध हो, ताकि यह आयुष औषधालयों, आयुष्मान आरोग्य मंदिर (आयुष), प्राथमिक स्वास्थ्य केंद्रों आदि के लिए रेफरल अस्पतालों के रूप में कार्य कर सके। तदनुसार, एनएएम दिशानिर्देशों के प्रावधानों के अनुसार, राज्य सरकार एसएपी के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती है, जिसमें विस्तृत परियोजना रिपोर्ट (डीपीआर), भूमि स्वामित्व अधिकार और प्रस्तावित अस्पताल के लिए चिह्नित पदों पर नियमित पदों के सृजन की प्रतिबद्धता शामिल है। यह केंद्र सरकार की योजनाबद्ध सहायता से परे अस्पताल के दीर्घकालिक संचालन के लिए राज्य सरकार को सुविधा प्रदान करेगा।

इसके अलावा, वर्ष 2024-25 के दौरान, बिहार राज्य सरकार ने विभिन्न स्थानों पर 50 बिस्तरों वाले आईएच की 10 इकाइयां स्थापित करने के प्रस्ताव प्रस्तुत किए हैं। मिशन निदेशालय की बैठक के दौरान, बिहार राज्य सरकार ने सूचित किया है कि गोपालगंज, मोतिहारी, दरभंगा, मधुबनी, गया और सीवान में 50 बिस्तरों वाले आईएच की 6 इकाइयों के लिए भूमि उपलब्ध है। तदनुसार, आयुष मंत्रालय ने इन प्रस्तावों को अनुमोदित किया था, जहां भूमि उपलब्ध थी। हालांकि, आईएच की स्थापना के लिए रोहतास जिले सहित अन्य प्रस्तावों को भूमि की अनुपलब्धता के कारण मंजूरी नहीं दी जा सकी। इसके अलावा, व्यय विभाग, वित्त मंत्रालय के

दिशानिर्देशों में निर्धारित पूर्व शर्तों का अनुपालन न करने के कारण वर्ष 2024-25 के दौरान बिहार राज्य सरकार को कोई धनराशि जारी नहीं की गई।

इसके अतिरिक्त, वर्ष 2025-26 के दौरान, बिहार राज्य सरकार ने एसएएपी के माध्यम से बेगूसराय, गोपालगंज, मोतिहारी, दरभंगा, मधुबनी, गया और सीवान में 50 बिस्तरों वाले आईएच की 07 इकाइयों के लिए प्रस्ताव प्रस्तुत किया है। मिशन निदेशालय की बैठक में, बिहार राज्य सरकार ने सूचित किया है कि आईएच की प्रस्तावित 07 इकाइयों के लिए मॉडल डीपीआर और भूमि उपलब्ध है। तदनुसार, आयुष मंत्रालय ने इसे 300.00 लाख रुपये प्रति इकाई की दर से मंजूरी दी है। एसएएपी के अनुमोदन के आधार पर, बिहार राज्य सरकार के लिए आधिकारिक संस्वीकृति जारी की गई है।

SHORTFALL IN SUPPLY OF FERTILIZERS IN TAMIL NADU

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

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

- (a) whether it is a fact that Tamil Nadu faced shortfalls in fertilizer supply during the 2025 Kharif and Rabi seasons, including a gap between urea requirement and allocation, if so, the details thereof;
- (b) the quantum of urea and other fertilizers allocated and supplied to Tamil Nadu during 2025 and the reasons for any shortfall against the assessed demand;
- (c) whether the Government is aware of seizure of spurious or sub-standard fertilizers reported in parts of Tamil Nadu, including delta districts, if so, the details thereof;
- (d) the steps taken by the Union Government to strengthen monitoring,

FERTILIZER POSITION FOR KHARIF 2025					
Fig. In Lmt					
S. No.	Product	Requirement	Availability	Sales	Closing Stock
1	UREA	4.37	6.07	5.06	1.01
2	DAP	1.40	2.01	1.29	0.72
3	MOP	0.80	1.34	0.96	0.38
4	NPKS	4.11	5.49	3.91	1.58
1. Primary Indicator of comfortable availability: Availability > Requirement					
2. Secondary Indicator of comfortable availability: Availability > Sales					

(c) and (d): In order to ensure availability of quality fertilizers, the 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 respectively. FCO, 1985 strictly prohibits the manufacture/sale of fertilizer 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. The Government of India in coordination

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. Since April 2025, 4,11,350 raids have been conducted with 15024 show cause notices issued, 6510 licenses suspended/cancelled and 783 FIRs registered against defaulters in the country. In case of Tamil Nadu, 20727 raids have been conducted with 165 show cause notices issued, 50 licenses suspended/cancelled and 5 FIRs registered against defaulters during the same time period.

Further, as informed by the State Government of Tamil Nadu, the information regarding seizure of spurious or sub-standard fertilizers reported from various parts of the State, including the delta districts, is as under:

Non-Delta Districts :

Sr. No.	Venue Inspected	Name of the defaulter	Qty of fertilizer seized (MT)	FIR No. & Date
1.	Tlialaivasal, Salem	1. Anguraj Raman 2. Prasanth 3. Balaji 4. Soundharajan	1 MT	216 19.06.2025
2.	Erode, C-Mettupalayam	Bhavani Bai Alias Ahmed Ali	1. Urea - 182.0 MT 2. Complex- 2.9 MT	48 15.02.2025
3.	Thoothukudi, Thozhirpettai	Not Known	Urea - 600 MT	38 20.01.2025

Delta Districts:

Sr.	Venue Inspected	Name of the	Qty of fertilizer	FIR No. &

No.		defaulter	seized (MT)	Date
1.	Tiruvarur, Kottur	1. Sakthivel 2. Chandhirasekar	DAP - 1.2 MT	243 19.11.2025
2.	Thanjavur, Kottai-Palli Aghaharam, Vadakku	Anantharaj Alias Ananth	24.75 MT	253 26.06.2025
3.	Farm Agro Chemicals, Thanjavur,	Vasanth	Bio Stimulant - 36.11 MT	783 17.11.2025

(e): Following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers across the States, including 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.
- (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).
- (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.

(v) However, the distribution of fertilizers within the State at district level is done by the concerned State government.

राजसहायता प्रणाली में पारदर्शिता और उसकी प्रभावकारिता

*109. श्री सतपाल ब्रह्मचारी:

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

- (क) क्या सोनीपत लोक सभा निर्वाचन क्षेत्र के किसानों को उर्वरक संबंधी राजसहायता का लाभ नहीं मिल रहा है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या उक्त निर्वाचन क्षेत्र के कुछ स्थानों पर निम्न-गुणवत्ता वाले या घटिया उर्वरकों की बिक्री के बारे में शिकायतें प्राप्त हुई हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) वित्तीय वर्ष 2021 से अब तक उक्त निर्वाचन क्षेत्र में उर्वरक संबंधी राजसहायता के अंतर्गत कितनी धनराशि आवंटित और संवितरित की गई है;
- (घ) क्या सरकार उर्वरकों की गुणवत्ता सुनिश्चित करने के लिए नियमित रूप से निरीक्षण, नमूना परीक्षण करा रही है और दोषी विक्रेताओं के विरुद्ध कार्रवाई कर रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) किसानों के हित में राजसहायता प्रणाली को और अधिक पारदर्शी और प्रभावी बनाने के लिए सरकार की भावी कार्ययोजना क्या है?

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

(क): सोनीपत लोक सभा निर्वाचन क्षेत्र के किसान सब्सिडी प्राप्त उर्वरक प्राप्त कर रहे हैं। उर्वरकों की उपलब्धता और आधार प्रमाणित पीओएस बिक्री के माध्यम से खरीदार को की गई बिक्री का विवरण निम्नानुसार है:

(मीट्रिक टन में)

उर्वरक	उपलब्धता	बिक्री	वर्तमान स्टॉक

यूरिया	2,69,100	1,21,215	1,47,886
डीएपी	63,874	24,284	39,590
एनपीके	17,479	3,424	14,055
एसएसपी	33,143	5,264	27,880

(ख): उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत एक आवश्यक वस्तु 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 उर्वरकों की कालाबाजारी/अधिक मूल्य-निर्धारण में संलिप्त व्यक्तियों के विरुद्ध कार्रवाई करने की शक्तियां प्रदान की गई हैं। उर्वरकों की कालाबाजारी/अधिक मूल्य निर्धारण के संबंध में उर्वरक विभाग स्तर पर प्राप्त होने वाली कोई भी शिकायत आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत उचित कार्रवाई करने के लिए संबंधित राज्य सरकार को भेजी जाती है। हरियाणा सरकार के द्वारा दी गई सूचना के अनुसार, सोनीपत निर्वाचन क्षेत्र में कुछ स्थानों पर निम्न गुणवत्ता वाले या घटिया उर्वरकों की बिक्री के बारे में ऐसी कोई शिकायत नहीं मिली है।

(ग): 'उर्वरकों में प्रत्यक्ष लाभ अंतरण (डीबीटी)' प्रणाली के अंतर्गत खुदरा दुकानों पर स्थापित पीओएस मशीनों के माध्यम से आधार प्रमाणीकरण के आधार पर लाभार्थियों को की गई वास्तविक बिक्री के आधार पर उर्वरक उत्पादन/आयात करने वाली कंपनियों को विभिन्न उर्वरक ग्रेडों पर 100% सब्सिडी का भुगतान किया जाता है। निधियों को जिला-वार या निर्वाचन क्षेत्र-वार तरीके से आवंटित या वितरित नहीं किया जाता है। विभिन्न उर्वरक सब्सिडी स्कीम के तहत आवंटित कुल धनराशि और हुए व्यय का ब्यौरा निम्नानुसार है:

(रुपए करोड़ में)

वित्तीय वर्ष	आवंटन	व्यय
2020-21	1,38,527.30	1,31,229.50
2021-22	1,62,072.12	1,57,640.09
2022-23	2,54,798.93	2,54,798.93
2023-24	1,95,421.00	1,95,420.51

2024-25	1,77,129.50	1,77,129.50
2025-26	2,01,961.50	1,85,887.94

(घ): उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत एक आवश्यक वस्तु 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 उर्वरकों की कालाबाजारी/अधिक मूल्य-निर्धारण में संलिप्त व्यक्तियों के विरुद्ध कार्रवाई करने की शक्तियां प्रदान की गई हैं। उर्वरकों की कालाबाजारी/अधिक मूल्य निर्धारण के संबंध में उर्वरक विभाग स्तर पर प्राप्त होने वाली कोई भी शिकायत आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत उचित कार्रवाई करने के लिए संबंधित राज्य सरकार को भेजी जाती है। हरियाणा राज्य सरकार द्वारा दी गई सूचना के अनुसार, उर्वरक निरीक्षकों द्वारा सोनीपत जिले में नियमित निरीक्षण किया जाता है। 1 अप्रैल 2025 से 31 जनवरी 2026 तक, 152 उर्वरक के नमूने लिए गए। इनमें से, 03 नमूने गैर-मानक पाए गए, और उर्वरक नियंत्रण आदेश, 1985 के अनुसार कार्रवाई की गई।

(ङ): उर्वरक सब्सिडी संवितरण तंत्र में पारदर्शिता सुनिश्चित करने के लिए, उर्वरकों में प्रत्यक्ष लाभ अंतरण (डीबीटी) तंत्र लागू किया गया है। 'उर्वरकों में प्रत्यक्ष लाभ अंतरण' प्रणाली के अंतर्गत, प्रत्येक खुदरा दुकान पर स्थापित पीओएस उपकरणों के माध्यम से आधार प्रमाणीकरण के आधार पर लाभार्थियों को की गई वास्तविक बिक्री पर विभिन्न श्रेणियों के उर्वरकों पर 100% सब्सिडी उर्वरक कंपनियों को जारी की जाती है। तदनुसार सभी किसानों को बिना किसी मनाही के सब्सिडी प्राप्त दरों पर उर्वरक उपलब्ध कराए जा रहे हैं। उर्वरक कंपनियां पीओएस में रिकार्ड की गई बिक्री के आधार पर सब्सिडी के साप्ताहिक दावों को जेनरेट/प्रस्तुत करती हैं, जिन पर प्रभावी निगरानी, समय पर निपटान और कुशल निधि प्रबंधन सुनिश्चित करने के लिए 'पहले आओ पहले जाओ' (एफआईएफओ) के आधार पर कार्यवाही की जाती है, जोकि दावों के पूरा होने के अध्यधीन है। इसके अतिरिक्त, बड़े स्तर पर उर्वरक सब्सिडी भुगतानों के डिजिटल प्रबंधन हेतु सरकार ने हाल ही में एक एकीकृत ई-बिल प्रणाली शुरू की है। इस डिजिटल प्रणाली का उद्देश्य मैनुअल और पेपर-

आधारित प्रक्रियाओं को कम करना, भुगतान वर्कफ़्लो को गति देना और सब्सिडी भुगतान प्रक्रिया में पारदर्शिता और जवाबदेही को बढ़ाना है।

इसके अलावा, सब्सिडी वाले उर्वरकों के वितरण को और अधिक प्रभावी बनाने के लिए, भारत सरकार ने हरियाणा सरकार के 'मेरी फसल मेरा ब्योरा (एमएफएमबी)' पोर्टल को भारत सरकार के एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) के साथ 08.10.2025 से एकीकृत किया है ताकि चिह्नित किसानों को उर्वरक की पारदर्शी और वास्तविक समय में डिलीवरी सुनिश्चित की जा सके। इस प्रणाली के तहत, किसान राज्य कृषि विभाग के एमएफएमबी पोर्टल पर अपनी भूमि का विवरण दर्ज कराते हैं। भूमि पंजीकरण के लिए, हरियाणा के निवासियों को केवल परिवार पहचान पत्र की आवश्यकता होती है, जबकि गैर-निवासी अपने आधार कार्ड का उपयोग करके पंजीकरण कर सकते हैं। सफल पंजीकरण पर, किसान की भूमि और व्यक्तिगत विवरण लगभग 30 सेकंड के भीतर आईएफएमएस में स्वचालित रूप से प्रेषित हो जाते हैं। इस वास्तविक समय एकीकरण से मैनुअल सत्यापन और दोहराव (डुप्लीकेशन) समाप्त हो जाता है। नतीजतन, किसान तुरंत सब्सिडी वाले उर्वरकों को प्राप्त करने के लिए पात्र हो जाते हैं।

ALLOCATION OF FUNDS UNDER NHM

***110. DR. RAJ KUMAR CHABBEWAL:**

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

- (a) whether it is a fact that there has been a significant reduction in the allocation of funds under the National Health Mission (NHM) for the State of Punjab;
- (b) if so, the details thereof along with the reasons therefor;
- (c) whether the Government is taking any measures to restore and further increase the allocation to the State of Punjab in this regard; and

(d) 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): Public Health is a State subject, hence, the primary responsibility of providing basic health services to all the citizens of the country lies with respective State/UT Government. With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health & Family Welfare (MoHFW) is implementing National Health Mission (NHM). Under NHM, Government of India provides technical and financial support to the States/UTs for improvement in health infrastructure, availability of adequate human resources to health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups.

Under NHM over the period FY 2020-21 to FY 2024-25, the Central Release to the State of Punjab has increased from Rs.568.14 Cr. to Rs.878.21 Cr. i.e. 55%.

RAMPANT OVER-TESTING BY DIAGNOSTIC LABORATORIES

***111. SHRI SRIBHARAT MATHUKUMILLI:**

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

(a) whether the Government is aware of rampant over-testing and diagnostic screening being carried out by certain hospitals, doctors and diagnostic laboratories without proper medical prescriptions, if so, the details thereof;

(b) the details of complaints received along with the actions taken against clinical establishments in relation to unauthorized diagnostic testing during the last three years;

(c) whether a centralized mechanism exists under the Ayushman Bharat Digital Mission to flag patterns indicative of excessive or non-prescribed testing by clinical establishments, if so, the details thereof; and

(d) the steps taken/proposed to be taken by the Government to increase awareness and protect patients from undergoing unnecessary medical tests or preventive health packages in the country?

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

(a) and (b): 'Health' being a State subject, the primary responsibility to take note of rampant over-testing and diagnostic screening carried by hospitals, doctors and diagnostic laboratories without proper medical prescriptions lies with the respective States/UTs. Complaints in this regard, as and when received, are forwarded to the concerned State/ UT which regulate the hospitals as per provisions of the Act and Rules applicable in the concerned State/UT. The data and details, in this regard, are not maintained centrally.

(c): Ayushman Bharat Digital Mission (ABDM) does not operate a centralized mechanism to monitor, flag or assess patterns relating to clinical practices such as excessive or non-prescribed diagnostic testing by healthcare establishments. ABDM's role is limited to provide the digital framework for secure data exchange and consent management, and does not include clinical

surveillance or algorithmic monitoring of provider behaviour.

(d): The Government of India enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified the Clinical Establishments (Central Government) Rules, 2012 (CE Rules) further amended in 2018 and 2020, 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. 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).

The CE Act and CE Rules, *inter-alia*, have provisions to prevent arbitrary prescriptions by clinical establishments by necessitating that:

- The clinical establishment shall fulfil the prescribed minimum standards for facilities and services;
- The clinical establishment shall ensure compliance of the Standard Treatment Guidelines;
- The clinical establishment shall maintain and provide Electronic Medical Records or Electronic Health Records of every patient;

‘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.

Additionally, through the Personal Health Record (PHR) applications and linking of health records with Ayushman Bharat Health Account (ABHA), citizens can access health records and thus build their longitudinal health history. This enables them to securely access and share their past diagnostic reports and medical history with healthcare providers, which reduces the need for repeat or unnecessary medical tests arising from lost or misplaced physical copies of records.

Further, the National Medical Commission (NMC), an apex statutory body established under an Act of Parliament, is responsible for regulating and overseeing medical education and professional practice in the country. Under Chapter 3 of the Professional Conduct, Etiquette, and Ethics Regulations, 2002 framed by the erstwhile Medical Council of India (now NMC), Registered Medical Practitioners (RMPs) are required to avoid unnecessary consultations and ensure that all referrals and diagnostic investigations are carried out judiciously.

CLOSURE OF JAN AUSHADHI KENDRAS IN KARNATAKA***112. SHRI TEJASVI SURYA:**

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

(a) whether the Government has taken note of several Pradhan Mantri Bharatiya Jan Aushadhi Kendras (PMBJKs), functioning within the premises of Government hospitals in Karnataka, being directed to close by the State Health Department;

(b) if so, the number of such Kendras affected along with the reasons cited by the State Government for their closure;

(c) whether the Union Government has taken up the matter with the State Government to seek reconsideration;

(d) whether the Government is aware of judicial interventions in this regard, including orders of the Karnataka High Court staying or quashing such closure directions, if so, the details thereof;

(e) the steps taken to ensure uninterrupted access to affordable generic medicines through Jan Aushadhi Kendras (JAKs) in public health facilities across the country, particularly in high footfall Government hospitals especially in Karnataka; and

(f) whether the Government proposes to issue uniform guidelines to States to prevent arbitrary disruption of JAKs and safeguard access to affordable medicines, if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF

CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) to (f): The Government of India is aware of the order dated 14.05.2025 issued by the State Government of Karnataka which recommended that action be taken to close the Jan Aushadhi Kendras located within Government Hospital premises. Subsequent to issuance of the aforementioned order, the Hon'ble High Court of Karnataka, in its judgment dated 10.12.2025 (WP No. 105933/2025), has quashed the impugned order and consequently, Jan Aushadhi Kendras located in Government Hospital premises are permitted to continue their operations.

There are 191 Jan Aushadhi Kendras located within Government Hospital premises in the State of Karnataka, out of which 82 Kendras were being operated by the Mysore Sales International Limited (MSIL) which is a state owned entity and remaining Kendras are operated by private entrepreneurs. The Kendras being operated by MSIL have stopped purchase of Jan Aushadhi products for sale at their respective stores since November, 2025 while the Kendras operated by private entrepreneurs are continuing their operations.

Subsequently, the State Government of Karnataka has filed an appeal on 14/01/2026 against the impugned judgement and the matter is listed for hearing on 2/04/2026 before the Division bench in Hon'ble High Court of Karnataka.

The matter was taken up at the Ministerial level with the Hon'ble Chief Minister of Karnataka with a request to reconsider the decision to close Jan

Aushadhi Kendras in the State's Public Health facilities to ensure availability of quality medicines for the citizens.

The government has adopted a franchisee model for opening of JAKs by inviting online applications from individual entrepreneurs, NGO, Society, Trust, Firm, Private Company etc. This process facilitates opening of JAKs at private spaces as well as Government Hospitals and Government premises in a similar manner.

In addition to this, the Department of Pharmaceuticals from time to time requests State and Union Territory Governments and district administrations to create awareness about the scheme and to provide rent-free space for opening Jan Aushadhi Kendras (JAKs) in government hospitals, community health centres and primary health centres including those located in block headquarters.

WOMEN AND CHILD WELFARE SCHEMES

***113. SHRI CHARANJIT SINGH CHANNI:**

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

- (a) whether the Government has reviewed women and child welfare schemes, including nutrition, education and safety in Punjab;
- (b) if so, the number of beneficiaries thereunder along with the funds released therefor during the last three years;
- (c) whether any special interventions have been launched to address malnutrition, domestic violence and skill development among women and

children; and

(d) if so, the details of outcomes achieved along with the districts covered thereunder?

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

(a) and (b): Various schemes implemented for welfare of women and children all over the country, including schemes for nutrition, education and safety in Punjab, have been reviewed and clubbed into three Umbrella Missions by the Ministry of Women & Child Development (MoWCD), 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): Under this mission, Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls have been reorganized into 3 primary sub-verticals: (i) Nutrition Support for Children, Pregnant Women & Lactating Mothers and for Adolescent Girls (ii) Early Childhood Care and Education and (iii) Anganwadi Infrastructure including upgraded Saksham Anganwadis.

(ii) Mission Shakti: It comprises of two verticals 'Sambal' and 'Samarthya' for safety, security and empowerment of women, respectively.

I. Sambal - The following schemes have been included under the Sambal vertical: One Stop Centres (OSC) - for providing integrated support and assistance to women affected by violence and those in distress, both in private and public spaces in a convergent and coordinated manner under one roof; Women Helplines (181-WHL) is a 24 x 7 x 365 toll-free emergency/non-emergency response system that is integrated with ERSS (112) and other existing helplines/institutions; Beti Bachao Beti Padhao (BBBP) - launched with an aim to address declining Sex Ratio at Birth (SRB) and related issues of empowerment of girls and women over a life cycle continuum; Nari Adalat – a pilot initiative aimed at empowering women by ensuring justice and to offer services such as alternate dispute resolution, grievance redressal, counselling, evidence-based decision-making, pressure group tactics, negotiation, mediation, and reconciliation.

II. Samarthya - The following schemes have been included under 'Samarthya' vertical: Pradhan Mantri Matru Vandana Yojana (PMMVY) - a Centrally Sponsored Maternity Benefit Scheme under which cash incentives flow to the beneficiaries in Direct Benefit Transfer (DBT) mode for the first child and the second girl child; Ujjwala and Swadhar Greh (renamed as Shakti Sadan) - an Integrated Relief and Rehabilitation Home for women in distress situations including trafficked women; Working Women Hostel (renamed as Sakhi Niwas) - to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunities for women exist; National Hub for Empowerment of

Women (NHEW) - to facilitate intersectoral convergence of schemes and programs meant for women at National level, State/ UT level and district level and National Creche Scheme (renamed as Palna) that aims to increase the participation of women in work force in the economy by providing quality crèche facility in safe and secure environment for children.

(iii) Mission Vatsalya: Mission Vatsalya includes the Integrated Child Protection Scheme (ICPS) for better outreach and protection for children in need and care in a mission mode with the objective to: (i) Support and sustain Children in difficult circumstances. (ii) Develop context-based solutions for holistic development of children from varied backgrounds. (iii) Provide scope for encouraging innovative solutions, (iv) Cement convergent action.

The details of number of beneficiaries under the aforesaid schemes of the Ministry in Punjab are given in the enclosed **Statement-I**. The details of funds released under the aforesaid schemes of the Ministry to State of Punjab during the last three years are given in the enclosed **Statement-II**.

(c) and (d): The special interventions launched to address malnutrition, domestic violence and skill development among women and children are as under:

- Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. It is a

Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. This mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This mission is implemented across the country including in the State of Punjab. The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition in a convergent manner. Mission Saksham Anganwadi and Poshan 2.0 has addressed this by establishing cross cutting convergence amongst 18 Ministries/Departments

- Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.
- Under this Mission, Supplementary Nutrition is provided to Children (6

months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition 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). Extra Supplementary Nutrition is provided to Severely Acutely Malnourished (SAM) children as per National Food Security Act, 2013 (NFSA).

- Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.
- Ministry vide notification dated 12th September 2022 issued Integrated Nutrition Support Programme- Saksham Anganwadi and Poshan (2.0), Rules 2022 to regulate the entitlements specified under the provisions of National Food Security Act, 2013 for every pregnant woman and lactating mother, till six months after childbirth and every child in the age group of six months to six years.

- Further, Ministry of Women & Child Development and Ministry of Health & Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the community, management for those without medical complications with wholesome, local nutritious foods at home and supportive medical care. The CMAM protocol includes an appetite test and screening process for children aged 6 months to 6 years who are severely acute malnourished (SAM) or severely underweight (SUW). Post-screening, such children are referred to Nutrition Rehabilitation Centers (NRC) or hospital facilities for further care.
- To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at AWCs. Poshan Vatikas helps 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.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maahs and Poshan Pakhwadas

celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

Ministry of Women and Child Development's (MWCD) Scheme for Adolescent Girls (SAG) under Mission Saksham Anganwadi and Poshan 2.0 provides nutritional and non-nutritional support to Adolescent Girls (AGs) in the age group of 14-18 years in 218 districts (Aspirational and Northeastern) across 27 State/UTs. As part of this, MWCD in convergence with Ministry of Skill Development and Entrepreneurship (MSDE) has initiated a Special Pilot, NAVYA (Nurturing Aspirations through Vocational Training for Young Adolescent Girls), for skilling of Adolescent Girls (AGs) in the age group of 16-18 years and passed secondary level of school education pursuant to the Memorandum of Understanding (MoU) signed between MWCD with MSDE on 11 October, 2022 for bringing greater convergence in Skill Development Initiatives targeted at Young Girls especially in non-traditional skills.

STATEMENT-I

DETAILS OF NUMBER OF BENEFICIARIES UNDER THE SCHEMES OF THE MINISTRY IN PUNJAB

Mission	Scheme	Category	Number of Beneficiaries
Mission Saksham Anganwadi & Poshan 2.0 (as on 31.12.2025)		Pregnant Women	70173
		Lactating Mothers	97,675
		Children (0-6 years)	12,97,723
		Adolescent Girls	30,375
Mission Vatsalya (FY 2024-25)		Beneficiaries	in 506

		Institutional Care	
		Beneficiaries in Non-Institutional Care	2483
Mission Shakti	One Stop Centre	Women assisted	25489 (as on 30.09.2025)
	Women Helpline	Women assisted	3,58,291(as on 31.12.2025)
	Pradhan Mantri Matru Vandana Yojana	Beneficiaries paid	4.28 Lakhs (FY 2022-23 to 2024-25)
	Shakti Sadan	Beneficiaries in Shakti Sadan	30 (FY 2024-25)
	Palna	Beneficiaries in Creches	1429 (as on 30.01.2026)

STATEMENT-II

DETAILS OF FUNDS RELEASED TO STATE GOVERNMENT OF PUNJAB UNDER THE SCHEMES OF THE MINISTRY DURING THE LAST THREE YEARS

(Rs. in crores)

Sl. No.	Financial Year	Mission Saksham Anganwadi & Poshan 2.0	Mission Vatsalya	Mission Shakti
1.	2022-23	75.31	10.69	20.71
2.	2023-24	307.87	15.44	42.89
3.	2024-25	265.48	14.76	38.05

SWASTH NARI, SASHAKT PARIVAR

***115. SHRI DUSHYANT SINGH:**

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

(a) the details of the key themes and activities undertaken, with particular

reference to the theme Swasth Nari, Sashakt Parivar, in the wake of the recently concluded 8th Rashtriya Poshan Maah;

(b) whether the Government has put any mechanism in place to assess the impact of Poshan Maah on nutrition awareness and nutritional outcomes among women and children and if so, the details thereof; and

(c) the details of the measures being taken by the Government to sustain community participation and behavioural changes achieved during the campaign throughout the year particularly in rural and aspirational regions including Jhalawar-Baran?

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

(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). It aimed at strengthening healthcare services for women and children across India, with a focus on improving access, quality care, and awareness through Jan Bhagidaari.

The following activities have been conducted during the campaign:

- (a) 19.7 lakh countrywide dedicated health camps with a footfall of more than 11 crores on all healthcare platforms to provide screenings and specialist and telemedicine services, including counselling activities.
- (b) Provision of medical and health services for women including check-up for ENT, Eye, Dental check-up.

- (c) Promoting healthy lifestyles such as reducing obesity, local and regional food, distribution of Take Home Ration (THR).
- (d) Focusing on women's health, including screenings for oral, breast and cervical cancer, anaemia, hypertension, diabetes, tuberculosis and sickle cell diseases.
- (e) Providing maternal and child health services, such as antenatal care (ANC) checkups and immunization and Early Childhood Care and Infant and Young Child Feeding (IYCF) practices.
- (f) Raising awareness about nutrition, menstrual hygiene, and mental health.
- (g) Active participation of citizens for voluntary blood donation, Nikshay Mitra Volunteer and organ donor registration.
- (h) Distribution of digital cards and special registration including Mother and Child Protection (MCP) Card, Sickle Cell card, Pradhan Mantri Matru Vandana Yojana (PMMVY) enrolment and registration of beneficiary on POSHAN Tracker.

As per the information provided by the Ministry of Women and Child Development (MoWCD), 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. 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. The activities conducted during the 8th Rashtriya Poshan Maah were monitored through Jan Andolan Dashboard. Overall, 14.33 crore activities were reported in convergence with the 18 partner ministries during the 8th Rashtriya Poshan Maah all over the country.

(b): As per the information provided by the Ministry of Women and Child Development (MoWCD), the World Bank in 2021 conducted a survey on Poshan Abhiyaan in 11 priority states (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) with the highest rates of anemia and stunting. This survey revealed that the services delivered through the Poshan Abhiyaan were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

Further, a third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and also in 2025 and has found its relevance to be satisfactory for tackling malnutrition in the country.

(c): Under the National Health Mission (NHM), the Government of India has implemented several measures as a continuous, institutionalized framework to sustain the community participation and behaviour change achieved during the campaign. These efforts are maintained throughout the year across the country, covering rural and aspirational regions including the Jhalawar-Baran Parliamentary Constituency of the State of Rajasthan.

1.82 lakh Ayushman Arogya Mandirs (AAMs) have enabled States/UTs

to extend a broader package of services closer to the community, particularly in underserved districts including regular screening at AAM and outreach camps at the community level for hard to reach areas for various health activities. Outreach camps are regularly held for conducting immunization activities and anemia testing activities as well.

Beyond the management of illnesses, promotive and preventive health is an integral part of comprehensive primary health care that includes physical activities like marathons, Yoga, meditation etc. Moreover, 42 Health calendar days annually and ten wellness sessions monthly are celebrated at Ayushman Arogya Mandir where various activities such as health talks, counselling for healthy diet and lifestyle, counselling & cessation activities on substance abuse, etc. are being undertaken to ensure wellbeing of the community.

Ayushman Melas at Ayushman Arogya Mandir (AAM) & Community Health Centres (CHCs) have been institutionalized through monthly fixed day outreach services, namely Ayushman Arogya Shivar from 2024-25.

Under the Poshan Abhiyan, Community Based Events (CBEs) are organised at Anganwadi Centre twice a month to strengthen processes for community engagement, empowerment of beneficiaries and increased social accountability of ICDS.

Information Education and Communication (IEC) to create awareness and disseminate information on the government schemes related to health and nutrition.

Poshan Maah and Poshan Pakhwada are celebrated every year for community

mobilization and awareness generation on health and nutrition.

SHIP BREAKING JOB

***116. DR. THOL THIRUMAAVALAVAN:**

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

- (a) whether the Government is aware of the dangerous occupational and environmental health problems being posed by the ship breaking job;
- (b) if so, the details thereof; and
- (c) whether the Government is also aware of the fatalities, injuries, health hazards and work related diseases faced by the people due to the ship breaking industry in the country, if so, the details thereof?

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

- (a): Yes. The Government is aware that the Ship breaking job poses occupational, environmental and health related challenges.
- (b): Due to such challenges, International Maritime Organisation (IMO) has addressed this global issue related to Ship Recycling job by adopting the Hong Kong Convention for the Safe and Environmentally Sound Recycling of Ships (HKC) in May 2009. This global framework is designed to ensure that ships, when being recycled, do not pose unnecessary risks to human health, safety, and the environment. India being a market leader in Ship Recycling acceded to the HKC and has enacted the Recycling of Ships Act, 2019, which aligns with HKC requirements as well as framed the Recycling of Ships Rules, 2021 which

were notified on 26th February, 2021. The convention entered into force on June 26, 2025 and from this date onward, all ships being recycled and recycling facilities are required to comply with the HKC's standards. The Recycling of Ships Regulations, 2026 have been notified on 12th January 2026.

A comprehensive regulatory and compliance framework has also been put in place at the Alang-Sosiya Ship Recycling Yard (ASSRY), Gujarat, which is the largest ship recycling cluster in India where 98 percent of ship recycling is being carried out. Mandatory safety training, use of PPE, gas-free certification, emergency response systems, hazardous waste management, availability of a Level-III Trauma Centre, and continuous monitoring by the Gujarat Maritime Board, Gujarat Pollution Control Board and Directorate of Industrial Safety and Health (DISH), are in place in Alang.

(c): Yes. The Government has notified the National Authority and Competent Authority for implementation of Hong Kong Convention as per the Ship Recycling Act, 2019. The fatalities, injuries, health hazard and work related diseases faced by the Ship recycling workers are being monitored by Directorate of Industrial Safety and Health (DISH), State Pollution Control Board and the State Maritime Boards/State Government concerned departments. It is pertinent to note that the strengthened regulations, infrastructure upgradation and enforcement have significantly enhanced workforce safety in this industry in the Country.

ISSUANCE OF AYUSHMAN CARDS UNDER PM-JAY

***117. SHRIMATI SHAMBHAVI:**

DR. LATA WANKHEDE:

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

- (a) the total number of families that have been issued Ayushman Cards under the PM-JAY scheme in the States of Bihar, Uttar Pradesh, Madhya Pradesh and Andhra Pradesh as of January 2026;
- (b) the number of hospitals, both public and private, empanelled under the scheme in the said States;
- (c) the details of the claim settlement ratio and the average time taken for the reimbursement of claims to the hospitals in the said States;
- (d) the measures taken by the Government to check the fraudulent practices and ensure genuine treatment of beneficiaries in these States; and
- (e) the details of the Government's plan to expand the coverage of the scheme to the left-out eligible families in these States?

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

(a) to (e): The details of number of families that have been issued Ayushman Cards under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the States of Bihar, Uttar Pradesh, Madhya Pradesh and Andhra Pradesh as of January 2026 are as under:

State	Number of families (in crore)
Bihar	1.16
Uttar Pradesh	1.26
Madhya Pradesh	0.89

Andhra Pradesh	0.59

The details of number of hospitals empanelled, both public and private, in the States of Bihar, Uttar Pradesh, Madhya Pradesh and Andhra Pradesh under AB-PMJAY as on 31.01.2026 are as under:

State	Public hospitals empanelled	Private hospitals empanelled
Bihar	430	723
Uttar Pradesh	2926	3413
Madhya Pradesh	1113	823
Andhra Pradesh	1416	1053

Under AB-PMJAY, settlement of claims is a regular and uninterrupted process and claims are settled by respective State Health Agencies (SHA) as per claim adjudication guidelines issued by National Health Authority (NHA). As per the guideline, the permissible turnaround time for settlement of claim to hospitals is within 15 days of claims submission for the intra-state hospitals (hospitals located within State) and within 30 days in case of portability claims (hospitals located outside State).

AB-PMJAY is governed on a zero-tolerance approach towards fraud. National Anti-Fraud Unit (NAFU) established at NHA, uses AI/ML-based automated triggers to flag unusual claim patterns such as duplicate entries, inflated procedures, or misuse of patient identity, etc. A comprehensive dashboard is designed to monitor the real time performance of AB-PMJAY. Regular capacity-building workshops and field-level training sessions are conducted to strengthen the overall anti-fraud framework.

AB-PMJAY provides health coverage of Rs. 5 lakhs per family per year

for secondary and tertiary care hospitalization to 12 crore families constituting bottom 40% of India's population. In March 2024, approximately 37 lakh families of Accredited Social Health Activists, Anganwadi Workers and Anganwadi Helpers were included under the scheme. In October 2024, the scheme was further expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status. Many States/UTs implementing AB-PMJAY have further expanded the beneficiary base under their own state's scheme.

DIGITAL PLATFORMS UNDER AYUSH GRID

***118. SHRIMATI D. K. ARUNA:**

SHRI ASHOK KUMAR RAWAT:

Will the Minister of AYUSH be pleased to state:

- (a) whether the digital platforms developed under the AYUSH Grid including the My AYUSH Integrated Services Portal (MAISP), Showcasing of Ayurvedic Historical Imprints (SAHI) and the AYUSH Research Portal have led to measurable improvements in service delivery, transparency, research integration and overall governance in the AYUSH sector;
- (b) if so, the details thereof;
- (c) the nature of such improvements, the key performance indicators achieved and the extent of adoption and integration of these platforms by various State Governments, National Institutes, Research Councils, Educational Institutions and healthcare facilities;
- (d) the extent to which the implementation of the AYUSH Grid has improved or

enhanced access to AYUSH-based primary healthcare services, tele-consultation, research data and patient-centric services, particularly in rural, tribal and aspirational districts across the country, State/UT-wise; and

(e) the steps taken by the Government to address regional and digital disparities for its effective utilization?

THE MINISTER 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 Ayush Grid project, launched by the Ministry of Ayush, has been envisaged as a comprehensive IT backbone for the Ayush sector with the objective of digitizing service delivery and strengthening transparency, efficiency and governance across healthcare, research, education, drug administration, capacity building and medicinal plants.

Under this initiative, several digital platforms, including the My Ayush Integrated Services Portal (MAISP), and the Ayush Research Portal, have been developed and made accessible online across the country. These platforms have contributed to measurable improvements by enabling standardized digital processes, real-time data availability, wider public access to authentic information, and improved coordination among institutions.

MAISP is the master digital platform of the Ministry of Ayush, integrating all Ayush-related digital initiatives into a unified ecosystem. It enables citizen-centric access to services and schemes, supports real-time monitoring and data-driven decision-making, and promotes transparency, interoperability, and

efficient governance across healthcare, education, research, medicinal plants, and global outreach.

The Showcasing of Ayurvedic Historical Imprints (SAHI) portal provides a transparent and authenticated digital repository of validated primary evidence of Ayurvedic practice in the Indian subcontinent and its global spread. It hosts inscriptional evidence, artefacts such as surgical instruments, medicine manufacturing tools, hospital setups, and archaeo-botanical information, thereby strengthening historical documentation and access to credible sources.

The Ayush Research Portal strengthens 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.

These digital systems are implemented nationwide, and users across all State Governments, National Institutes, Research Councils, Educational Institutions and healthcare facilities are utilizing these Ayush Grid platforms and services.

(d) and (e): The Ayush Grid has improved access to Ayush-based primary healthcare, tele-consultation, research data and patient-centric services in rural and aspirational districts, by strengthening digital infrastructure, capacity building and standardizing service delivery. Through platforms such as the Ayush Hospital Management Information System (A-HMIS) and integration with the Ayushman Bharat Digital Mission (ABDM), patient registration, electronic health records, referrals and continuity of care are being enabled digitally. Real-

time dashboards and standardized reporting further support monitoring, planning and targeted interventions by State and district authorities, thereby enhancing availability and accessibility of Ayush services in such areas.

BAL VIVAH MukT BHARAT

***119. SHRI RAVINDRA VASANTRAO CHAVAN:**

SHRI SUDHEER GUPTA:

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

- (a) whether the Government has launched the “Bal Vivah MukT Bharat” initiative/pledge with the objective of reducing child marriage upto 10 percent by 2026 to make India child marriage free by 2030;
- (b) if so, the details thereof;
- (c) the details of the steps taken/being taken to create awareness/encourage citizens, institutions and public representatives to take the Bal Vivah MukT Bharat pledge;
- (d) whether the Government has launched a high intensity 100 day special drive/programme against child marriage in the country;
- (e) if so, the details thereof; and
- (f) the details of the measures taken/ being taken to strengthen enforcement of existing laws and to ensure effective rehabilitation, education and empowerment of girls rescued from child marriage?

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

(a) to (e): The Government of India launched the national campaign 'Bal Vivah Mukat Bharat' (BVMB) on 27th November 2024, with the objective of making India child-marriage-free. It is one of the most important imperatives to promote education, skilling, enterprise and entrepreneurship among girls and women to realise the vision of a 'Viksit Bharat' through 'whole of government' and 'whole of society' approach. The campaign aims to create awareness for prevention of child marriage, enhance involvement of parents, families, and communities, strengthen the role and capacity of Child Marriage Prohibition Officers (CMPOs), encourage timely reporting of child marriage cases, and identify adolescent girls who are school dropouts or at risk of child marriage to ensure their education, skilling, and empowerment.

To commemorate the success of the campaign and further intensify efforts, a 100 Days Special Campaign under 'Bal Vivah Mukat Bharat' was launched on 4th December 2025 to mobilise all stakeholders in a structured and time-bound manner. The 100 Days Special Campaign focuses on targeted outreach to institutions, community leaders and service provider, along with mandatory uploading of details of Child Marriage Prohibition Officers (CMPOs) on the BVMB Portal.

The campaign follows a spell-wise thematic implementation plan. Spell-I (27th November, 2025 to 31st December, 2025) focuses on sensitisation activities in schools, colleges and universities through debates, essay

competitions and pledge ceremonies. Spell–II (1st January, 2026 to 31st January, 2026) focuses on engagement with religious institutions and marriage-related service providers, including temples, mosques, caterers, tent houses and DJs, to discourage child marriage and display IEC materials. Spell–III (1st February, 2026 to 8th March, 2026) focuses on mobilisation of Gram Panchayats and Municipal Wards for passing resolutions declaring their jurisdictions as child-marriage-free.

A dedicated digital platform, the Bal Vivah Mukat Bharat portal (<https://stopchildmarriage.wcd.gov.in>), facilitates reporting of child marriage incidents, dissemination of information, and registration of pledges. Citizens, institutions, and public representatives can take the Bal Vivah Mukat Bharat pledge on the dedicated portal as well as through the MyGov portal, promoting wide participation. As on date, awareness programmes have reached over 6 crore citizens, and more than 28 lakh pledges against child marriage have been registered on the portal, reflecting strong community engagement and active participation across the country.

(f): The campaign strengthens enforcement of the 'The Prohibition of Child Marriage Act, 2006 (PCMA)' by building the capacity of Child Marriage Prohibition Officers (CMPOs), police officials, child protection committees, ASHAs, ANMs, and other duty bearers for immediate response to complaints. The BVMB portal serves as a centralised repository of more than 60,700 CMPOs across States and Union Territories, providing citizens with an efficient reporting mechanism, where early reporting enables timely intervention to

prevent child marriages.

The Central Government also undertakes awareness drives, media campaigns, and outreach programs, and issues advisories to States and UTs from time to time to highlight the harmful effects of child marriage. Under the umbrella of Mission Shakti, MWCD implements the Beti Bachao Beti Padhao (BBBP) component, which focuses on creating awareness about gender equality and discouraging child marriage. The National Commission for Protection of Child Rights (NCPCR) undertakes awareness programs and consultations with stakeholders, while the National Legal Services Authority (NALSA), through its State and District arms, creates awareness about the ill-effects of child marriage, issues Standard Operating Procedures for effective prevention, and provides free legal aid through its helpline 15100.

In addition, Government of India has introduced Child Helpline with short code 1098, a toll- free 24X7X365 telephone emergency outreach service for children in crisis which responds with suitable interventions to call for any form of assistance which a child requires, including for prevention of child marriages, in coordination with police, CMPOs, District Child Protection Units etc. The Child Helpline has also been integrated with Emergency Response Support System (ERSS-112) to provide for 24x7x365 emergency response, resources and services. In addition, the services of Women Helpline (181), which is integrated with the ERSS is also available round the clock to provide emergency and non- emergency assistance.

CHILD WELFARE AND PROTECTION COMMITTEES

***120. SHRI P. V. MIDHUN REDDY:**

SHRI Y. S. AVINASH REDDY:

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

- (a) whether the Ministry has any data on number of Village-level Child Welfare and Protection Committees currently operational in the country under Mission Vatsalya, if so, the details thereof, State/UT-wise;
- (b) whether any progress has been made in creating the "vulnerability map" at the village level, if so, the details thereof;
- (c) whether any specific types of assistance/financial support are being provided to children identified as vulnerable, including those in foster care; and
- (d) if so, the details thereof along with the mechanisms in place to monitor the effectiveness of this support?

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

(a) to (d): The Ministry of Women and Child Development is the nodal Ministry for implementing the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), which is the primary legislation for ensuring safety, security, dignity and well-being of children. It defines standards of care and protection to secure the best interest of child.

Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State/ UT

Governments on pre-defined cost sharing basis between the Central and the State Governments to deliver various services for children in difficult circumstances which include both institutional care and non-institutional care services. The scheme provides services to the Children in Need of Care and Protection (CNCP) as well as Children in Conflict with Law (CCL) for their rehabilitation and social re-integration into the mainstream of the society. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, *inter-alia*, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Support under non-institutional care is provided by way of sponsorship, foster care and after care to children in need of care and protection.

Under Sections 27-30 of the Juvenile Justice (Care and Protection of Children) Act, 2015, the Child Welfare Committees have been empowered to take decisions with regard to the children in need of care and protection, keeping their best interest in mind. They are also mandated to monitor the functioning of the CCIs. The JJ Act, 2015 (Section 109) provides for the National Commission for Protection of Child Rights at national level and State Commission for Protection of Child Rights at State level respectively to monitor the implementation of the Act.

As per Mission Vatsalya Guidelines, DCPUs are mandated to Undertake local vulnerability mapping of the district for children in difficult circumstances, analyse and monitor trends and patterns.

Under non-institutional care, a monthly grant of Rs. 4000/- per child is

provided to the State Government on cost sharing basis for Sponsorship, Foster Care and After Care. The State Governments are encouraged to give additional grants to the State Child Protection Societies (SCPS) under Sponsorship and Foster Care Fund and proactively identify children who need protection with the support of Panchayati Raj Institutions (PRIs) and Urban Local Bodies. Under the scheme, every district is mandated to constitute a Sponsorship and Foster Care Approval Committee (SFCAC) to review and sanction Sponsorship and Foster Care fund.

Mission Vatsalya scheme envisages a robust ecosystem through the network of State and Local Governments to ensure the safety and security of children in the country. These institutions are required to reach out to children, engage with communities and encourage them to take ownership of the wellbeing of Children in their areas.

Mission Vatsalya guidelines also envisage assigning of the functions of child welfare and protection issues to the existing committees of the Panchayati Raj Institution/ Gram Panchayat/ Urban Local Body which deal with the issues of social justice/ welfare of children. The details of the villages that have successfully established Village Level Child Protection Committees (VLCPCs) are not maintained centrally.

**(ii) Unstarred Question Nos.1151 to 1170, 1172 to 1194, 1196 to 1199,
1201 to 1237, 1239 to 1267 and 1269 to 1380**

HEALTH INFRASTRUCTURE FOR TRIBAL COMMUNITIES

1151. SHRI UMMEDA RAM BENIWAL:

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

- (a) whether the Government has assessed the adequacy and accessibility of health infrastructure for tribal communities residing in desert and geographically remote areas of the country, if so, the details thereof;
- (b) the details regarding availability and operational status of Mobile Medical Units (MMUs), telemedicine facilities and primary healthcare services in such tribal regions of the country, Statewise;
- (c) whether any formal coordination mechanism exists between the Ministry of Tribal Affairs and State Health Departments for planning, funding and implementation of tribal health programmes in the country, if so, the details thereof; and
- (d) the outcomes achieved under various tribal health initiatives during the last five years, including improvements in maternal and child health indicators, disease prevention and reduction in healthcare access gaps among desert-dwelling tribal populations 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 Dynamics of India (HDI) (Infrastructure & Human Resources), is an annual publication, based on healthcare administrative data reported by

States/UTs. Details of availability of health infrastructure across the country including in tribal and remote areas, State/UT-wise, may be seen at the following link of HDI 2022-23:

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

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability, affordability and accessibility to quality health care in the country including desert and geographically remote areas. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Mobile Medical Units (MMUs) are supported under NHM to provide outreach services in remote villages with difficult terrain which are underserved and inaccessible. As per NHM-MIS report, a total of 1477 MMUs have been deployed across the country, as on 30.06.2025.

A total of 1.82 lakh Ayushman Arogya Mandirs (AAMs) have been established and operationalized in the country, including 30,817 AAMs in 178 tribal districts, which deliver expanded range of comprehensive primary

healthcare services encompassing preventive, promotive, palliative, rehabilitative, and curative care.

The teleconsultation services, available at all operational AAMs across the country including tribal regions, 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. Total teleconsultations conducted at AAMs are 42.66 crore, as on 31.12.2025.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to provide support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated District Public Health Laboratories (IPHLs) and Critical Care Hospital Blocks (CCBs) in the country. 168 IPHL and 110 CCBs have been approved in the tribal districts under PM-ABHIM.

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (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, 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.

Coordination mechanisms exist between the Ministry of Tribal Affairs (MoTA) and the Ministry of Health and Family Welfare, as well as with State

Health Departments, for planning, funding and implementation of tribal health programmes. Under the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), launched on 15th November, 2023 by MoTA, further relaxation in NHM norms has been provided up to 10 MMUs per district with Particularly Vulnerable Tribal Groups (PVTG) areas. Norms have been relaxed for one additional Auxiliary Nurse Midwife (ANM) for each Multi Purpose Centre (MPC) constructed by MoTA. As per MMU portal, 763 MMUs under PM-JANMAN and 155 MMUs under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) are operational across the country for providing basic health services in tribal areas till 31.12.2025.

There are various mechanisms and survey agencies which generate data on tribal healthcare on a periodic basis. National Family Health Survey (NFHS) provides details on major health indicators and outcomes achieved under various tribal health initiatives including improvements in maternal and child health indicators among Scheduled tribes. Census of India provides population and household details including Tribal areas. National Sample Survey provides household surveys on various socio-economic subjects. The State-wise list of key indicators NFHS-5 may be extracted from below mentioned link: <https://www.nfhsiips.in/nfhsuser/publication.php>

JUVENILE HOMES IN THE COUNTRY

1152. SHRI SHAFI PARAMBIL:

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

- (a) the number of juvenile homes in the country, State-wise;
- (b) whether there is any proposal to increase the number of said homes in each State; and
- (c) if so, the details thereof?

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

(a): 5947 Child Care Institutions (CCIs) are registered across India under Juvenile Justice Act, 2015, in the Financial Year 2024-25. Further, the details of CCIs financially supported under Mission Vatsalya during FY 2024-25, State-wise and Union Territory-wise are given in the enclosed **Statement**.

(b) and (c): Mission Vatsalya scheme is a Centrally Sponsored Scheme (CSS) which is implemented through States and Union Territories to deliver services for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) which include Institutional Care and Non-Institutional Care. Under the scheme Institutional Care is provided through Child Care Institutions (CCIs), as a rehabilitative measure. The programmes and activities in homes inter-alia include age-appropriate education, access to vocational training, recreation, health care, counselling etc.

Project Approval Board (PAB) of Mission Vatsalya examines and approves number of homes (CCIs) as per the proposal received from States and Union Territories for the Financial Year.

STATEMENT

THE NUMBER OF CHILD CARE INSTITUTIONS (CCIs) FINANCIALLY SUPPORTED UNDER MISSION VATSALYA DURING FY 2024-25, STATE-WISE AND UNION TERRITORY-WISE

S. No.	State	CCIs financially supported under Mission Vatsalya
1	Andhra Pradesh	98
2	Arunachal Pradesh	11
3	Assam	58
4	Bihar	91
5	Chhattisgarh	105
6	Goa	23
7	Gujarat	81
8	Haryana	31
9	Himachal Pradesh	48
10	Jammu and Kashmir	62
11	Jharkhand	46
12	Karnataka	127
13	Kerala	45
14	Madhya Pradesh	102
15	Maharashtra	107
16	Manipur	87
17	Meghalaya	53
18	Mizoram	66
19	Nagaland	57
20	Odisha	142
21	Punjab	26
22	Rajasthan	140
23	Sikkim	27
24	Tamil Nadu	313
25	Telangana	67
26	Tripura	31
27	Uttar Pradesh	164

28	Uttarakhand	44
29	West Bengal	207
30	Andaman & Nicobar	10
31	Chandigarh	9
32	Dadra & Nagar Haveli and Daman & Diu	4
33	Ladakh	9
34	Lakshadweep	-
35	National Capital Territory of Delhi	39
36	Puducherry	29

DEPORTATION OF INDIANS

1153. SHRI ANIL YESHWANT DESAI:

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

- (a) Whether it is a fact that a large number of Indians in Canada and other countries are facing deportation, if so, the details thereof;
- (b) Whether it is also a fact that many of them are students and victims of fraud by their immigration agents from India, if so, the details thereof;
- (c) the steps being taken by the Government against these agents for cheating and actual recovery or jail term awarded to such cheats during last five years; and
- (d) the steps being taken by the Government to ensure that students are protected from forged college admission offer letters?

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

(a) and (b): Government of India is aware that some Indian nationals, including students, in Canada and other countries, such as the USA and the Gulf, are facing deportation proceedings for alleged violations of visa norms, non-compliance with the regulations of host countries and submission of fraudulent letters of admission to academic institutions.

In several countries, Indian students are faced with deportation proceedings principally for having breached their visa conditions, such as for undertaking employment that is not permitted under student visa rules, illegal business activities, or violations of internal regulations of the host country. Students have also faced deportation for failure to meet stipulated financial conditions such as maintaining requisite Bank balance in the country of study, failure to pay university fees, insufficient class attendance, etc. In several cases, deportations have occurred due to students carrying incomplete or inappropriate admission documents, failure to complete the administrative procedures required for enrollment, complete withdrawal from the registered academic programme or university, inability to answer basic questions about their chosen field of study at the time of entry into the country of study etc.

The country-wise number of Indian students deported or denied entry by foreign immigration authorities during the last five years are given in the enclosed **Statement**.

(c) and (d): Government accords highest priority to safety, security and well-being of Indian nationals, including students abroad. As and when reports of illegal migration syndicates and visa fraud cases as well as complaints against illegal agents/dubious firms luring Indian youth in false recruitment offers through various channels, are received by this Ministry, such matters are referred to the State police for investigation and prosecution under the relevant legal provisions of the Bharatiya Nyaya Sanhita (BNS) and other legislations in place including the ones enacted by some State Governments.

The "Immigration and Foreigners Act, 2025" has been enacted, which contains strict provisions to penalize agents and individuals involved in fraud, including those sending students abroad with fake documents. It mandates 2–7 years' imprisonment and fines of ₹1–10 lakh for using/supplying forged, fraudulent, or counterfeit travel documents or visas, targeting both recruiters and agents.

The Government of India is also taking several proactive measures to protect students from falling victim to forged admission offer letters from foreign educational institutions. MADAD Portal has been developed to create a database of Indian students studying abroad. It enables Indian students to voluntarily register thus helping the Government track and assist them, whenever required. Government has also issued advisories cautioning Indian nationals about fraudulent job offers, unauthorized recruiting agents, fake foreign universities and fraudulent educational agents, besides emphasizing upon the need to verify employment credentials through Indian Missions/Posts

abroad in their respective countries. Government of India has also strengthened the eMigrate platform, which brings together recruiting agents, foreign employers, and emigrants into a unified digital ecosystem. In the cyber domain, action is also taken by the Government against illegal recruiting agents in association with the State Police authorities. Requests to take down social media posts of illegal Recruiting Agents from all over India have been regularly shared with the concerned authorities.

Given that the State/UT Governments are primarily responsible for prevention, detection, investigation and prosecution of crimes related to human trafficking and illegal migration, the Central Government cooperates closely with their initiatives, including through advisories, public awareness and information sharing, in coordination with 16 Protector of Emigrants (PoEs) offices across India. Several State/UT law enforcement agencies, in coordination with central agencies have conducted joint raids and taken strict action against illegal agents and networks involved in facilitating illegal migration, including filing of FIRs. Central agencies, including NIA have also identified several individuals for the purpose of filing FIRs in the matters related to human trafficking, which is an ongoing process.

STATEMENT

Country-wise Number of Indian students deported or denied entry by foreign immigration authorities (2021-25)

S.No.	Name of the Country	No. of Indian students who have been deported	No. of Indian students who have been denied entry
1.	Australia	114	0

2.	China	4	0
3.	Egypt	2	0
4.	Finland	5	0
5.	Kyrgyzstan	0	11
6.	Russia	82	0
7.	Austria	1	0
8.	Georgia	17	0
9.	Ukraine	13	0
10.	United Kingdom	170	0
11.	United States of America	45	62

INVITATION TO US PRESIDENT

1154. SHRI TAMILSELVAN THANGA:

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

(a) whether it is a fact that Prime Minister of India has extended any invitation to the US President to visit India, as per the recent press statement issued by the US President;

(b) is so, the details thereof and the reasons therefor;

(c) whether any response has been received from the US President on the invitation; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF

EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) to (d): During his visit to the United States of America in February 2025, Prime Minister Shri Narendra Modi extended an invitation to President Donald J. Trump to visit India.

जनजाति बहुल जिलों में स्वास्थ्य कार्यक्रम**1155. श्री दिलीप शङ्कीया:**

श्री लावू श्रीकृष्णा देवरायालू:

श्री महेश कश्यप:

श्री मनीष जायसवाल:

श्री अनन्त नायक:

श्री भोजराज नाग:

श्री अनूप संजय धोत्रे:

श्री यदुवीर वाडियार:

श्रीमती बिजुली कलिता मेधी:

डॉ. हेमंत विष्णु सवरा:

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

- (क) पिछले तीन वर्षों में देश के जनजाति बहुल जिलों में लागू किए गए विभिन्न स्वास्थ्य और पोषण कार्यक्रमों का वर्ष-वार और राज्य-वार/संघ राज्यक्षेत्र-वार, विशेषकर आंध्र प्रदेश में ब्यौरा क्या है;
- (ख) क्या हाल के आंकड़ों से जनजातीय आबादी में एनीमिया, कुपोषण या मातृ स्वास्थ्य संकेतकों में कोई परिवर्तन दिखाई देता है;
- (ग) यदि हाँ, तो तत्संबंधी राज्य-वार/संघ राज्यक्षेत्र-वार, विशेषकर आंध्र प्रदेश में ब्यौरा क्या है;

- (घ) क्या देश में अत्यधिक जनजातीय आबादी वाले जिलों को चिन्हित करने के लिए कोई आकलन किया गया है और यदि हाँ, तो तत्संबंधी राज्य-वार/संघ राज्यक्षेत्र-वार, विशेषकर आंध्र प्रदेश में ब्यौरा क्या है;
- (ङ) कुपोषण की उच्च दर वाले जिलों में स्वास्थ्य सेवा प्रदायगी और पोषण परिणामों में कमियों को दूर करने के लिए नियोजित या कार्यान्वित सुधारात्मक उपायों का राज्यवार/ संघ राज्यक्षेत्रवार और झारखंड और आंध्र प्रदेश में जिलावार विशेषकर हजारीबाग और रामगढ़ जिलों में ब्यौरा क्या है, और
- (च) क्या महाराष्ट्र राज्य सरकार से वर्ष 2025-2026 के दौरान महाराष्ट्र के पालघर जिले में स्वास्थ्य और पोषण कार्यक्रमों के संबंध में कोई प्रस्ताव प्राप्त हुआ है, और यदि हां, तो तत्संबंधी ब्यौरा क्या है और उस पर क्या कार्रवाई की गई है?

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

(क) से (च): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधा केंद्रों में पर्याप्त मानव संसाधनों की उपलब्धता, आंध्र प्रदेश के आदिवासी बहुल जिलों सहित पूरे देश में गुणवत्तापूर्ण स्वास्थ्य सेवा की उपलब्धता और पहुंच में सुधार के लिए सहायता प्रदान करता है।

भारत सरकार द्वारा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत आंध्र प्रदेश सहित, देश भर में कई पहल की गई हैं जिनमें आयुष्मान आरोग्य मंदिर (एएएम) का संचालन, मुफ्त दवा सेवा पहल, मुफ्त निदान सेवा पहल, राष्ट्रीय एम्बुलेंस सेवाएं, मोबाइल मेडिकल यूनिट, आशाकर्मी, 24x7 सेवाएं और प्राथमिक रेफरल सुविधा केंद्र, प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम, प्रजनन एवं बाल स्वास्थ्य के अंतर्गत विभिन्न कार्यक्रम, एनीमिया मुक्त भारत (एएमबी) रणनीति, टीबी मुक्त भारत अभियान और सार्वभौमिक टीकाकरण कार्यक्रम शामिल हैं।

स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जीवन चक्र दृष्टिकोण में प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य एवं पोषण (आरएमएनसीएच+एन) कार्यनीति को लागू कर रहा है, जिसके तहत झारखंड और आंध्र प्रदेश के हजारीबाग और रामगढ़ जिलों सहित, पूरे देश में, कुपोषण कैलोरी की कमी और प्रोटीन अपोषण के बारे में जागरूकता बढ़ाने और समाधान संबंधी कार्यकलाप भी शामिल हैं, इसका विवरण निम्नवत् है:

- **सुविधा केंद्र आधारित नवजात शिशु परिचर्या:** नवजात गहन परिचर्या इकाइयाँ (एनआईसीयू)/विशेष नवजात शिशु परिचर्या इकाइयाँ (एसएनसीयू) मेडिकल कॉलेज और जिला अस्पताल में स्थापित की गई हैं, जबकि नवजात शिशु स्थिरीकरण इकाइयाँ (एनबीएसयू) प्राथमिक रेफरल इकाइयों (एफआरयू)/सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में बीमार और छोटे शिशुओं की परिचर्या के लिए स्थापित की गई हैं।
- **कम वजन वाले/समय से पहले जन्मे शिशुओं के लिए कंगारू मदर केयर (केएमसी)** को स्वास्थ्य केंद्रों और सामुदायिक स्तर पर कार्यान्वित किया जाता है। इसमें मां या परिवार के सदस्य के साथ शुरुआती और लंबे समय तक त्वचा से त्वचा का शारीरिक संपर्क और विशेष रूप से बार-बार स्तनपान कराना शामिल है।
- **मां का पूर्ण स्नेह (एमएए):** मां का पूर्ण स्नेह (एमएए) के तहत शुरुआती छह माह के लिए शीघ्र स्तनपान और विशेष स्तनपान तथा शिशु एवं शिशु आहार (आईवाईसीएफ) की उचित पद्धतियों को बढ़ावा दिया जाता है।
- **पोषण पुनर्वास केंद्र (एनआरसी)** जन स्वास्थ्य सुविधा केंद्रों में स्थापित किए जाते हैं जहां गंभीर अत्यधिक कुपोषण (एसएएम) और चिकित्सा संबंधी जटिलताओं से ग्रस्त बच्चों को उपचार के लिए भर्ती किया जाता है।

- नवजात गहन चिकित्सा इकाइयों और विशेष नवजात शिशु परिचर्या इकाइयों में भर्ती बीमार, समय से पहले जन्मे, कम वजन वाले शिशुओं को आहार के लिए मां के अपने दूध या सुरक्षित, पाश्चुरीकृत दाता मानव दूध की उपलब्धता सुनिश्चित करने के लिए **स्तनपान प्रबंधन केंद्र** स्थापित किए जाते हैं।
- **एनीमिया मुक्त भारत (एएमबी)** को छह लाभार्थी समूहों - बच्चों (6-59 महीने), बच्चों (5-9 वर्ष), किशोरों (10-19 वर्ष), प्रजनन-आयु की महिलाओं (15-49 वर्ष), गर्भवती महिलाओं और स्तनपान कराने वाली माताओं में एनीमिया के प्रसार को कम करने के लिए जीवनचक्र दृष्टिकोण के तहत लागू किया गया है।
- राष्ट्रीय कृमिनाशक दिवस (एनडीडी)
- विटामिन ए अनुपूरण कार्यक्रम
- गृह आधारित नवजात शिशु परिचर्या (एचबीएनसी) और गृह आधारित बाल परिचर्या (एचबीवाईसी) कार्यक्रम
- मासिक ग्राम स्वास्थ्य, स्वच्छता और पोषण दिवस (वीएचएसएनडी)

मिशन पोषण 2.0 के तहत, सरकार मातृ पोषण, नवजात एवं शिशु पोषण मानकों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएएम) के उपचार और आयुष पद्धतियों के माध्यम से स्वास्थ्य पर ध्यान केंद्रित करती है ताकि दुर्बलता, बौनापन, एनीमिया और अल्प वजन की व्यापकता को कम किया जा सके। आंगनवाड़ी केंद्रों में 6 माह से 6 वर्ष की आयु के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पोषण मानकों के अनुसार पूरक पोषण प्रदान किया जाता है, जो आहार विविधता के सिद्धांतों पर आधारित है और गुणवत्तापूर्ण प्रोटीन, स्वस्थ वसा और सूक्ष्म पोषक तत्व उपलब्ध कराता है।

विभिन्न तंत्र और सर्वेक्षण एजेंसियां समय-समय पर जनजातीय स्वास्थ्य देखभाल संबंधी आंकड़े उपलब्ध कराती हैं। राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएस) देश भर के उच्च-

रोगभार वाले जनजातीय जिलों में एनीमिया, कुपोषण और मातृ स्वास्थ्य संकेतकों में होने वाले प्रमुख परिवर्तनों का विवरण प्रदान करता है। भारत की जनगणना जनजातीय क्षेत्रों सहित जनसंख्या और परिवारों का विवरण प्रदान करती है। राष्ट्रीय नमूना सर्वेक्षण विभिन्न सामाजिक-आर्थिक विषयों संबंधी घरेलू सर्वेक्षण प्रदान करता है। एनएफएचएस-5 के प्रमुख संकेतकों की राज्यवार सूची दिए गए निम्न लिंक से प्राप्त की जा सकती है:

<https://www.nfhsiips.in/nfhsuser/publication.php>

राष्ट्रीय स्वास्थ्य मंत्रालय (एनएचएम) के अंतर्गत, यह मंत्रालय महाराष्ट्र सहित राज्यों/संघ राज्य क्षेत्रों को ग्रामीण क्षेत्रों में जन स्वास्थ्य प्रणाली को सुदृढ़ करने के लिए इनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार, उपलब्ध मानदंडों और संसाधनों के अनुसार, कार्यवाही अभिलेख (आरओपी) के रूप में प्राप्त प्रस्तावों को स्वीकृति प्रदान करती है।

NUTRITIONAL STATUS OF WOMEN AND CHILDREN

1156. SHRI A. RAJA:

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

- (a) whether Government has conducted any evaluation/impact assessment study on Poshan Abhiyan scheme recently to ascertain its effectiveness in improving the nutritional status of women and children in the country;
- (b) if so, the key findings of such reports along with the response of the Ministry thereon;
- (c) the details of the steps being taken under various schemes including Anganwadi services to improve maternal and child nutrition outcomes;

- (d) the details of fund allocated/spent in the Budget for these schemes, separately, during the last five years and in the current year, year-wise; and
- (e) the details of the reasons for under-utilisation of funds, if any, in certain States along with steps taken to address this issue?

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

(a) to (e): To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (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. This Mission includes beneficiaries; Children under 6 years of age, pregnant women, lactating mothers and adolescent girls (14-18 years, in Northeastern States and Aspirational Districts) of the country. The Mission is being implemented across the country. The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through

activities like community engagement, outreach, behavioural change and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this Mission, 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. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition 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). Extra Supplementary Nutrition is provided to Severely Acutely Malnourished (SAM) children as per National Food Security Act, 2013 (NFSA).

Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.

Ministry vide notification dated 12th September 2022 issued Integrated Nutrition Support Programme- Saksham Anganwadi and Poshan (2.0), Rules 2022 to regulate the entitlements specified under the provisions of National

Food Security Act, 2013 for every pregnant woman and lactating mother, till six months after childbirth and every child in the age group of six months to six years.

Further, Ministry of Women & Child Development and Ministry of Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at AWCs. Poshan Vatikas helps 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.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

The Suposhit Gram Panchayat Abhiyaan was launched on 26th December 2024 with the objective of accelerating progress towards a

malnutrition-free Bharat. States and Union Territories nominated top performing Gram Panchayats based on data available on the Poshan Tracker Application, subject to a ceiling of 10% of the total Gram Panchayats in each State/UT.

The details of the funds allocated/spent in the Budget under Mission Poshan 2.0, Separately, during the last five years and in the current year, year-wise are as below:

S. No.	Financial year	Funds released (Rupees in crores)	Funds utilized (Rupees in crores)
1	2020-21	16,105.78	17,544.87
2	2021-22	18,368.01	18,789.28
3	2022-23	19,849.82	19,346.54
4	2023-24	21,741.17	20,337.16
5	2024-25	20,904.83	-----
6	2025-26	11,862.20*	-----

*As on January 31, 2026

The Government has taken several steps to address the issue of under-utilization of funds and to ensure timely and effective utilization, which include:

- Regular review meetings with States/UTs to monitor physical and financial progress.
- Issuance of advisories and guidelines to States for timely submission of UCs and compliance with prescribed procedures.

In 2021, the World Bank conducted a survey on Poshan Abhiyaan in 11 priority states with the highest rates of anaemia and stunting. The aim of this survey was to assess the program's delivery of nutrition services, whether the

nutritional knowledge of beneficiaries had improved and if they had adopted more appropriate nutrition and feeding practices.

The findings demonstrated that the services delivered through the Poshan Abhiyaan – the receipt of relevant messages, home visits by the Anganwadi Worker, and attendance at community-based events – were associated with improved nutrition behaviours. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

Further, a third-party evaluation and impact assessments of Poshan Abhiyaan were conducted by NITI Aayog in 2020 as well as in 2025. They have found its relevance to be satisfactory for tackling malnutrition in the country.

HEALTH MISSIONS AND PROGRAMMES IN TELANGANA

1157. SHRI GODAM NAGESH:

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

- (a) the major health missions and programmes implemented by the Union Government in Telangana under the National Health Mission (NHM) and other centrally sponsored schemes, if so, the details thereof;
- (b) the objectives and key components of these programmes; and
- (c) the outcomes achieved so far in terms of healthcare access, infrastructure strengthening and health indicators in the State of Telangana, programme-wise?

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

(a) to (c): 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 Telangana. Under NHM, the Union Government provides financial and technical support to States/UTs for implementation of key programmes relating to Reproductive Maternal Newborn Child Adolescent Health Plus Nutrition (RMNCAH+N), Universal Immunisation, and control of communicable and non-communicable diseases such as tuberculosis, malaria, dengue, diabetes, cardiovascular diseases, cancer and mental health conditions. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

The major objectives of NHM are as under:

- (i) Reduction in child and maternal mortality.
- (ii) Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- (iii) Access to integrated comprehensive primary health care.
- (iv) Population stabilisation, gender equality and demographic balance.
- (v) Revitalize local health traditions & mainstream AYUSH.
- (vi) Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis

on services addressing women's and children's health and universal immunisation.

(vii) Promotion of healthy life styles.

Health Dynamics of India (HDI) (Infrastructure & Human Resources), is an annual publication, based on healthcare administrative data reported by States/UTs. Details of availability of health infrastructure across the country including Telangana, may be seen at the following link of HDI 2022-23:

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

Through 1.82 lakh Ayushman Arogya Mandirs (AAMs), including 5050 in Telangana, 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.

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to approximately 55 Crore beneficiaries corresponding to 12.37 Crore families constituting economically vulnerable bottom 40% of India's population. Recently, the scheme has been expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their

socio-economic status under AB PM-JAY with Vay Vandana Card. As per PM-JAY Dashboard, a total of 43.18 Cr. Ayushman Cards have been created including 82.78 lakh in Telangana, as on 03.02.2026.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated District Public Health Laboratories and Critical Care Hospital Blocks. Total amount of 1369.03 Cr. has been approved under PM-ABHIM for the State of Telangana for FY 2021-22 to FY 2025-26.

The XV-Finance Commission has recommended grants aggregating to Rs.70,051 crore over the period of five years (2021-2026) through Local Governments to strengthen the healthcare system in states. Total amount of Rs.2227.51 crore has been allocated under FC-XV health grant for the State of Telangana for FY 2021-22 to FY 2025-26.

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. As per ABDM Dashboard, total 85.52 Cr. Ayushman Bharat Health Accounts (ABHA) have been created including 2.75 Cr. in Telangana, as on 03.02.2026.

Under the National Health Policy, 2017, the Government has set time-bound targets to improve health outcomes in the country including Telangana and has made significant progress towards achieving these goals. Total Fertility Rate has declined to 2.0 [National Family Health Survey (NFHS-5)], Maternal and child health indicators have shown steady improvement, with the Maternal Mortality Ratio declining to 88 per lakh live births, Infant Mortality Rate to 25 per thousand and Under-Five Mortality Rate to 29 per thousand [Sample Registration System (SRS 2023)].

औषधीय पौधों की खेती

1158. श्री सनातन पांडेय:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में पिछले तीन वर्षों में से प्रत्येक वर्ष के दौरान औषधीय पौधों और जड़ी-बूटियों की खेती को प्रोत्साहित करने के लिए प्रदान की गई वित्तीय सहायता का ब्यौरा क्या है;
- (ख) देश से उक्त अवधि के दौरान निर्यात किए गए औषधीय पौधों की मात्रा कितनी है;
- (ग) सरकार द्वारा देश में आयुर्वेदिक औषधियों और जड़ी-बूटियों के उत्पादन को बढ़ावा देने के लिए क्या कदम उठाए गए हैं; और
- (घ) पिछले तीन वर्षों के दौरान औषधीय पौधों की खेती के लिए किसानों को प्रोत्साहित करने हेतु कार्यान्वित केंद्र प्रायोजित योजनाओं और उन योजनाओं के अंतर्गत व्यय की गई निधि का राज्य-वार ब्यौरा क्या है?

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

(क): कृषि एवं किसान कल्याण मंत्रालय बागवानी क्षेत्र के समग्र विकास के लिए केंद्रीय प्रायोजित योजना - बागवानी के एकीकृत विकास के लिए मिशन (एमआईडीएच) का कार्यान्वयन पूरे देश में फल, सब्जियां, जड़ और कंद फसलें, मशरूम, मसाले, फूल, सुगंधित और औषधीय पौधे, नारियल, काजू, कोको और बांस को कवर करते हुए कर रहा है।

एमआईडीएच योजना के तहत, अल्प अवधि के औषधीय पौधों अर्थात् गैर-बारहमासी प्रकृति और गैर-वृक्ष प्रजातियों के क्षेत्र विस्तार के लिए सहायता प्रदान करने का प्रावधान किया गया है। वर्ष 2025-26 के दौरान, चिन्हित औषधीय फसलों के क्षेत्र विस्तार के लिए विभिन्न राज्यों को 548.52 लाख रुपये की राशि आवंटित की गई है। सहायता के पैटर्न के साथ लागत मानदंडों का ब्यौरा संलग्न **विवरण-I** पर दिया गया है।

इसके अलावा, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी) अपने क्षेत्रीय सह-सुविधा केंद्रों (आरसीएफसी) के माध्यम से देश में उत्पादकों / किसानों को गुणवत्तापूर्ण रोपण सामग्री (क्यूपीएम) वितरित करके औषधीय पौधों और जड़ी-बूटियों की खेती को प्रोत्साहित करता है। औषधीय पौधों के क्यूपीएम के विकास के लिए पिछले तीन वर्षों के दौरान आरसीएफसी को स्वीकृत वित्तीय सहायता का ब्यौरा संलग्न **विवरण-II** पर दिया गया है।

(ख): औषधीय पौधों के निर्यात के लिए डेटा एनएमपीबी में नहीं रखा जाता है। हालांकि, एचएस-कोड 1211 (संगंध/औषध/कीटनाशी अथवा समान प्रयोजनों के लिए कटे/कुचले/बिना कटे/बिना कुचले ताजे/सूखे/ठंडे/जमे हुए बीजों और फलों के साथ पादप एवं पादपों के हिस्से) के अध्याय 12 के तहत दर्ज औषधीय पौधों के व्यापार का मूल्य नीचे दिया गया है:

वर्ष	2022-23	2023-24	2024-25
एक्सपोर्ट (करोड़ में)	3,499.53	4,030.64	4,508.54
ग्रोथ (%)	10.91	15.18	11.86

(स्रोत : [https://tradestat.commerce.gov.in/eidb/commodity wise export](https://tradestat.commerce.gov.in/eidb/commodity_wise_export))

इसके अलावा, शेलैक और वन उत्पाद निर्यात संवर्धन परिषद (शेफएक्सिल) ने उक्त अवधि के दौरान शीर्ष 15 निर्यात गंतव्य देशों को देश से निर्यात किए गए औषधीय पौधों की मात्रा साझा की है। ब्यौरा संलग्न **विवरण-III** पर दिया गया है।

(ग): आयुष मंत्रालय ने 16.03.2021 को स्थायी वित्त समिति (एसएफसी) द्वारा अनुमोदित एक केंद्रीय क्षेत्र योजना आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) लागू की है। इस योजना के लिए कुल बजट आवंटन पांच वर्षों के लिए 122.00 करोड़ रुपये है। योजना के उद्देश्य निम्नानुसार हैं;

- i. आत्मनिर्भर भारत की पहल के तहत पारंपरिक दवाओं और स्वास्थ्य संवर्धन उत्पादों में भारत की विनिर्माण क्षमताओं और निर्यात को बढ़ाने के लिए।
- ii. आयुष दवाओं और सामग्रियों के मानकीकरण, गुणवत्ता निर्माण और विश्लेषणात्मक परीक्षण के लिए सार्वजनिक और निजी क्षेत्र में पर्याप्त बुनियादी ढांचे और तकनीकी उन्नयन और संस्थागत गतिविधियों को सुविधाजनक बनाने के लिए।
- iii. आयुष दवाओं के भ्रामक विज्ञापनों के प्रभावी गुणवत्ता नियंत्रण, सुरक्षा निगरानी और निगरानी के लिए केंद्रीय और राज्य स्तर पर नियामक ढांचे को मजबूत करना।
- iv. आयुष दवाओं और सामग्रियों के मानकों और गुणवत्ता को बढ़ावा देने के लिए सहक्रियाओं, सहयोग और अभिसरण दृष्टिकोणों को प्रोत्साहित करने के लिए।

विस्तृत दिशानिर्देश <https://ayush.gov.in/#/schemes> पर उपलब्ध हैं।

(घ): वर्तमान में, आयुष मंत्रालय के राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी) में औषधीय पौधों की खेती के लिए कोई योजना नहीं है। हालांकि, अतीत में, आयुष मंत्रालय, भारत सरकार ने पूरे देश में औषधीय पौधों की खेती को बढ़ावा देने के लिए वित्तीय वर्ष 2015-16 से 2020-21 तक राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत औषधीय पौधों के घटक को लागू किया था। योजना दिशानिर्देशों के अनुसार, निम्नलिखित के लिए सहायता प्रदान की गई थी:

- i. कृषक की भूमि पर प्राथमिकता वाले औषधीय पौधों की खेती।

- ii. गुणवत्तापूर्ण रोपण सामग्री के उत्पादन और आपूर्ति के लिए पश्चगामी संबंधों के साथ नर्सरियों की स्थापना।
- iii. फॉरवर्डिंग लिंक के साथ फसल कटाई के बाद प्रबंधन।
- iv. प्राथमिक प्रसंस्करण, विपणन बुनियादी ढांचे आदि।

राष्ट्रीय आयुष मिशन (एनएएम) योजना के तहत औषधीय पौधों के घटक के कार्यान्वयन के लिए विभिन्न राज्यों को जारी किए गए फंड का ब्यौरा संलग्न **विवरण-IV** पर दिया गया है।

विवरण -I

सहायता के पैटर्न के साथ लागत मानदंडों का ब्यौरा

घटक का नाम	लागत मानदंड	सहायता का स्वरूप
औषधीय पौधे (मुलेठी, शतावरी, कलिहारी, श्वेता मुसली, गुग्गल, मंजिष्ठा, कुटकी, अतीस, जटामांसी, अश्वगंधा, ब्राह्मी, तुलसी, विदारिकंद, पिप्पली, चिरायता, पुष्करमूल)	1.5 लाख रुपये/हेक्टेयर	एकीकृत पोषक तत्व प्रबंधन / एकीकृत कीट प्रबंधन आदि के लिए रोपण सामग्री और सामग्री की लागत पर व्यय को पूरा करने के लिए सामान्य क्षेत्रों में 2 हेक्टेयर तक के क्षेत्र के लिए 40% की सहायता 60:40 की 2 किस्तों में पूर्वोत्तर और हिमालयी राज्यों, अनुसूचित क्षेत्रों, टीएसपी (जनजातीय उप-योजना) क्षेत्रों, जीवंत गांवों, अंडमान और निकोबार और लक्षद्वीप द्वीपों के मामले में, 2 हेक्टेयर तक के क्षेत्र के लिए सहायता 50% की दर से होगी।

विवरण-II

औषधीय पौधों के क्यूपीएम के विकास के लिए पिछले तीन वर्षों के दौरान आरसीएफसी को स्वीकृत वित्तीय सहायता का ब्यौरा

क्र.सं	आरसीएफसी का नाम	वित्तीय सहायता (रु. लाख में)		
		2022-23	2023-24	2024-25
1	आरसीएफसी (एनआर-I)	30.00	30.00	30.00
2	आरसीएफसी (एनआर-II)	30.00	30.00	30.00
3	आरसीएफसी (एसआर)	30.00	30.00	30.00
4	आरसीएफसी (ईआर)	30.00	30.00	30.00
5	आरसीएफसी (डब्ल्यूआर)	30.00	-	30.00

6	आरसीएफसी (एनईआर)	30.00	-	30.00
7	आरसीएफसी (सीआर-)	30.00	-	-
	कुल	210.00	120.00	180.00

विवरण-III

शीर्ष 15 निर्यात गंतव्य

क्र.सं	पैनल: पौधे और पौधों के हिस्से (जड़ी-बूटियाँ)	वित्तीय वर्ष 2022-2023	वित्तीय वर्ष 2023-2024	वित्तीय वर्ष 2023-2024
	देश	मात्रा किलो में		
1	यूएसए	27984240	23739029	32370175
2	जर्मनी	12617380	10892809	14051229
3	इटली	2955810	3404815	5861209
4	चीन पीआरपी	15899180	11685728	11214061
5	यूके	2343860	1682309	2040817
6	संयुक्त अरब अमीरात	5508210	3849070	5588868
7	बांग्लादेश पीआर	12431150	8921605	12976179
8	फ्रांस	1427510	972237	2148119
9	नीदरलैंड	3888850	4618805	4181273
10	कनाडा	1309140	2272295	3006475
11	रूस	903950	958808	2039942
12	मेक्सिको	2716050	1704600	2143569
13	कोरिया आरपी	1448210	1307412	1256046
14	ऑस्ट्रेलिया	1126760	1106270	1227167
15	जापान	1305340	1805688	1912037
कुल निर्यात करने वाले शीर्ष 15 देश		93865640	78921480	102017166
कुल योग		129856760	113287312	140469881

विवरण-IV

राष्ट्रीय आयुष मिशन- केंद्रीय प्रायोजित योजना के औषधीय पौधों के घटक के तहत औषधीय पौधों की खेती से संबंधित गतिविधियों के कार्यान्वयन के लिए वित्तीय वर्ष 2015-16 से 2020-21 तक जारी की गई धनराशि

(रु. लाख में)

क्र.सं	राज्य का नाम	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
		जारी की गई निधि					
1.	आंध्र प्रदेश	133.78	457.16	211.87	128.59	314.91	-

2.	अरुणाचल प्रदेश	-	42.78	61.11	36.86	46.01	26.78
3.	असम	-	120.24	393.25	189.12	-	-
4.	बिहार	-	-	-	-	287.2	-
5.	छत्तीसगढ़	-	152.63	178.21	107.86	-	-
6.	गुजरात	168.42	212.19	158.70	308.71	-	-
7.	गोवा	-	14.47	26.59	22.94	38.74	-
8.	हरियाणा	51.68	69.19	-	-	-	-
9.	हिमाचल प्रदेश	61.98	170.07	75.54	63.75	128.94	-
10.	जम्मू-कश्मीर	54.89	55.17	80.25	49.54	106.04	22.52
11.	कर्नाटक	137.2	203.33	219.34	148.1	157.4	220.97
12.	केरल	126.52	168.68	259.66	162.55	-	221.77
13.	मध्य प्रदेश	306.91	496.38	450.28	334.46	516.87	230.17
14.	महाराष्ट्र	205.88	-	355.01	-	409.11	-
15.	मणिपुर	60.8	70.88	85.50	79.08	40.83	-
16.	मेघालय	-	45.02	91.48	-	45.03	-
17.	मिजोरम	14.38	44.32	97.51	62.14	25.2	14.65
18.	नागालैंड	60.41	41.38	100.89	63.2	-	33.97
19.	ओडिशा	-	117.55	-	161.31	-	-
20.	पंजाब	-	129.66	-	61.22	148.15	-
21.	पुडुचेरी	-	4.96	-	13.84	6.78	-
22.	राजस्थान	113.53	226.06	747.85	272.38	521.6	-
23.	सिक्किम	30.73	31.71	24.98	-	-	18.99
24.	तमिलनाडु	144.22	252.71	228.28	173.09	305.99	-
25.	तेलंगाना	111.32	252.09	118.29	71.87	177.9	-
26.	त्रिपुरा	36.06	-	-	47.88	-	-
27.	उत्तर प्रदेश	720.01	528.17	249.18	912.04	-	209.82
28.	उत्तराखंड	60.47	195.37	130.15	75.67	182.1	-
29.	पश्चिमी बंगाल	180.63	184.94	201.98	194.7	372.73	-
	कुल	2779.82	4287.11	4545.9	3740.9	3831.53	999.64

FEMALE WORKERS WITH ECR CATEGORY PASSPORT**1159. SUSHRI MAHUA MOITRA:**

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

- (a) whether it is true that only state-run recruiting agencies are authorized to hire Indian female workers holding Emigration Check Required (ECR) category passports for overseas employment to ECR notified countries, if so, the details thereof;
- (b) whether the Government is aware that such a policy restricts opportunities for women compared to their male counterparts, if so, the details thereof;
- (c) whether it is true that there is a minimum age criteria of 30 years for female workers with ECR category passports for overseas employment but similar restriction does not apply to male workers;
- (d) if so, the reasons therefor; and
- (e) whether the Government is aware that such discriminatory policies violate fundamental rights of equality, non-discrimination, etc?

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

(a) to (e): The Government attaches high priority to the safety, security and well-being of Indian nationals, especially Indian women, in foreign countries. Recruitment of Indian female ECR category workers is regulated through the provisions of Emigration Act, 1983 in view of their vulnerability based on complaints received from Indian female workers. On the recommendation of

the National Commission for Women, a ban was imposed on grant of emigration clearance to women holding ECR passport below the age thirty (30) years for all kind of employment in any ECR country. Incidents of confinement, abandonment of domestic workers by their sponsors have also been reported. The restriction imposed by the Government of India in 2016 restricting the recruitment of Indian female ECR category workers for employment in ECR countries through state-run RAs only is to ensure informed, safe and legal emigration with proper documentation, thereby safeguarding their welfare and preventing exploitation.

AYUSHMAN AROGYA MANDIRS AND URBAN HEALTH SERVICES

1160. SHRIMATI BHARTI PARDHI:

SHRI NARESH GANPAT MHASKE:

SHRI RAVINDRA DATTARAM WAIKAR:

DR. SHRIKANT EKNATH SHINDE:

SHRI SHRIRANG APPA CHANDU BARNE:

SHRI RAMASHANKAR VIDHARTHI RAJBHAR:

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

(a) the number of Ayushman Arogya Mandirs, including Urban Health and Wellness Centres (Urban HWCs), operational in the country, particularly in slum areas of metropolitan cities such as Mumbai, Thane and Pune and in

districts of Uttar Pradesh including Deoria and Ballia, State-wise and district-wise;

(b) the details of availability of free medicines and diagnostic services at these centres under the Free Drugs Service Initiative along with the number of diagnostic tests provided and the sanctioned, released and expenditure amounts, especially in Uttar Pradesh, State-wise and district-wise;

(c) the current status of deployment of telemedicine services (e-Sanjeevani) at these centres for providing specialist consultations, State-wise and district-wise;

(d) the measures taken/proposed to be taken by the Government to screen urban and rural poor populations for non-communicable diseases such as hypertension and diabetes under Ayushman Bharat and allied programmes; and

(e) the steps taken/proposed to be taken by the Government to strengthen the disease surveillance system, particularly in densely populated urban pockets and the districts in Uttar Pradesh which have not yet achieved the targets for Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR)?

THE MINISTER 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 States/UTs on Ayushman Arogya Mandir (AAM) portal, 1,82,944 AAMs [erstwhile Ayushman Bharat Health and Wellness

Centres (AB-HWCs)], including urban AAMs, have been operationalized across the country by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs), as on 31.12.2025. State/UT-wise number of AAMs operationalized across the country are given in the enclosed **Statement-I**.

The cumulative number of AAMs operationalized in districts of Maharashtra such as Mumbai, Thane and Pune, including slum areas of metropolitan cities and in districts of Uttar Pradesh including Deoria and Ballia, as on 31.12.2025, are given in the enclosed **Statement-II**.

Under Free Drugs and Free Diagnostics Service Initiative, Government of India provides financial support to States/UTs for 106 drugs and 14 diagnostic tests at SHC-AAM and 172 drugs and 63 tests at PHC-AAM level. The State-wise details of State Program Implementation Plan (SPIP) approvals and expenditure for Free Drugs Services Initiative and Free Diagnostics Services Initiative under NHM from F.Y. 2022-23 to F.Y.2024-25 including Uttar Pradesh are given in the enclosed **Statement-III** and **IV** respectively.

The teleconsultation services, available at all operational AAMs across the country including rural and urban areas, 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. Total teleconsultations conducted at AAM are 42.66 crore, as on 31.12.2025.

Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), a population-based initiative for

prevention, control and screening for common NCDs has been rolled out in the country under National Health Mission (NHM). A significant improvement has been reported in the screening and management of Non-communicable diseases (NCDs) with over 40.13 crore individuals for Hypertension and 39.86 crore for Diabetes, screened/examined for NCD at Primary Health facilities including AAM, as per NP-NCD portal as on 31.12.2025.

To strengthen the disease surveillance system, particularly in densely populated urban pockets and districts of Uttar Pradesh that have not yet achieved targets for Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR), Government is implementing the Integrated Disease Surveillance Programme (IDSP) for early detection and timely response to disease outbreaks and has enhanced monitoring of maternal and child health indicators under Reproductive Maternal Newborn Child Adolescent Health Plus Nutrition (RMNCAH+N) strategy.

STATEMENT-I

State/UT-wise number of AAMs operationalized across the country, as on 31.12.2025:

S.No.	State/UT	Total no. of operational AAMs
1	Andaman & Nicobar Islands	129
2	Andhra Pradesh	11,871
3	Arunachal Pradesh	511
4	Assam	4,963
5	Bihar	12,144
6	Chandigarh	60
7	Chhattisgarh	5,898
8	Delhi	222

9	DNH&DD	95
10	Goa	306
11	Gujarat	10,696
12	Haryana	3,269
13	Himachal Pradesh	2,764
14	Jammu & Kashmir	3,168
15	Jharkhand	4,155
16	Karnataka	10,126
17	Kerala	7,183
18	Ladakh	321
19	Lakshadweep	13
20	Madhya Pradesh	12,676
21	Maharashtra	12,933
22	Manipur	420
23	Meghalaya	621
24	Mizoram	412
25	Nagaland	485
26	Odisha	7,374
27	Puducherry	133
28	Punjab	3,311
29	Rajasthan	12,669
30	Sikkim	184
31	Tamil Nadu	8,502
32	Telangana	5,050
33	Tripura	1,131
34	Uttar Pradesh	23,336
35	Uttarakhand	2,357
36	West Bengal	13,456
Total		1,82,944

STATEMENT-II

District-wise number of AAMs operationalized across the country, as on 31.12.2025:

S.N.	STATE	DISTRICT	Total AAM Operational
●	Maharashtra	Mumbai Sub (Urban)	178
●	Maharashtra	Mumbai	55
●	Maharashtra	Thane	347
●	Maharashtra	Pune	825
●	Uttar Pradesh	Saharanpur	392
●	Uttar Pradesh	Muzaffarnagar	306
●	Uttar Pradesh	Bijnor	418
●	Uttar Pradesh	Moradabad	363
●	Uttar Pradesh	Rampur	267
●	Uttar Pradesh	Jyotiba Phule Nagar	215
●	Uttar Pradesh	Meerut	360
●	Uttar Pradesh	Baghpat	182
●	Uttar Pradesh	Ghaziabad	297
●	Uttar Pradesh	Gautam Buddha Nagar	101
●	Uttar Pradesh	Bulandshahr	418
●	Uttar Pradesh	Aligarh	411
●	Uttar Pradesh	Mahamaya Nagar	206
●	Uttar Pradesh	Mathura	186
●	Uttar Pradesh	Agra	486
●	Uttar Pradesh	Firozabad	289
●	Uttar Pradesh	Mainpuri	223
●	Uttar Pradesh	Budaun	373

●	Uttar Pradesh	Bareilly	560
●	Uttar Pradesh	Pilibhit	264
●	Uttar Pradesh	Shahjahanpur	326
●	Uttar Pradesh	Kheri	453
●	Uttar Pradesh	Sitapur	569
●	Uttar Pradesh	Hardoi	439
●	Uttar Pradesh	Unnao	344
●	Uttar Pradesh	Lucknow	353
●	Uttar Pradesh	Rae Bareli	349
●	Uttar Pradesh	Farrukhabad	227
●	Uttar Pradesh	Kannauj	217
●	Uttar Pradesh	Etawah	191
●	Uttar Pradesh	Auraiya	157
●	Uttar Pradesh	Kanpur Dehat	213
●	Uttar Pradesh	Kanpur Nagar	504
●	Uttar Pradesh	Jalaun	245
●	Uttar Pradesh	Jhansi	358
●	Uttar Pradesh	Lalitpur	150
●	Uttar Pradesh	Hamirpur	169
●	Uttar Pradesh	Mahoba	112
●	Uttar Pradesh	Banda	216
●	Uttar Pradesh	Chitrakoot	151
●	Uttar Pradesh	Fatehpur	297
●	Uttar Pradesh	Pratapgarh	323
●	Uttar Pradesh	Kaushambi	207
●	Uttar Pradesh	Allahabad	703
●	Uttar Pradesh	Barabanki	434

●	Uttar Pradesh	Faizabad	302
●	Uttar Pradesh	Ambedkar Nagar	342
●	Uttar Pradesh	Sultanpur	281
●	Uttar Pradesh	Bahraich	425
●	Uttar Pradesh	Shrawasti	125
●	Uttar Pradesh	Balrampur	254
●	Uttar Pradesh	Gonda	376
●	Uttar Pradesh	Siddharth nagar	369
●	Uttar Pradesh	Basti	342
●	Uttar Pradesh	Sant Kabir Nagar	222
●	Uttar Pradesh	Maharajganj	275
●	Uttar Pradesh	Gorakhpur	677
●	Uttar Pradesh	Kushinagar	321
●	Uttar Pradesh	Deoria	321
●	Uttar Pradesh	Azamgarh	615
●	Uttar Pradesh	Mau	230
●	Uttar Pradesh	Ballia	435
●	Uttar Pradesh	Jaunpur	460
●	Uttar Pradesh	Ghazipur	377
●	Uttar Pradesh	Chandauli	261
●	Uttar Pradesh	Varanasi	341
●	Uttar Pradesh	Sant Ravidas Nagar (Bhadohi)	149
●	Uttar Pradesh	Mirzapur	311
●	Uttar Pradesh	Sonbhadra	224
●	Uttar Pradesh	Etah	245
●	Uttar Pradesh	Kanshiram Nagar	185
●	Uttar Pradesh	Sambhal	273

●	Uttar Pradesh	Shamli	144
●	Uttar Pradesh	Hapur	183
●	Uttar Pradesh	Amethi	247

STATEMENT-III

State/UT wise details of SPIP Approvals and Expenditure for Free Drugs Services Initiative under NHM from F.Y. 2022-23 to F.Y. 2024-25-(Rs. In lakhs)

S.No.	State/UT	2022-23		2023-24		2024-25	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	Andaman and Nicobar Islands	0.00	0.00	0.00	0.00	0.00	3.16
2	Andhra Pradesh	2018.90	2018.90	3,615.83	3,615.83	6,420.48	6,265.91
3	Arunachal Pradesh	435.00	414.48	456.00	770.23	436.00	459.42
4	Assam	17638.60	16323.73	15,311.65	12,833.39	21,160.29	18,740.44
5	Bihar	20254.33	18496.39	21,337.69	16,814.49	32,160.12	34,683.84
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	2000.00	9300.00	2,000.00	0.00	2,000.00	0.00
8	Dadra & Nagar Haveli and Daman & Diu	0.00	0.00	0.00	0.00	0.00	0.00
9	Delhi	0.00	0.00	0.00	0.00	0.00	0.00
10	Goa	807.00	618.64	807.00	372.23	820.46	349.30
11	Gujarat	3487.86	2365.87	3,558.09	2,754.10	3,779.92	2,085.00
12	Haryana	0.00	0.00	0.00	0.00	263.60	6.06
13	Himachal	10000.00	6858.25	10,000.00	7,504.34	9,531.45	6,834.96

	Pradesh						
14	Jammu and Kashmir	1200.00	1200.00	2,900.00	1,600.00	3,077.16	1,008.19
15	Jharkhand	2300.00	648.75	2,300.00	475.10	3,559.67	2,348.10
16	Karnataka	14815.00	3573.60	15,583.00	3,077.49	15,706.09	1,516.59
17	Kerala	25169.00	21648.91	25,169.00	7,000.00	3,995.00	0.00
18	Ladakh	305.00	74.67	305.00	68.58	320.00	190.32
19	Lakshadweep	25.67	20.04	26.95	25.48	26.95	10.05
20	Madhya Pradesh	10272.21	11687.60	11,325.11	15,014.38	42,075.95	19,402.27
21	Maharashtra	29463.29	16840.02	31,799.25	9,026.62	36,976.00	1,745.81
22	Manipur	1580.00	660.67	1,810.00	1,508.16	2,500.90	2,046.96
23	Meghalaya	287.00	592.12	287.00	2,662.75	697.04	405.21
24	Mizoram	354.78	95.83	364.39	416.86	358.38	168.18
25	Nagaland	466.64	385.10	490.00	868.71	524.22	662.01
26	Odisha	1122.78	254.29	1,653.21	905.12	775.17	104.64
27	Puducherry	45.00	35.32	45.00	-	45.00	36.49
28	Punjab	4720.00	9589.11	4,956.00	4,956.00	19,935.77	6,530.28
29	Rajasthan	63193.90	61186.16	63,193.90	59,437.79	107,041.15	94,137.29
30	Sikkim	600.00	663.67	700.00	389.18	425.00	425.15
31	Tamil Nadu	15000.00	11429.09	30,000.00	13,416.74	14,691.72	14,643.72
32	Telangana	7851.68	3562.18	7,851.68	0.00	152.32	152.32
33	Tripura	450.00	68.66	450.00	29.02	215.00	136.92
34	Uttar Pradesh	11733.98	204.68	13,489.33	452.13	19,556.79	719.37
35	Uttarakhand	2792.00	2417.07	2,500.00	1,215.72	2,867.30	2,409.03
36	West Bengal	10000.00	5638.70	10,000.00	435.00	10,000.00	1,317.20

Note:

- (i) The above data is as per the available Financial Management Reports (FMRs) reported by the States/UTs and is provisional.
- (j) Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.

STATEMENT-IV

State/UT wise details of SPIP Approvals and Expenditure for Free Diagnostics Services Initiative under NHM from F.Y. 2022-23 to F.Y.2024-25-(Rs. In lakhs)

S.N o.	State/UT	2022-23		2023-24		2024-25	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	Andaman and Nicobar Islands	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	10368.97	1559.80	16,281.77	15,175.03	9,138.22	8,523.70
3	Arunachal Pradesh	1489.25	1404.15	1,563.70	2,225.30	1,676.00	1,675.88
4	Assam	9136.37	8532.75	9,875.54	11,456.41	9,334.25	7,045.70
5	Bihar	17566.93	6019.67	19,431.74	7,808.68	10,457.56	8,103.86
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	3180.00	3181.95	1,280.00	0.00	3,108.85	2.71
8	Dadra & Nagar Haveli and Daman & Diu	0.00	0.00	0.00	0.00	0.00	0.00
9	Delhi	0.00	0.00	0.00	0.00	0.00	0.00
10	Goa	0.00	0.00	0.00	0.00	0.00	0.00
11	Gujarat	32.50	6.89	32.00	217.82	422.51	291.56
12	Haryana	0.00	0.00	0.00	0.00	0.00	0.00
13	Himachal Pradesh	2000.00	3271.12	2,000.00	2,642.24	5,000.00	4,693.74
14	Jammu and Kashmir	2364.66	469.76	4,438.59	860.71	3,549.02	1,724.30
15	Jharkhand	0.00	87.05	0.00	104.77	1,848.00	571.11
16	Karnataka	11989.39	4602.80	10,428.97	8,354.52	11,193.06	4,534.81
17	Kerala	1813.12	217.85	0.00	66.40	861.00	379.63
18	Ladakh	87.88	24.00	87.88	67.64	150.00	138.46
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	15707.32	14199.18	16,768.51	17,426.37	18,252.18	17,619.94

21	Maharashtra	18071.71	25007.13	19,866.27	25,097.06	34,629.6 1	24,406.10
22	Manipur	1050.00	1366.75	1,212.00	368.80	2,500.00	3,479.20
23	Meghalaya	0.00	1001.25	0.00	144.37	0.00	91.66
24	Mizoram	1273.00	102.77	1,368.00	1,358.63	221.84	126.12
25	Nagaland	163.00	0.00	171.15	0.19	179.71	0.00
26	Odisha	5022.08	4091.44	4,356.77	13,115.14	5,027.82	8,180.35
27	Puducherry	7.63	14.93	147.63	3.13	147.62	0.00
28	Punjab	1200.00	4321.95	1,275.00	1,275.00	2,845.31	3,136.32
29	Rajasthan	21621.09	3306.90	21,621.09	786.10	17,973.8 0	3,893.53
30	Sikkim	72.59	71.26	100.00	98.79	150.00	149.98
31	Tamil Nadu	11208.84	8838.09	19,001.28	3,423.57	8,150.91	5,916.33
32	Telangana	476.04	2993.69	138.60	36.28	0.00	0.00
33	Tripura	1643.00	1919.79	1,855.01	736.85	2,412.66	1,487.48
34	Uttar Pradesh	31934.19	10052.89	37,984.25	13,153.37	42,853.9 0	15,055.50
35	Uttarakhand	2235.00	1424.69	2,050.00	2,159.46	4,190.00	3,633.68
36	West Bengal	25743.00	21478.76	28,453.28	14,284.88	32,927.8 9	6,682.89

Note:

- The above data is as per the available Financial Management Reports (FMRs) reported by the States/UTs and is provisional.
- Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.

जनजाति बहुल क्षेत्रों में स्वास्थ्य सुविधाएं

1161. श्रीमती महिमा कुमारी मेवाड़:

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

- (क) क्या सरकार ने राज्य सरकार के सहयोग से राजस्थान के राजसमंद संसदीय निर्वाचन क्षेत्र के जनजाति बहुल क्षेत्रों में स्वास्थ्य सुविधाओं को और विकसित करने के लिए कोई विशेष पहल की है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) सरकार द्वारा पूरे देश में जनजातीय महिलाओं को 100 प्रतिशत स्वास्थ्य कवरेज प्रदान करने के लिए राजस्थान सहित राज्य-वार/संघ राज्यक्षेत्र-वार क्या प्रयास किए जा रहे हैं?

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

(क) से (ग): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधाओं में पर्याप्त मानव संसाधनों की उपलब्धता सुनिश्चित करने और शहरी, ग्रामीण, जनजातीय/पहाड़ी और दूरस्थ क्षेत्रों, जिनमें राजस्थान का राजसमंद संसदीय क्षेत्र भी शामिल है, में महिलाओं सहित सभी के लिए गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता, वहनीयता और पहुंच में सुधार के लिए सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय, एनएचएम के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, राज्यों/संघ राज्य क्षेत्रों को सार्वजनिक स्वास्थ्य प्रणाली के सुदृढीकरण हेतु तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के अभिलेख (आरओपी) के रूप में प्रस्तावों को स्वीकृति प्रदान करती है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, जनजातीय/पहाड़ी/दुर्गम क्षेत्रों में स्वास्थ्य सेवाओं की पहुंच को सुदृढ करने हेतु नियमों में ढील दी गई है। उप स्वास्थ्य केंद्र (एसएचसी), प्राथमिक स्वास्थ्य केंद्र (पीएचसी) और सामुदायिक स्वास्थ्य केंद्र (सीएचसी) स्थापित करने के लिए जनसंख्या मानदंड को घटाकर क्रमशः 3,000, 20,000 और 80,000 कर दिया गया है। प्रति 1,000 जनसंख्या के बजाय प्रति बस्ती एक मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ता

(आशाकर्मी) की अनुमति है और मैदानी जिलों में 2 की तुलना में, जनजातीय और दुर्गम क्षेत्रों में प्रति जिले अधिकतम 4 मोबाइल मेडिकल यूनिट (एमएमयू) की अनुमति है।

जनजातीय कार्य मंत्रालय (एमओटीए) द्वारा 15 नवंबर, 2023 को शुरू किए गए प्रधान मंत्री जनजातीय आदिवासी न्याय महा अभियान (पीएम-जनमन) के तहत, विशेष रूप से अतिसंवेदनशील जनजातीय समूह (पीवीटीजी) क्षेत्रों के साथ प्रति जिले 10 एमएमयू तक एनएचएम मानदंडों में और छूट प्रदान की गई है। एमओटीए द्वारा निर्मित प्रत्येक बहुउद्देश्यीय केंद्र (एमपीसी) के लिए एक अतिरिक्त सहायक नर्स मिडवाइफ (एनएम) के मानदंडों में ढील दी गई है। एमएमयू पोर्टल के अनुसार, दिनांक 31.12.2025 तक, देश भर के जनजातीय क्षेत्रों में बुनियादी स्वास्थ्य सेवाएं प्रदान करने हेतु पीएम-जनमन के तहत 763 एमएमयू और धरती आबा जनजातीय ग्राम उत्कर्ष अभियान (डीए-जेजीयूए) के तहत 155 एमएमयू परिचालित हैं। दिनांक 31.12.2025 की स्थिति के अनुसार, 178 आदिवासी जिलों में 30,817 एएम परिचालित हैं।

सरकार राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत 'प्रजनन मातृ नवजात बाल किशोर स्वास्थ्य एवं पोषण (आरएमएनसीएच + एन)' रणनीति के माध्यम से राजस्थान सहित पूरे देश में जनजातीय महिलाओं के लिए सार्वभौमिक स्वास्थ्य कवरेज सुनिश्चित करने हेतु निरंतर प्रयास कर रही है, जिसमें प्रसवपूर्व देखभाल, संस्थागत प्रसव, प्रसवोत्तर देखभाल और परिवार नियोजन सेवाओं पर ध्यान केंद्रित किया गया है; जननी सुरक्षा योजना (जेएसवाई) और जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके) जैसी योजनाओं के माध्यम से संस्थागत प्रसव को बढ़ावा देना; जनजातीय लोगों की बस्तियों में आशाकर्मियों और अन्य फ्रंटलाइन कार्यकर्ताओं द्वारा नियमित रूप से जागरूकता अभियान चलाना, स्वास्थ्य शिक्षा प्रदान करना और जांच करना शामिल है।

आयुष केंद्रों के लिए निधि

1162. श्री हरीश चंद्र मीना:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) आयुर्वेद, योग, यूनानी, सिद्ध और होम्योपैथी (आयुष) प्रणालियों के अंतर्गत पिछले तीन वर्षों के दौरान राष्ट्रीय स्तर पर अनुसंधान, औषधि मानकीकरण, आयुष स्वास्थ्य एवं कल्याण केंद्रों की स्थापना और जन जागरूकता कार्यक्रमों के लिए स्वीकृत की गई और व्यय की गई निधि का ब्यौरा क्या है, और इन प्रयासों से प्राप्त ठोस परिणाम क्या हैं;
- (ख) राजस्थान में आयुष अस्पतालों, औषधालयों, कॉलेजों, पंचकर्म केंद्रों और योग संस्थानों की वर्तमान स्थिति क्या है:
- (ग) राज्य को प्राप्त केंद्रीय सहायता का ब्यौरा क्या है, साथ ही सरकार द्वारा मानव संसाधन और अवसंरचना की कमी को दूर करने के लिए क्या कदम उठाए गए हैं: और
- (घ) टोंक-सवाई माधोपुर संसदीय निर्वाचन क्षेत्र में आयुष सुविधाओं के विस्तार, नए आयुष केंद्रों की स्थापना, चिकित्सकों और दवाओं की उपलब्धता सुनिश्चित करने और स्थानीय स्तर पर योग और आयुर्वेद का संवर्धन करने के लिए प्रस्तावित या कार्यान्वित विशेष योजनाओं का ब्यौरा क्या है?

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

(क): आयुष मंत्रालय, भारत सरकार ने केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस), केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस), केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएस), केंद्रीय योग और प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरआईएन) और केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम) की स्थापना की है। ये संस्थान क्रमशः आयुर्वेद, सिद्ध, होम्योपैथी, योग और प्राकृतिक चिकित्सा तथा यूनानी में अनुसंधान के लिए आयुष मंत्रालय के तहत स्वायत्त संगठन हैं और देश के विभिन्न हिस्सों में उपलब्ध अपने परिधीय संस्थानों के माध्यम से विभिन्न अनुसंधान गतिविधियां संचालित कर रहे हैं और नैदानिक अनुसंधान, दवा अनुसंधान, औषधीय पादप अनुसंधान, मौलिक अनुसंधान, साहित्यिक अनुसंधान

और प्रलेखन के माध्यम से स्वास्थ्य देखभाल सेवाओं का विस्तार तथा आयुष पद्धति को बढ़ावा देते हुए संबंधित चिकित्सा पद्धतियों में वैज्ञानिक सत्यापन की दिशा में कार्य कर रहे हैं।

आयुष मंत्रालय के तहत विभिन्न परिषदों के लिए विगत तीन वर्षों के बजट आवंटन और वास्तविक व्यय का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

इसके अलावा, आयुष मंत्रालय राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के आधार पर एनएएम दिशानिर्देशों के प्रावधान के अनुसार विभिन्न गतिविधियों के तहत वित्तीय सहायता प्रदान करके देश में आयुर्वेद, योग, यूनानी, सिद्ध और होम्योपैथी (आयुष) पद्धतियों के तहत आयुष स्वास्थ्य और कल्याण केंद्रों की स्थापना और जन जागरूकता कार्यक्रमों सहित समग्र विकास और प्रचार के लिए उनके प्रयासों का समर्थन कर रहा है। एनएएम के अंतर्गत, पिछले तीन वर्षों 2022-23 से 2024-25 तक राज्यों/संघ राज्य क्षेत्रों के लिए केंद्रीय हिस्सेदारी के रूप में कुल अनुदान सहायता राशि 255136.036 लाख रुपये स्वीकृत की गई है और राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए अनुसार 231651.556 लाख रुपये का उपयोग किया गया है। एनएएम के तहत, इन प्रयासों के माध्यम से पिछले तीन वर्षों की उपलब्धियां संलग्न **विवरण -II** में दी गई हैं।

इसके अलावा, आयुष मंत्रालय एसस्यू और एच दवाओं के लिए भेषजसतर्कता के साथ आयुष औषधी गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) नामक एक केंद्रीय क्षेत्र की योजना (सीएसएस) के एक घटक का कार्यान्वयन कर रहा है। इस योजना के तहत पिछले तीन वर्षों में जागरूकता/संवेदीकरण कार्यक्रमों, आईईसी सामग्री तैयार करने और वितरण आदि के लिए 2.26 करोड़ रुपये स्वीकृत किए गए और 1.786 करोड़ रुपये खर्च किए गए। इन प्रयासों के परिणामस्वरूप, विभिन्न समूहों को आयुष चिकित्सीय दृष्टिकोणों के प्रति संवेदनशील बनाया गया है, आयुष दवाओं के तर्कसंगत और व्यवस्थित उपयोग के बारे में शिक्षित किया गया है, और देश

भर के स्वास्थ्य पेशेवरों को संदिग्ध प्रतिकूल दवा प्रतिक्रियाओं की रिपोर्ट करने के लिए प्रोत्साहित किया गया है।

इसके अतिरिक्त, आयुष मंत्रालय ने सूचना, शिक्षा और संचार (आईईसी) योजना की सीएसएस के तहत 140.29 करोड़ रुपये की मंजूरी दी है और पिछले तीन वर्षों में 126.31 करोड़ रुपये खर्च किए हैं। आईईसी के क्षेत्रों में गतिविधियों ने स्वास्थ्य देखभाल की "आयुष" पद्धतियों के जनादेश को पूरा करने में आसान बनाया। आयुष पद्धतियों की प्रभावकारिता, उनकी लागत प्रभावशीलता और आयुष दवा सेवाओं की उपलब्धता और अन्य समाधानों के संबंध में नागरिकों के बीच जागरूकता लाना। इस उद्देश्य के लिए विभिन्न संचार चैनलों का उपयोग करना और सभी के लिए स्वास्थ्य के उद्देश्य को प्राप्त करने के लिए डिजिटल और ऑडियो-वीडियो प्रचार सामग्री सहित आईईसी सामग्री तैयार करना।

(ख): राजस्थान में आयुष अस्पतालों, औषधालयों, महाविद्यालयों, पंचकर्म केंद्रों और योग संस्थानों की वर्तमान स्थिति संलग्न **विवरण-III** में दी गई है।

(ग): राजस्थान राज्य सरकार से प्राप्त प्रस्ताव के अनुसार पिछले तीन वर्षों में 22243.678 रुपये की निधियां जारी की गई है। इन निधियों ने अवसंरचना (भवन, फर्नीचर, उपकरण) के उन्नयन की सुविधा प्रदान की। इसके अलावा, कर्मचारियों (योग प्रशिक्षकों, सीएचओ, आशा, एएनएम और कंपाउंडरों) को अतिरिक्त मानदेय का भुगतान करके पूरक चिकित्सा सेवाएं प्राप्त की गईं। राज्य सरकार की रिपोर्ट के अनुसार, पिछले तीन वर्षों में 1,958 आयुष स्वास्थ्य और कल्याण केंद्रों में 1,958 पुरुष और 1,958 महिला योग प्रशिक्षक उपलब्ध कराए गए हैं।

(घ): जन स्वास्थ्य राज्य का विषय होने के कारण, आयुष सुविधाओं के विस्तार, नए आयुष केंद्रों की स्थापना, डॉक्टरों और दवाओं की उपलब्धता सुनिश्चित करने और स्थानीय स्तर पर योग और आयुर्वेद को बढ़ावा देने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार के कार्यक्षेत्र में आती है। हालाँकि, राज्य एसएएपी के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकता है। जैसा कि राज्य सरकार द्वारा विगत तीन वर्षों में सूचना दी गई है, सवाई माधोपुर में 46

और टोंक में 52 औषधालयों को आयुष्मान आरोग्य मंदिरों (आयुष) के रूप में विकसित किया गया था। इन केंद्रों पर, पुरुष और महिला योग प्रशिक्षकों को अतिरिक्त मानव संसाधनों के रूप में उपलब्ध कराया गया था, और आवश्यक फर्नीचर तथा उपकरण प्रदान किए गए थे। इसके अलावा, सवाई माधोपुर में सरकारी जिला आयुर्वेद अस्पताल को 50 बिस्तरों वाले अस्पताल में उन्नयन किया गया है, जिसके लिए ₹5 करोड़ की लागत से भवन निर्माण का काम चल रहा है। इसके अलावा, इस अवधि के दौरान विभाग ने टोंक और सवाई माधोपुर लोकसभा निर्वाचन क्षेत्रों में 1379.69 लाख रुपये की दवाओं की आपूर्ति की है।

विवरण -I

विगत तीन वर्षों के लिए आयुष मंत्रालय के तहत विभिन्न परिषदों के लिए बजट आवंटन और वास्तविक व्यय

क्रम सं.	योजना/कार्यक्रम	बजट अनुमान (बीई)	वास्तविक व्यय (एई)
1	केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद	1151.54	1219.01
2	केंद्रीय यूनानी अनुसंधान परिषद	577.15	537.57
3	केंद्रीय होम्योपैथी अनुसंधान परिषद	432.70	445.95
4	केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद	289.26	127.44
5	केंद्रीय सिद्ध अनुसंधान परिषद	148.61	153.73
	कुल योग	2599.26	2483.70

विवरण -II

वर्ष 2022-23 से 2024-25 तक एनएएम के तहत सहायता प्राप्त प्रमुख गतिविधियां/उपलब्धियां

(i) एकीकृत आयुष अस्पतालों की स्थापना के लिए 103 इकाइयों को सहायता प्रदान की गई।

- (ii) अवसंरचना और अन्य सुविधाओं के उन्नयन के लिए 220 आयुष अस्पतालों और 2269 आयुष औषधालयों को सहायता प्रदान की गई है।
- (iii) 1783 पीएचसी, 675 सीएचसी और 288 डीएच को प्रत्येक वर्ष औसतन दवाओं की आवर्ती सहायता और आकस्मिकता के लिए सह-स्थापन के तहत समर्थन दिया गया है।
- (iv) 2048 आयुष अस्पतालों और 12814 आयुष औषधालयों को प्रत्येक वर्ष औसतन आवश्यक आयुष दवाओं की आपूर्ति के लिए सहायता दी गई है।
- (v) नए आयुष शैक्षिक संस्थानों की स्थापना के लिए 13 इकाइयों को सहायता प्रदान की गई।
- (vi) 14 स्नातक और 10 स्नातकोत्तर आयुष शैक्षणिक संस्थानों को अवसंरचना, पुस्तकालय और अन्य सामग्रियों के उन्नयन के लिए सहायता प्रदान की गई है।
- (vii) 384 नए आयुष औषधालय की स्थापना।
- (viii) 775 आयुष ग्रामों को सहायता प्रदान की गई है।
- (ix) आयुष स्वास्थ्य और कल्याण केंद्रों को सहायता प्रदान की गई है।

विवरण - III

राजस्थान में आयुष अस्पतालों, औषधालयों, महाविद्यालयों, पंचकर्म केंद्रों और योग संस्थानों की स्थिति

क्रम सं.	केंद्र	इकाइयों की संख्या
1	एकीकृत आयुष अस्पताल	6
2	जिला अस्पताल	57
3	ब्लॉक आयुष अस्पताल	86
4	अस्पताल	106
5	औषधालय	4032
6	महाविद्यालय	कुल मिलाकर 15 सरकारी महाविद्यालय वर्तमान में कार्यरत हैं, जिनमें 06 आयुर्वेद, योग और प्राकृतिक चिकित्सा महाविद्यालय, 02 होम्योपैथी महाविद्यालय, आयुर्वेद विश्वविद्यालय के 05 संबद्ध महाविद्यालय और 02 बी.एससी. नर्सिंग महाविद्यालय शामिल हैं।
7	पंचकर्म केंद्र	82
8	योग और कल्याण केंद्र	33

आयुष चिकित्सा केंद्र

1163. श्री निलेश ज्ञानदेव लंके:

श्री संदिपनराव आसाराम भुमरे:

श्री ज्ञानेश्वर पाटील:

डॉ. शिवाजी बंडाप्पा कालगे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश के ग्रामीण क्षेत्रों में आयुष चिकित्सा केंद्र स्थापित करने के लिए अब तक चिन्हित जिलों की राज्य-वार/संघ राज्यक्षेत्रवार तथा महाराष्ट्र और मध्य प्रदेश में संख्या कितनी है;
- (ख) क्या सरकार ने उक्त केंद्रों में प्रशिक्षित आयुष चिकित्सकों की नियुक्ति के लिए कोई विशेष भर्ती अभियान चलाया है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) वर्तमान में कार्यरत केंद्रों की संख्या कितनी है और उक्त केंद्रों में से महाराष्ट्र और मध्य प्रदेश में टेली-आयुष सेवाएं प्रदान करने वाले केंद्रों की जिला-वार संख्या कितनी है?

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

(क) से (ग): जन स्वास्थ्य राज्य का विषय होने के कारण, महाराष्ट्र और मध्य प्रदेश सहित देश के ग्रामीण क्षेत्रों में आयुष चिकित्सा केंद्र स्थापित करने के लिए जिलों की पहचान करना संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आता है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, महाराष्ट्र और मध्य प्रदेश सहित राज्यों/संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों के अनुसार, ग्रामीण क्षेत्रों सहित देश के विभिन्न भागों में 12500 आयुष स्वास्थ्य कल्याण केंद्रों के संचालन के लिए सहायता प्रदान की गई है, जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] के नाम से जाना जाता है। एएएम (आयुष) के लिए समर्थित जिलों की राज्य/संघ

राज्य क्षेत्र-वार संख्या संलग्न **विवरण-I** में दी गई है। जन स्वास्थ्य राज्य का विषय है, इसलिए एएएम (आयुष) में प्रशिक्षित आयुष चिकित्सकों की नियुक्ति, संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों के कार्यक्षेत्र में आती है।

(घ): राज्य सरकार द्वारा दी गई सूचना के अनुसार, महाराष्ट्र और मध्य प्रदेश राज्यों में क्रमशः 390 और 800 एएएम (आयुष) कार्यशील हैं और आवश्यकतानुसार टेली-आयुष सेवाएं प्रदान की जा रही हैं। कार्यशील एएएम (आयुष) की जिला-वार सूची संलग्न **विवरण-II** में दी गई है।

विवरण-I

एएएम (आयुष) के लिए समर्थित जिलों की राज्य/संघ राज्य क्षेत्र-वार संख्या

क्र.सं.	राज्य का नाम	जिलों की संख्या
1	अंडमान	2
2	आंध्र प्रदेश	25
3	अरुणाचल प्रदेश	24
4	असम	31
5	बिहार	38
6	चंडीगढ़	1
7	छत्तीसगढ़	28
8	दादरा व नागर हवेली और दमन व द्वीप	1
9	गोवा	2
10	गुजरात	33
11	हरियाणा	22
12	हिमाचल	13
13	जम्मू-कश्मीर	20
14	झारखंड	24
15	कर्नाटक	31
16	केरल	14
17	लक्षद्वीप	1
18	मध्य प्रदेश	54
19	महाराष्ट्र	33
20	मणिपुर	7
21	मेघालय	10

22	मिजोरम	9
23	नागालैंड	11
24	ओडिशा	29
25	पुदुचेरी	2
26	पंजाब	23
27	राजस्थान	39
28	सिक्किम	2
29	तमिलनाडु	37
30	तेलंगाना	33
31	त्रिपुरा	7
32	उत्तर प्रदेश	74
33	उत्तराखंड	13
34	पश्चिम बंगाल	22
35	कुल	715

विवरण -II

क. महाराष्ट्र में जिला-वार कार्यशील एएएम (आयुष)

क्र.सं.	जिले का नाम	कुल एएएम (आयुष)
1	अहिल्यानगर	6
2	अकोला	20
3	अमरावती	29
4	बीड	6
5	भंडारा	25
6	बुलढाना	27
7	चंद्रपुर	21
8	छत्रपति संभाजी नगर	8
9	धाराशिव	6
10	धुले	11
11	गडचिरोली	14
12	गोंदिया	23
13	हिंगोली	1
14	जलगांव	14

15	जालना	5
16	कोल्हापुर	7
17	लातूर	4
18	नागपुर	40
19	नांदेड़	8
20	नंदुरबार	5
21	नासिक	7
22	पालघर	16
23	परभनी	5
24	पुणे	13
25	रायगढ़	6
26	सांगली	13
27	सतारा	8
28	सिंधुदुर्ग	4
29	सोलापुर	5
30	थाणे	2
31	वर्धा	13
32	वाशिम	6
33	यवतमाल	12
	कुल	390

ख. मध्य प्रदेश में ग्रामीण आयुष्मान आरोग्य मंदिर-आयुष की जिले-वार संख्या

क्र.सं.	जिले का नाम	कुल
1	रीवा	30
2	सीधी	18
3	सतना	30
4	उमरिया	9
5	शहडोल	9
6	सिंगरौली	9
7	अनुपपुर	8
8	जबलपुर	20
9	कटनी	18

10	छिंदवाड़ा	19
11	सिवनी	13
12	मंडला	10
13	बालाघाट	56
14	नरसिंहपुर	15
15	डिंडोरी	8
16	सागर	29
17	दमोह	15
18	पन्ना	15
19	छतरपुर	21
20	टीकमगढ़	17
21	ग्वालियर	12
22	शिवपुरी	16
23	गुना	14
24	श्योपुर	6
25	दतिया	12
26	मुरैना	21
27	भिंड	21
28	अशोकनगर	11
29	इंदौर	14
30	धार	17
31	आलीराजपुर	9
32	झाबुआ	10
33	खरगोन	13
34	खंडवा	16
35	बड़वानी	11
36	बुरहानपुर	10
37	उज्जैन	24
38	शाजापुर	15
39	मन्दसौर	24
40	रतलाम	12
41	देवास	20
42	आगर-मालवा	6

43	नीमच	9
44	भोपाल	7
45	सीहोर	20
46	रायसेन	18
47	राजगढ़	12
48	विदिशा	14
49	बेतुल	17
50	होशंगाबाद	13
51	हरदा	7
	कुल	800

विदेश में मृत भारतीयों के लिए मुआवजा

1164. श्री राहुल कस्वां:

श्री बृजेन्द्र सिंह ओला:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) पिछले तीन वर्षों के दौरान दुर्घटनाओं में मृत्यु हो जाने वाले अन्य देशों में कार्यरत भारतीयों की वर्षवार और देश-वार कुल संख्या कितनी है;

(ख) मृतक व्यक्तियों के परिवारों से अपर्याप्त मुआवजे के संबंध में शिकायतें प्राप्त होने वाले मामलों का देशवार ब्यौरा क्या है;

(ग) क्या सरकार ने ऐसे मामलों के शीघ्र निपटान के लिए कोई ठोस नीति या सक्रिय योजना बनाई है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) चूरू और हनुमानगढ़ जिलों के विदेश में फंसे हुए भारतीयों की देश-वार संख्या कितनी है और निपटाए गए और लंबित मामलों का ब्यौरा क्या है; और

(ङ) मृतक व्यक्ति के परिवार द्वारा प्राप्त मुआवजे की राशि कितनी है और लंबित मुआवजे की राशि कितनी है?

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

(क) से (ड): विगत तीन वर्षों के दौरान विदेशों में कार्यरत कुल भारतीयों की संख्या जो दुर्घटनाओं में मारे गए, के बारे में मंत्रालय के पास उपलब्ध जानकारी संलग्न **विवरण-I** में दी गई है।

विदेशों में स्थित भारतीय मिशन/केंद्र, मृतक के परिवार के सदस्यों को मृत्यु से संबंधित मुआवजे के मामलों को दर्ज कराने तथा मृत्यु क्षतिपूर्ति से संबंधित मामलों में आवश्यक दस्तावेजीकरण संबंधी औपचारिकताओं को पूरा करने में पूर्ण सहयोग एवं सहायता प्रदान करते हैं। इनमें वैध उत्तराधिकार प्रमाणपत्र (एलएचसी) और पावर ऑफ अटॉर्नी (पीओए) जैसे दस्तावेज शामिल हैं, जो पुलिस रिपोर्ट प्राप्त करने के बाद, दुर्घटना में हुई मौत या यातायात दुर्घटना अथवा हत्या के मामलों में, मृतक के कानूनी वारिसों की ओर से विदेशों की अदालतों में मृत्यु संबंधी मुआवजे के मामले पर कार्रवाई के लिए आवश्यक हैं। विदेश में स्थित मिशन/केंद्र भी ऐसे दस्तावेजों को तैयार करने में सहायता प्रदान करते हैं।

विदेश में स्थित भारतीय मिशन/केंद्र स्थानीय प्राधिकारियों/कंपनियों से मृत्यु से संबंधित मुआवजे और बीमा दावों के शीघ्र निपटान की सुविधा के लिए सभी आवश्यक सहायता प्रदान करते हैं। विदेशों में स्थित मिशन/केंद्र के पास मृत भारतीय नागरिकों के मुआवजे के भुगतान के लिए मानक संचालन पद्धति निर्धारित हैं। वे मृत भारतीय नागरिकों के मृत्यु से संबंधित मुआवजे के मामलों पर नियोक्ता/संबंधित न्यायालय के साथ तब तक अनुवर्ती कार्रवाई करते हैं जब तक कि मृतक के परिवार को उनका मुआवजा नहीं मिल जाता। विदेश में स्थित मिशन/केंद्र भी संबंधित विदेशी प्राधिकारियों के साथ संपर्क करते हैं ताकि यह सुनिश्चित किया जा सके कि यदि नियोक्ता सहयोग नहीं कर रहा है तो मृतक व्यक्ति के परिवार को जल्द से जल्द मुआवजा मिल सके।

मृतक व्यक्ति के परिवार द्वारा प्राप्त मुआवजे की राशि के संबंध में मंत्रालय के पास उपलब्ध जानकारी संलग्न **विवरण-II** में दी गई है।

विवरण-I

विगत तीन वर्षों के दौरान दुर्घटनाओं में मारे गए विदेशों में कार्यरत कुल भारतीयों की संख्या

देश का नाम	निम्नलिखित वर्षों में विदेश में कार्यरत भारतीयों की कुल संख्या जिनकी दुर्घटनाओं में मृत्यु हुई -		
	2023	2024	2025
अल्बानिया	0	0	1
अलजीरिया	1	1	3
अंगोला	0	1	4
आर्मीनिया	3	16	3
ऑस्ट्रेलिया	1	4	5
ऑस्ट्रिया	0	0	1
बहरीन	20	16	13
बांग्लादेश	1	1	1
भूटान	8	9	10
बोत्सवाना	2	0	0
ब्रूनेई दारएस्सलाम	0	0	1
बुल्गारिया	0	0	1
बुर्किना फासो	1	0	0
कंबोडिया	2	1	0
कैमरून	0	1	0
कनाडा	13	15	20
चाड	0	1	0
कोटे डी आइवर	1	0	0
क्रोएशिया	0	0	1
साइप्रस	0	0	1
डेनमार्क	0	0	1
ज़िबूटी	0	0	2
कांगो लोकतांत्रिक गणराज्य	2	4	3
मिस्र	2	6	1
इक्वेटोरियल गिनी	3	1	0
एस्तोनिया	0	0	1
इथियोपिया	1	0	2
फिजी	0	2	1
फ्रांस	0	0	1
जर्मनी	2	1	2

घाना	2	6	0
ग्रीस	3	8	2
हंगरी	6	7	8
ईरान	9	4	3
इराक	3	4	4
आयरलैंड	0	0	3
इटली	1	2	4
जमैका	2	1	0
जॉर्डन	1	1	2
केन्या	1	0	0
कुवैत	93	128	80
किर्गिजस्तान	0	1	0
लाओ पीडीआर	0	1	0
लेबनान	2	3	0
लाइबेरिया	1	1	0
लीबिया	1	0	2
मलावी	1	2	2
मलेशिया	35	43	34
मालदीव	4	4	3
माल्टा	1	1	2
मॉरीशस	1	2	1
मंगोलिया	0	0	1
मोजाम्बिक	0	0	8
नेपाल	11	5	5
नीदरलैंड	8	9	9
न्यूजीलैंड	3	3	5
नाइजीरिया	7	2	4
ओमान	62	57	50
पापुआ न्यू गिनी	1	1	1
पोलैंड	2	0	1
कतर	52	41	32
गिनी गणराज्य	0	1	0
रूस	0	1	3
सऊदी अरब	287	296	336
सेनेगल	0	2	1
सर्बिया	0	1	1

सेशल्ल्स	3	3	3
सिएरा लिओन	1	1	6
सिंगापुर	23	19	22
स्लोवाक गणराज्य	0	0	2
दक्षिण अफ्रीका	1	2	1
दक्षिण सूडान	0	1	2
स्पेन	2	3	0
श्रीलंका	3	0	1
तंजानिया	1	1	0
थाईलैंड	0	0	1
ट्यूनीशिया	1	1	0
तुर्किये	1	0	0
संयुक्त अरब अमीरात	107	150	153
युगांडा	0	2	1
यूके	4	7	6
यूएसए	9	16	7
उज़्बेकिस्तान	1	4	2
वियतनाम	0	1	0

विवरण-II

मृतक व्यक्ति के परिवार को प्राप्त मुआवजे की राशि

देश का नाम	पिछले 3 वर्षों में मृतक व्यक्ति के परिवार द्वारा प्राप्त किए गए मुआवजे की राशि (रुपए में)
अल्जीरिया	1,54,82,694
ऑस्ट्रिया	8,16,52,061
इथियोपिया	50,00,000
कुवैत	15,95,65,286
लाओ पीडीआर	8,08,279
लेबनान	13,12,181
मलेशिया	1,56,35,933
मॉरीशस	2,68,142
नेपाल	50,00,000
सऊदी अरब	40,20,85,441

सिंगापुर	26,59,571
दक्षिण सूडान	47,87,250
तंजानिया	3,00,000
संयुक्त अरब अमीरात	37,68,71,691
यूएसए	13,16,857

IMPORT OF MEDICINES

1165. SHRI YUSUF PATHAN:

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

- (a) whether the Government imports medicines from foreign countries in quantity and value (in Rs.) during the last eleven years and if so, the details thereof, year-wise;
- (b) the details of countries from which medicines are being imported along with their share in the total import of medicines; and
- (c) whether the Government maintains data on the percentage of the total domestic medicine requirement that is imported during the last eleven years and if so, the details thereof, year-wise?

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

(a) to (c): As informed by Directorate General of Commercial Intelligence and Statistics (DGCI&S), under the Ministry of Commerce and Industry, medicines are imported into India from various countries. There is no specific

Indian Trade Classification (Harmonised System) code for medicine. Accordingly, the data pertains to Chapter 30 of the ITC-HS classification (Pharmaceutical Products). The country-wise details, along with their respective share in the total import of medicines during the last eleven years are given in the enclosed **Statement**.

STATEMENT

Country-wise details of import of medicines into India during the last eleven years (for the period 2014-15 to 2024-25)

COUNTRY	2014-15		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	60.29	408.50	4.10
CHINA P RP	960.94	807.13	8.10
DENMARK	25.43	359.04	3.60
FRANCE	129.32	631.05	6.33
GERMANY	610.75	1438.61	14.44
INDONESIA	23.79	714.27	7.17
ITALY	220.51	547.20	5.49
SWITZERLAND	72.89	797.82	8.01
U S A	1180.86	1843.55	18.51
Others (165 Countries)	2670.265	2414.132332	24.2351426
Grand Total	5955.06	9961.29	100.00
COUNTRY	2015-16		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	32.95	321.37	2.99
CHINA P RP	748.75	947.90	8.82
DENMARK	30.92	344.78	3.21
FRANCE	146.83	750.89	6.99
GERMANY	846.54	1416.67	13.19
INDONESIA	31.16	858.52	7.99
ITALY	197.82	490.42	4.57

SWITZERLAND	50.86	770.56	7.17
U S A	958.17	2063.43	19.21
Others (165 Countries)	3431.504	2777.532475	25.85655568
Grand Total	6475.50	10742.08	100.00

COUNTRY	2016-17		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	41.45	512.29	4.45
CHINA P RP	911.38	898.93	7.81
DENMARK	54.30	482.14	4.19
FRANCE	253.01	967.33	8.40
GERMANY	870.69	1669.12	14.50
INDONESIA	17.26	581.94	5.05
ITALY	159.14	481.47	4.18
SWITZERLAND	112.92	708.72	6.15
U S A	1212.11	2000.78	17.38
Others (165 Countries)	4013.626	3212.305048	27.89662661
Grand Total	7645.88	11515.03	100.00

COUNTRY	2017-18		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	46.55	551.55	4.51
CHINA P RP	1911.61	818.73	6.69
DENMARK	135.22	635.48	5.19
FRANCE	232.91	789.80	6.45
GERMANY	1206.54	1457.00	11.90
INDONESIA	15.68	484.14	3.96
ITALY	489.26	563.44	4.60
SWITZERLAND	195.17	856.18	6.99
U S A	1435.53	2051.35	16.76
Others (165 Countries)	7915.926	4033.445637	32.94993725

Grand Total	13584.39	12241.13	100.00

COUNTRY	2018-19		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	128.80	414.02	2.84
CHINA P RP	2057.35	1038.62	7.12
DENMARK	120.62	460.52	3.16
FRANCE	421.82	923.65	6.33
GERMANY	1345.67	1548.97	10.62
INDONESIA	15.18	450.67	3.09
ITALY	639.71	546.25	3.75
SWITZERLAND	532.69	2115.94	14.51
U S A	1534.78	1948.99	13.37
Others (165 Countries)	16752.44	5133.509983	35.20652276
Grand Total	23549.06	14581.13	100.00

COUNTRY	2019-20		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	116.89	557.49	3.37
CHINA P RP	2201.70	1172.71	7.09
DENMARK	119.65	599.22	3.62
FRANCE	698.73	981.56	5.94
GERMANY	1447.46	1463.37	8.85
INDONESIA	68.33	670.18	4.05
ITALY	728.97	745.02	4.51
SWITZERLAND	715.02	2206.17	13.35
U S A	1863.12	2232.83	13.51
Others (165 Countries)	19291.812	5901.816435	35.70287981
Grand Total	27251.68	16530.37	100.00

COUNTRY	2020-21

	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	100.21	620.73	3.28
CHINA P RP	1571.52	1544.22	8.16
DENMARK	110.64	667.09	3.52
FRANCE	404.85	1259.85	6.65
GERMANY	952.04	1316.08	6.95
INDONESIA	76.64	463.72	2.45
ITALY	501.05	419.61	2.22
SWITZERLAND	511.89	2492.48	13.16
U S A	1330.25	2267.28	11.97
Others (165 Countries)	12100.466	7883.299762	41.63489749
Grand Total	17659.55	18934.36	100.00

COUNTRY	2021-22		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	453.38	606.40	2.37
CHINA P RP	2490.76	1579.59	6.17
DENMARK	265.13	906.09	3.54
FRANCE	926.30	943.83	3.69
GERMANY	3038.48	1930.56	7.54
INDONESIA	114.77	595.38	2.33
ITALY	1259.77	658.75	2.57
SWITZERLAND	628.72	2909.30	11.36
U S A	2374.77	4053.17	15.83
Others (165 Countries)	17919.444	11419.89478	44.60380153
Grand Total	29471.51	25602.96	100.00
COUNTRY	2022-23		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	386.82	668.16	3.18
CHINA P RP	4797.11	1391.73	6.62
DENMARK	500.18	1362.71	6.48
FRANCE	556.32	782.78	3.72

GERMANY	1248.48	1667.48	7.93
INDONESIA	154.30	691.03	3.29
ITALY	820.78	419.25	1.99
SWITZERLAND	789.36	3050.47	14.51
U S A	2165.82	2936.43	13.97
Others (165 Countries)	17672.075	8052.791163	38.30498706
Grand Total	29091.24	21022.83	100.00

COUNTRY	2023-24		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	345.09	491.09	2.29
CHINA P RP	2883.84	1459.18	6.82
DENMARK	506.41	1350.77	6.31
FRANCE	888.81	789.44	3.69
GERMANY	1838.05	1697.78	7.93
INDONESIA	223.78	912.40	4.26
ITALY	1382.48	543.58	2.54
SWITZERLAND	769.97	2697.36	12.60
U S A	3280.18	3255.00	15.21
Others (165 Countries)	13874.697	8206.138884	38.34151766
Grand Total	25993.30	21402.75	100.00

COUNTRY	2024-25		
	Quantity(Tonne)	Value (Rupees Crore)	Share in Total import (Value)
BRAZIL	490.38	637.25	2.53
CHINA P RP	2960.22	1623.87	6.44
DENMARK	474.78	1530.12	6.07
FRANCE	885.49	882.42	3.50
GERMANY	2742.80	2066.42	8.19
INDONESIA	274.85	1190.74	4.72
ITALY	2083.35	534.15	2.12

SWITZERLAND	5354.88	3232.75	12.82
U S A	2937.09	3351.79	13.29
Others (165 Countries)	11165.616	10175.04472	40.33788144
Grand Total	29369.45	25224.54	100.00

PANKHUDI – INTEGRATED DIGITAL PORTAL

1166. SHRIMATI SMITA UDAY WAGH:

SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI BHOJRAJ NAG:

SHRI PRATAP CHANDRA SARANGI:

SHRI VISHWESHWAR HEGDE KAGERI:

SHRI VIJAY BAGHEL:

SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

SHRI NALIN SOREN:

SHRI LAVU SRIKRISHNA DEVARAYALU:

SHRI ANANTA NAYAK:

SHRI SUDHEER GUPTA:

SHRI P. V. MIDHUN REDDY:

SHRI TEJASVI SURYA:

SHRI MITESH PATEL (BAKABHAI):

SHRI NABA CHARAN MAJHI:

DR. HEMANT VISHNU SAVARA:

SHRI SATISH KUMAR GAUTAM:

SHRI DAMODAR AGRAWAL:

SHRI JUGAL KISHORE:

DR. SANJAY JAISWAL:

SHRI SUKANTA KUMAR PANIGRAHI:

SHRI HASMUKHBHAI SOMABHAI PATEL:

SHRIMATI SANJNA JATAV:

SHRI YADUVEER WADIYAR:

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

- (a) the details of the objectives, scope/key functional features of the PANKHUDI window digital platform launched to support women and child development initiatives;
- (b) the details of stakeholders registered on the PANKHUDI portal, including individuals, NRIs, NGOs, CSR contributors, corporate entities and Government agencies indicating thematic areas in which proposals have been received including the projects supported under each category and the participation data, if any, State/district-wise;
- (c) the details of the budgetary allocations, contributions mobilised/funds utilised through the PANKHUDI platform since its inception;
- (d) the details of the monitoring/accountability mechanisms put in place to ensure transparency, coordination/outcome-based utilisation of funds, equitable regional distribution of resources and evaluation/real time tracking of programs, projects and outcomes;
- (e) the details of the steps being taken to encourage wider participation by States/UTs, private sector/civil society to maximise the portal's impact on service delivery outcomes;
- (f) the manner in which it facilitates CSR and partnership-based interventions in the field of women and child development, State/district-wise; and

(g) the number of proposals received on the said portal regarding CSR, State/district-wise?

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

(a) to (g): The recently-launched PANKHUDI portal is a single-window digital platform of the Ministry of Women and Child Development (MWCD) designed to enable structured and transparent participation of individuals, NGOs, Corporates and NRIs in women and child development initiatives. The portal provides end-to-end digital workflows for registration, proposal submission and tracking of contributions (only non-cash contributions). The grassroots institutions functioning under various State and UT governments dealing with the three missions of the Ministry can indicate their requirements.

PANKHUDI supports priority thematic areas such as nutrition, health, Early Childhood Care and Education (ECCE), child protection and women's empowerment, and aligns contributions with flagship schemes including Mission Saksham Anganwadi & Poshan 2.0, Mission Vatsalya and Mission Shakti, promoting convergence among government bodies and partner organisations.

As on 03.02.2026, 38 contributors have registered on the portal.

The Ministry has undertaken capacity-building and outreach activities, including training and handholding sessions for State and District functionaries, virtual meetings with senior State government officials and introduction of a

module on Pankhudi in all major courses conducted by Savitri Bai Phule
National Institute of Women and Child Development (SPNIWCD).

आयुष निवेश सारथी

1167. डॉ. राजेश मिश्रा:

- श्री अमर शरदराव काले:
- श्री लुम्बाराम चौधरी:
- श्री दिलीप शङ्कीया:
- श्री दुलू महतो:
- श्री बिद्युत बरन महतो:
- श्री पी. पी. चौधरी:
- डॉ. के. सुधाकर:
- श्री कोटा श्रीनिवास पूजारी:
- श्रीमती कमलेश जांगड़े:
- श्री अनूप प्रधान वाल्मीकि:
- श्री प्रभुभाई नागरभाई वसावा:
- श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:
- श्री रमेश अवस्थी:
- श्री प्रदीप कुमार सिंह:
- श्री शंकर लालवानी:
- श्री बजरंग मनोहर सोनवणे:
- श्रीमती डी. के. अरुणा:
- श्री जनार्दन मिश्रा:
- श्री अनूप संजय धोत्रे:
- श्री अशोक कुमार रावत:
- श्री बलभद्र माझी:
- श्री राजकुमार चाहर:
- श्रीमती स्मिता उदय वाघ:
- श्री सुकान्त कुमार पाणिग्रही:

श्री खगेन मुर्मू:

श्री बिभु प्रसाद तराई:

श्री यदुवीर वाडियार:

श्रीमती अपराजिता सारंगी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) आयुष निवेश सारथी जैसे प्लेटफार्मों के माध्यम से सुगम बनाए गए निवेशों के परिणाम क्या हैं;
- (ख) परिचालन परियोजनाओं, सूक्ष्म, लघु एवं मध्यम उद्यमों की भागीदारी और रोजगार सृजन संबंधी ब्यौरा क्या है;
- (ग) प्रत्यक्ष विदेशी निवेश (एफडीआई) और अनुसंधान एवं विकास (आरएंडडी) सहयोग में योगदान देने वाले प्रमुख देश कौन से हैं;
- (घ) क्या आयुष निवेश सारथी प्लेटफार्म के शुरु होने के बाद आयुष औषधियों और उत्पादों के निर्यात में वृद्धि हुई है;
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और आयुष निवेश सारथी प्लेटफार्म के शुरु होने के बाद आयुष औषधियों और उत्पादों का आयात करने वाले प्रमुख देशों का ब्यौरा क्या है; और
- (च) क्या देश के विभिन्न जिलों में योग विज्ञान केंद्र स्थापित करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क): आयुष मंत्रालय ने दिनांक 29 मई 2025 को आयुष निवेश सारथी पोर्टल का शुभारंभ किया है, जिसका उद्देश्य पारंपरिक चिकित्सा पद्धतियों को देश के एक मजबूत आर्थिक क्षेत्र के रूप में बढ़ावा देना है। इस पोर्टल ने आयुष क्षेत्र में अवसरों को बढ़ावा देने के लिए एक व्यापक निवेश

सुविधा मंच के रूप में कार्य किया है। यह पोर्टल औषधीय पौधों, डेरिवेटिव और अर्क के व्यापार से संबंधित जानकारी के लिए एक वैश्विक केंद्र के रूप में कार्य करता है और आयुष उत्पादों के बढ़ते निर्यात बाजार में मदद देता है तथा अनुसंधान एवं विकास के साथ-साथ उद्योग और शिक्षाविदों के बीच सहयोग को प्रोत्साहित करता है।

आयुष निवेश सारथी पोर्टल के माध्यम से, आयुष मंत्रालय ने मौजूदा नीतिगत तंत्रों और प्रोत्साहन ढांचों को समेकित किया है, निवेश के लिए तैयार परियोजनाओं को प्रदर्शित किया है और एक एकीकृत संपर्क तंत्र के तहत वास्तविक समय में निवेशकों को एक साथ जुड़ने की सुविधा प्रदान की है।

(ख): आयुष निवेश सारथी पोर्टल, मुख्य रूप से एक निवेश सुविधा और सूचना के प्रचार-प्रसार का मंच है, हालांकि यह पोर्टल सीधे परिचालन परियोजनाओं का कार्यान्वयन या निगरानी नहीं करता है, फिर भी यह निवेश के अवसरों, प्रासंगिक नीतियों, योजनाओं और आयुष सांख्यिकी को प्रदर्शित करते हुए सूक्ष्म, लघु एवं मध्यम उद्यमों (एमएसएमई) सहित विभिन्न हितधारकों को जानकारी देता है और उनका मार्गदर्शन प्रदान करता है।

(ग): आयुष क्षेत्र में स्वचालित-मार्ग से 100% तक प्रत्यक्ष विदेशी निवेश (एफडीआई) की अनुमति है, जिससे वैश्विक निवेश को बढ़ावा मिलता है। आयुष मंत्रालय ने पारंपरिक चिकित्सा के क्षेत्र में सहयोग के लिए 27 अलग-अलग देशों के साथ समझौता ज्ञापनों पर हस्ताक्षर किए हैं, सहयोगात्मक अनुसंधान/शैक्षणिक सहयोग करने के लिए विदेशी संस्थानों के साथ 54 संस्थान-स्तर के समझौता ज्ञापनों पर हस्ताक्षर किए हैं। ब्यौरे क्रमशः संलग्न **विवरण-I** और **II** में दिए गए हैं।

(घ) और (ङ): आयुष निवेश सारथी पोर्टल, निवेश सुविधा देने और व्यापार बढ़ाने के एक मंच के रूप में कार्य करता है। हालांकि पोर्टल स्वयं व्यक्तिगत लेनदेन के निर्यात आंकड़ों पर न तो सीधे नज़र रखता है और नहीं उसमें मदद देता है, फिर भी इसके शुभारंभ से वैश्विक बाजारों में आयुष क्षेत्र की उपस्थिति को मजबूती मिली है और देश-वार बाजार आसूचना, मानकों और प्रोत्साहन योजनाओं के प्रचार-प्रसार से निर्यातकों को मदद मिली है। वाणिज्य एवं उद्योग मंत्रालय के

वाणिज्यिक आसूचना एवं सांख्यिकी महानिदेशालय (डीजीसीआईएंडएस) के पास उपलब्ध आंकड़ों के अनुसार, आयुष दवाओं और उत्पादों के प्रमुख आयातक देशों में संयुक्त राज्य अमेरिका, यूरोपीय संघ के देश, संयुक्त अरब अमीरात, फ्रांस, रूस, ब्रिटेन और दक्षिण-पूर्व एशियाई देश शामिल हैं।

(च): योग विज्ञान केंद्र स्थापित करने का अभी तक कोई प्रस्ताव नहीं है।

विवरण-I

आयुष में सहयोग के लिए बाह्य देशों के साथ हस्ताक्षरित समझौता ज्ञापनों/समझौतों की सूची

क्र.सं.	समझौता ज्ञापन का शीर्षक	देश
1.	आयुर्वेद और अन्य पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर भारत सरकार और अंगोला गणराज्य के बीच समझौता ज्ञापन।	अंगोला
2.	पारंपरिक चिकित्सा पद्धति और होम्योपैथी के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और पीपुल्स रिपब्लिक ऑफ बांग्लादेश की सरकार के मध्य समझौता ज्ञापन	बांग्लादेश
3.	पारंपरिक चिकित्सा पद्धति और होम्योपैथी के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और बोलिविया के बहुराष्ट्रीय राज्य की सरकार के मध्य समझौता ज्ञापन	बोलिविया
4.	भारत गणराज्य की सरकार के आयुष मंत्रालय और ब्राजील संघीय गणराज्य के स्वास्थ्य मंत्रालय के मध्य पारंपरिक चिकित्सा पद्धतियों और होम्योपैथी के क्षेत्र में सहयोग पर समझौता ज्ञापन	ब्राजील
5.	पारंपरिक चिकित्सा में सहयोग के संबंध में भारत गणराज्य के आयुष मंत्रालय और पीपुल्स रिपब्लिक ऑफ चाइना की पारंपरिक चीनी चिकित्सा के राष्ट्रीय प्रशासन के मध्य समझौता ज्ञापन	चीन
6.	भारत गणराज्य के आयुर्वेद, योग और प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी मंत्रालय और कोलंबिया गणराज्य के स्वास्थ्य और सामाजिक संरक्षण मंत्रालय के मध्य भारत की पारंपरिक चिकित्सा पद्धतियों पर सहयोग के संबंध में समझौता ज्ञापन	कोलंबिया
7.	पारंपरिक चिकित्सा पद्धति और होम्योपैथी के क्षेत्र में सहयोग पर आयुष मंत्रालय और क्यूबा गणराज्य के सार्वजनिक स्वास्थ्य मंत्रालय के मध्य समझौता ज्ञापन	क्यूबा
8.	भारत गणराज्य की सरकार और इक्वेटोरियल गिनी गणराज्य की सरकार	इक्वेटोरियल

	के मध्य पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर समझौता ज्ञापन	गिनी
9.	पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और गाम्बिया गणराज्य की सरकार के मध्य समझौता ज्ञापन	गाम्बिया
10.	वैकल्पिक चिकित्सा के क्षेत्र में सहयोग के संबंध में भारत गणराज्य के आयुष मंत्रालय और जर्मनी संघीय गणराज्य के संघीय स्वास्थ्य मंत्रालय के मध्य संयुक्त आशय घोषणा	जर्मनी
11.	भारत गणराज्य के स्वास्थ्य एवं परिवार कल्याण मंत्रालय और हंगरी के मानव संसाधन मंत्रालय के मध्य पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर समझौता ज्ञापन	हंगरी
12.	पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और इस्लामी गणराज्य की ईरान सरकार के मध्य समझौता ज्ञापन	ईरान
13.	स्वास्थ्य सेवा और कल्याण के क्षेत्र में आयुष मंत्रालय, भारत गणराज्य और जापान की कनागावा प्रीफेक्चरल सरकार के मध्य समझौता ज्ञापन	जापान
14.	आयुर्वेद और चिकित्सा की अन्य पारंपरिक पद्धतियों के क्षेत्र में सहयोग पर भारत सरकार के आयुष मंत्रालय और कजाकिस्तान गणराज्य के स्वास्थ्य मंत्रालय के बीच समझौता ज्ञापन	कजाकिस्तान
15.	पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और मलेशिया सरकार के मध्य समझौता ज्ञापन	मलेशिया
16.	पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और मॉरीशस सरकार के मध्य समझौता ज्ञापन	मॉरीशस
17.	पारंपरिक चिकित्सा पद्धतियों और होम्योपैथी के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और मंगोलिया सरकार के मध्य समझौता ज्ञापन	मंगोलिया
18.	आयुष मंत्रालय, भारत और पारंपरिक चिकित्सा विभाग, स्वास्थ्य और खेल मंत्रालय, म्यांमार के मध्य पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर समझौता ज्ञापन	म्यांमार
19.	पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और नेपाल सरकार के मध्य समझौता ज्ञापन	नेपाल
20.	भारत गणराज्य की सरकार और गिनी गणराज्य की सरकार के मध्य पारंपरिक चिकित्सा पद्धतियों और होम्योपैथी के क्षेत्र में सहयोग पर	गिनी गणराज्य
21.	पारंपरिक चिकित्सा पद्धति के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और सेंट वीसेंट और ग्रेनेडाइंस सरकार के मध्य समझौता ज्ञापन	सेंट वीसेंट और ग्रेनेडाइंस

22.	पारंपरिक चिकित्सा पद्धतियों और होम्योपैथी के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और साओ टोम और प्रिंसिपे सरकार के मध्य समझौता ज्ञापन	साओ टोम और प्रिंसिपे
23.	पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर भारत गणराज्य की सरकार और सूरीनाम गणराज्य की सरकार के मध्य समझौता ज्ञापन	सूरीनाम
24.	पारंपरिक चिकित्सा पद्धति और भारतीय आयुर्वेद के क्षेत्र में सहयोग पर भारत सरकार और तंजानिया संयुक्त गणराज्य की सरकार के बीच समझौता ज्ञापन	तंजानिया
25.	भारत गणराज्य की सरकार और त्रिनिदाद और टोबैगो गणराज्य की सरकार के मध्य पारंपरिक चिकित्सा पद्धतियों के क्षेत्र में सहयोग पर समझौता ज्ञापन	त्रिनिदाद और टोबैगो
26.	योग और पारंपरिक चिकित्सा पद्धतियों में सहयोग पर भारत गणराज्य की सरकार और तुर्कमेनिस्तान सरकार के मध्य समझौता ज्ञापन	तुर्कमेनिस्तान
27.	जिम्बाब्वे गणराज्य (स्वास्थ्य और बाल कल्याण मंत्री द्वारा प्रतिनिधित्व) और भारत गणराज्य (आयुष मंत्री द्वारा प्रतिनिधित्व) के मध्य पारंपरिक चिकित्सा पद्धतियों और होम्योपैथी के क्षेत्र में सहयोग पर समझौता ज्ञापन	जिम्बाब्वे

विवरण-II

संस्थान-दर-संस्थान स्तर पर समझौता ज्ञापनों का ब्यौरा

क्र.सं.	समझौता ज्ञापन का ब्यौरा	देश
1.	होम्योपैथी चिकित्सा में अनुसंधान और शिक्षा के क्षेत्र में सहयोग पर केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच) और यूनिवर्सिटी ऑफ मैमोनाइड्स, ब्यूनस आयर्स, अर्जेन्टीना के बीच हस्ताक्षरित समझौता ज्ञापन	अर्जेन्टीना
2.	राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी) और फंडेसियन डी सालुद आयुर्वेद प्रेमा, अर्जेन्टीना के बीच समझौता ज्ञापन	अर्जेन्टीना
3.	होम्योपैथी में अनुसंधान के क्षेत्र में सहयोग पर केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच) और नेशनल इंस्टीट्यूट ऑफ इंटीग्रेटिव मेडिसिन (एनआईआईएम), ऑस्ट्रेलिया के बीच हस्ताक्षरित समझौता ज्ञापन	ऑस्ट्रेलिया
4.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और वेस्टर सिडनी विश्वविद्यालय (डब्ल्यूएसयू), ऑस्ट्रेलिया के बीच समझौता ज्ञापन	ऑस्ट्रेलिया
5.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और मेडिकल यूनिवर्सिटी ऑफ ग्राज़, ग्राज़, ऑस्ट्रिया के बीच आयुर्वेद के क्षेत्र में सहयोग पर हस्ताक्षरित समझौता ज्ञापन	ऑस्ट्रेलिया

6.	केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम) और हमदर्द विश्वविद्यालय बांग्लादेश के मध्य समझौता ज्ञापन	बांग्लादेश
7.	होम्योपैथी में अनुसंधान और शिक्षा के क्षेत्र में सहयोग पर रियो डी जनेरो संघीय विश्वविद्यालय (एफयूआरजे), ब्राजील और केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच) के मध्य समझौता	ब्राजील
8.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और फ्यूचर विजन इंस्टीट्यूट, ब्राजील और साओ पाउलो विश्वविद्यालय, ब्राजील के मध्य समझौता ज्ञापन	ब्राजील
9.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), रियो डी जनेरो संघीय विश्वविद्यालय (यूएफआरजे) और ब्राजील के एकीकृत स्वास्थ्य अकादमिक संघ (सीएबीएसआईएन), ब्राजील के मध्य समझौता ज्ञापन	ब्राजील
10.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और श्री वजेरा फाउंडेशन एवं संबद्ध संस्थानों के मध्य समझौता ज्ञापन	ब्राजील
11.	केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच) और कॉलेज ऑफ होम्योपैथ्स ऑफ ओंटारियो (सीएचओ), कनाडा के मध्य समझौता ज्ञापन	कनाडा
12.	सभी अनुसंधान परिषदों की ओर से केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद, आयुष मंत्रालय (आयुर्वेद, योग एवं प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी), भारत सरकार, नई दिल्ली स्थित ("सीसीआरएस") और एडमोंटन, अल्बर्टा, कनाडा स्थित इंटीग्रेटिव हेल्थ इंस्टीट्यूट की ओर से अल्बर्टा विश्वविद्यालय के राज्यपालों के मध्य समझौता ज्ञापन।	कनाडा
13.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और यूनिवर्सिटी हेल्थ नेटवर्क (यूएचएन), कनाडा के मध्य समझौता ज्ञापन	कनाडा
14.	आयुर्वेद के क्षेत्र में अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और ला रियूनियन स्थित यूनिवर्सिटी जनरल हॉस्पिटल - चू डे ला रियूनियन के मध्य समझौता ज्ञापन	चू डे ला रियूनियन
15.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और क्वार्नर हेल्थ टूरिज्म क्लस्टर, क्रोएशिया के मध्य समझौता ज्ञापन	क्रोएशिया
16.	आयुर्वेद में अकादमिक सहयोग की स्थापना हेतु अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और यूनिवर्सिटी ऑफ मेडिकल साइंसेस ऑफ हवाना (यूसीएमएच), हवाना क्यूबा के मध्य समझौता ज्ञापन	क्यूबा
17.	आयुर्वेद और योग में अकादमिक सहयोग की स्थापना हेतु दिनांक 17.07.2024 को राष्ट्रीय आयुर्वेद संस्थान (एनआईए), जयपुर और मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई), नई दिल्ली के	चेक गणराज्य

	साथ चार्ल्स यूनिवर्सिटी चेक गणराज्य और स्लोवेनिया विश्वविद्यालय के बीच एक त्रिपक्षीय समझौता ज्ञापन पर हस्ताक्षर किए गए	
18.	मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई) आयुष मंत्रालय, भारत सरकार नई दिल्ली और डिवाइन वैल्यूज स्कूल, इक्वाडोर (डीवीएसई) के मध्य समझौता ज्ञापन	इक्वाडोर
19.	होम्योपैथी वैज्ञानिक सोसायटी (विसहोम), जर्मनी और केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच) के मध्य समझौता ज्ञापन	जर्मनी
20.	आयुर्वेद के क्षेत्र में सहयोग और सहभागिता पर अखिल भारतीय आयुर्वेद संस्थान, (एआईआईए), आयुष मंत्रालय और यूरोपीय आयुर्वेद अकादमी (बिरस्टीन), (आरईएए) जर्मनी के मध्य समझौता ज्ञापन	जर्मनी
21.	आयुर्वेद में अनुसंधान और शिक्षा के क्षेत्र में सहयोग के लिए आयुष मंत्रालय के केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) और न्यूरोलॉजी एवं पूरक चिकित्सा विभाग, लूथरन, हॉस्पिटल हैटिंगेन, जर्मनी के मध्य समझौता ज्ञापन	जर्मनी
22.	फ़िज़, फ्रैंकफर्ट, जर्मनी और अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) के मध्य समझौता ज्ञापन	जर्मनी
23.	केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस), आयुष मंत्रालय और सामाजिक चिकित्सा, महामारी विज्ञान और स्वास्थ्य अर्थशास्त्र संस्थान, चारिटे यूनिवर्सिटी मेडिकल सेंटर, बर्लिन जर्मनी के मध्य समझौता ज्ञापन	जर्मनी
24.	चिकित्सा इतिहास संस्थान, रॉबर्ट बॉश फाउंडेशन, स्टटगार्ट, जर्मनी द्वारा आयुष पद्धति पर संग्रहालय और होम्योपैथी पर अभिलेखागार के विकास के क्षेत्र में सहयोग पर समझौता ज्ञापन	जर्मनी
25.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), आयुष मंत्रालय, भारत गणराज्य सरकार और चारिटे यूनिवर्सिटेमेडिजिन, बर्लिन जर्मनी के मध्य आयुर्वेद में अकादमिक तथा अनुसंधान सहयोग पर समझौता ज्ञापन	जर्मनी
26.	आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए), आयुष मंत्रालय, भारत गणराज्य सरकार और पारंपरिक एवं वैकल्पिक चिकित्सा संस्थान, पीएमबी 31, हो, घाना के मध्य समझौता ज्ञापन	घाना
27.	यूरोपीय आयुर्वेदिक विज्ञान संस्थान (ईआईएएस), हंगरी की स्थापना के लिए केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस), आयुष मंत्रालय, भारत गणराज्य सरकार और डेब्रेसेन विश्वविद्यालय, हंगरी (यूडी) के मध्य समझौता ज्ञापन	हंगरी
28.	पारंपरिक चिकित्सा गुणवत्ता आश्वासन के क्षेत्र में सहयोग पर इंडोनेशिया	इंडोनेशिया

	गणराज्य के इंडोनेशियाई खाद्य औषधि प्राधिकरण और भारत गणराज्य के आयुष मंत्रालय के भारतीय चिकित्सा एवं होम्योपैथी फार्माकोपिया आयोग के मध्य समझौता ज्ञापन।	
29.	आयुर्वेदिक विज्ञान के क्षेत्र में अनुसंधान और विकास में सहयोग पर केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस) और तेल अवीव सोरास्की मेडिकल इंस्टीट्यूट (टीएसएमसी), इजराइल के चिकित्सा अनुसंधान अवसंरचना और स्वास्थ्य सेवा कोष के मध्य समझौता ज्ञापन पर हस्ताक्षर	इजराइल
30.	होम्योपैथिक चिकित्सा में अनुसंधान के क्षेत्र में सहयोग पर केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएस) और सेंटर फॉर इंटीग्रेटिव कॉम्प्लिमेंट्री मेडिसिन, शारे ज़ेडेक मेडिकल सेंटर , जेरुसलम, इजराइल के मध्य समझौता ज्ञापन पर हस्ताक्षर	इजराइल
31.	मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई) और सर्व योग इंटरनेशनल इटली के मध्य समझौता ज्ञापन	इटली
32.	शिमाने विश्वविद्यालय, जापान और अखिल भारतीय आयुर्वेद संस्थान के मध्य समझौता ज्ञापन	जापान
33.	जापान के साथ समझौता ज्ञापन	जापान
34.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और राष्ट्रीय उन्नत औद्योगिक विज्ञान एवं प्रौद्योगिकी संस्थान (एआईएसटी) के मध्य समझौता ज्ञापन	जापान
35.	भारत योग केंद्र (आईवाईसी), कोरिया	कोरिया
36.	मलेशिया में आयुर्वेद की शिक्षा, प्रशिक्षण, अनुसंधान, प्रकाशन और लोकप्रियकरण के क्षेत्र में राष्ट्रीय आयुर्वेद संस्थान और टुंकू अब्दुल रहमान, कुआला लम्पुर, मलेशिया आयुर्वेद विश्वविद्यालय के मध्य समझौता ज्ञापन	मलेशिया
37.	आयुर्वेद प्रशिक्षण एवं अनुसंधान संस्थान (आईटीआरएस) और पेरू गणराज्य के राष्ट्रीय स्वास्थ्य संस्थान के मध्य समझौता ज्ञापन	पेरू
38.	राष्ट्रीय आयुर्वेद संस्थान (एनआईए) जयपुर और फिलीपींस पारंपरिक एवं वैकल्पिक स्वास्थ्य सेवा संस्थान (पीआईटीएचएससी) फिलीपींस के मध्य समझौता ज्ञापन	फिलीपींस
39.	आयुर्वेद और सिद्ध के क्षेत्र में सहयोगी अनुसंधान हेतु सीसीआरएस, रोमानियाई सोसाइटी ऑफ मेडिसिन और सूरज आयुर्वेद क्लिनिक एवं अनुसंधान केंद्र, पुणे के मध्य समझौता।	रोमानिया
40.	मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई) आयुष मंत्रालय, भारत सरकार नई दिल्ली और लीडर्स डेवलपमेंट इंस्टीट्यूट (एलडीआई), अरब	सऊदी अरब

	खेल मंत्रालय सऊदी अरब के मध्य समझौता ज्ञापन	
41.	यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम) और दक्षिण अफ्रीका की संबद्ध स्वास्थ्य व्यवसाय परिषद (एएचपीसीएसए) के मध्य समझौता ज्ञापन	दक्षिण अफ्रीका
42.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), गोवा, आयुष मंत्रालय, भारत सरकार और यूनिवर्सिटी ऑफ फ्री स्टेट के बीच पारंपरिक चिकित्सा में एक अकादमिक सहयोग की स्थापना पर समझौता ज्ञापन	दक्षिण अफ्रीका
43.	यूनानी चिकित्सा के क्षेत्र में सहयोग पर केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम) और राज्य शैक्षिक प्रतिष्ठान "अबुअली इब्न सिनो नामक ताजिक राज्य चिकित्सा विश्वविद्यालय" के मध्य समझौता ज्ञापन पर हस्ताक्षर	तजाकिस्तान
44.	राष्ट्रीय आयुर्वेद संस्थान (एनआईए) और थाई पारंपरिक एवं वैकल्पिक चिकित्सा विभाग के मध्य समझौता ज्ञापन	थाईलैंड
45.	केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच) और रॉयल लंदन हॉस्पिटल फॉर इंटीग्रेटेड मेडिसिन, यूके के मध्य समझौता ज्ञापन	यूनाइटेड किंगडम
46.	आयुर्वेद में अकादमिक सहयोग की स्थापना पर भारत के माननीय प्रधानमंत्री की यूके यात्रा के दौरान अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) और कॉलेज ऑफ मेडिसिन (यूके) के मध्य समझौता ज्ञापन पर हस्ताक्षर	यूनाइटेड किंगडम
47.	यूके में कोविड-19 से रिकवरी को बढ़ावा देने के लिए अश्वगंधा पर अनुसंधान हेतु अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), आयुष मंत्रालय और लंदन स्कूल ऑफ हाइजीन एंड ट्रॉपिकल मेडिसिन (एलएसएचटीएम), यूके के मध्य एक समझौते पर हस्ताक्षर	यूनाइटेड किंगडम
48.	पारंपरिक चिकित्सा के क्षेत्र में सहयोग के लिए आयुष मंत्रालय के केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) (सभी अनुसंधान परिषदों- सीसीआरएएस, सीसीआरयूएम, सीसीआरएस, सीसीआरएच, सीसीआरवाईएन की ओर से) और राष्ट्रीय प्राकृतिक उत्पाद अनुसंधान केंद्र (एनसीएनपीआर) की ओर से मिसिसिपी विश्वविद्यालय, अमेरिका के मध्य समझौता ज्ञापन	संयुक्त राज्य अमेरिका
49.	संयुक्त राज्य अमेरिका फार्माकोपिया कन्वेंशन और भारतीय चिकित्सा फार्माकोपिया आयोग	संयुक्त राज्य अमेरिका
50.	भारतीय चिकित्सा एवं होम्योपैथी फार्माकोपिया आयोग (पीसीआईएमएंडएच) और केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच) तथा संयुक्त राज्य अमेरिका के होम्योपैथिक फार्माकोपिया	संयुक्त राज्य अमेरिका

	कन्वेंशन (एचपीसीयूएस) के मध्य समझौता ज्ञापन	
51.	आयुर्वेद में अकादमिक सहयोग की स्थापना पर अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), आयुष मंत्रालय और स्पॉल्लिंग रिहैबिलिटेशन हॉस्पिटल, अमेरिका के मध्य समझौता ज्ञापन पर हस्ताक्षर किए गए हैं।	संयुक्त राज्य अमेरिका
52.	केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस), आयुष मंत्रालय और ओसीसीएम, राष्ट्रीय कैंसर संस्थान, राष्ट्रीय स्वास्थ्य संस्थान, स्वास्थ्य और मानव सेवा विभाग, संयुक्त राज्य अमेरिका सरकार के मध्य समझौता ज्ञापन	संयुक्त राज्य अमेरिका
53.	शिक्षा, प्रशिक्षण, अनुसंधान, उपचार, प्रकाशन आदि के क्षेत्र में सहयोग के लिए राष्ट्रीय आयुर्वेद संस्थान (एनआईए) और वेस्ट इंडीज विश्वविद्यालय के मध्य समझौता ज्ञापन	वेस्ट इंडीज
54.	'कोविड-19 से निपटने के लिए सार्वजनिक स्वास्थ्य पद्धति में आयुष पद्धति के एकीकरण का आकलन' नामक आयुष-डब्ल्यूएचओ सहयोगी परियोजना के लिए केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) और पीएचएफआई के बीच समझौता ज्ञापन	डब्ल्यूएचओ

JAN AUSHADHI KENDRAS IN LADAKH

1168. SHRI MOHMAD HANEEFA:

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

- (a) the number of functional and closed Jan Aushadhi Kendras (JAKs) established under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), State/UT-wise particularly in UT of Ladakh;
- (b) whether it is a fact that the UT of Ladakh has the least number of JAKs in the country, if so, the details thereof along with the steps taken by the Government to establish more JAKs in Ladakh;

(c) whether it is a fact that many JAKs in the country have closed down due to low sales and loss of revenue, if so, the details thereof and the action taken by the Government thereon;

(d) the total number of empanelled suppliers; and

(e) whether any supplier has been banned due to quality issues, 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): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme, a total of 17,990 JAKs are open and functional across the country till 31.12.2025. Apart from these, 3,135 Jan Aushadhi Kendras (JAKs) have been closed across the country till 31.12.2025. The State-wise /Union Territory-wise number of JAKs opened and closed across the country including UT of Ladakh are given in the enclosed **Statement**.

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. JAKs are opened by inviting applications from individual entrepreneurs, non-governmental organisations, societies, trusts, firms, private companies, etc. Online applications have been invited from all districts of the country, including those in the UT of Ladakh, through the website www.janaushadhi.gov.in.

Further, a one-time special incentive of ₹2 lakh for setting up JAK is given for JAKs opened in the North-Eastern States, Himalayan areas, island territories and backward areas notified as Aspirational Districts by NITI Aayog,

and to those JAKs that are opened by entrepreneurs of certain eligible categories, including ex-servicemen, divyang jan and members of the Scheduled Castes and Scheduled Tribes.

(c): Government has adopted franchise like model for opening of JAK. Being the franchise model the availability at local level is determined by demand and supply. It is the decision of the entrepreneur to continue or not in case of lower sales and revenue. Some of the other reasons for closure are the death of the JAK owner, vacation of the rented premises required by its landlord and the allottee or the pharmacist pursuing other economic or employment opportunities. The State Level Marketing Officer of Pharmaceuticals and Medical Devices Bureau of India (PMBI), the implementing agency of the scheme, establishes contact with JAKs whose sales are low with a view to help revive sales. PMBI handholds JAKs and organises workshops, peer learning from successful JAK owners and meeting with doctors from the local area for JAKs performing less well.

(d) and (e): As on date, 200 pharmaceutical manufacturers are associated with PMBJP, for supplies of medicines, surgical equipment, nutraceuticals and ayurvedic products.

As per inputs provided by the Pharmaceuticals and Medical Devices Bureau of India, the implementing agency of Pradhan Mantri Bhartiya Janaushadhi Pariyojana, during the last two years, M/s ANG Life science India Limited and M/s Scientific Brain Nutraceutical Private Limited were blacklisted due to non-compliance with quality standards.

STATEMENT

**The State-wise /Union Territory-wise number of JAKs opened and closed
as on 31.12.2025**

S. No.	State / Union territory	Number of JAKs currently functional	Number of JAKs Closed
1	Andaman and Nicobar Islands	6	4
2	Andhra Pradesh	272	152
3	Arunachal Pradesh	35	3
4	Assam	176	55
5	Bihar	1058	98
6	Chandigarh	19	2
7	Chhattisgarh	345	116
8	Delhi	589	60
9	Goa	18	4
10	Gujarat	848	358
11	Haryana	474	151
12	Himachal Pradesh	74	41
13	Jammu and Kashmir	351	32
14	Jharkhand	166	28
15	Karnataka	1585	198
16	Kerala	1714	163
17	Ladakh	3	1
18	Lakshadweep	1	0
19	Madhya Pradesh	614	104
20	Maharashtra	713	240
21	Manipur	68	12
22	Meghalaya	25	3
23	Mizoram	16	16
24	Nagaland	22	2
25	Odisha	803	69
26	Puducherry	33	0
27	Punjab	532	79

S. No.	State / Union territory	Number of JAKs currently functional	Number of JAKs Closed
28	Rajasthan	632	115
29	Sikkim	15	2
30	Tamil Nadu	1515	259
31	Telangana	212	66
32	The Dadra and Nagar Haveli and Daman and Diu	40	10
33	Tripura	33	5
34	Uttar Pradesh	3805	555
35	Uttarakhand	319	76
36	West Bengal	859	56
	Total	17,990	3,135

ESTABLISHING BENCHES OF SUPREME COURT IN SOUTHERN STATES

1169. SHRI VE. VAITHILINGAM:

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

- (a) whether the Government has examined the feasibility of establishing permanent benches of the Supreme Court of India in southern States and Union Territories, including Tamil Nadu, Kerala, Karnataka, Andhra Pradesh and Puducherry, for improving access to justice and reducing hardships to litigants;
- (b) if so, the details of consultations held by the Government with the Supreme Court, High Courts concerned Bar Councils and advocates' associations on the above proposal; and

(c) the measures proposed to be taken by the Government for evaluating regional case-load, logistical requirements and legal steps for placing a reasoned proposal before the competent authorities?

**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): Article 130 of the Constitution of India provides that the Supreme Court shall sit in Delhi or in such other place or places as the Chief Justice of India may, with the approval of the President, from time to time, appoint.

The Eleventh Law Commission in its 125th Report titled “The Supreme Court – A Fresh Look”, submitted in 1988, reiterated the recommendations made by Tenth Law Commission in its 95th Report for splitting the Supreme Court into two namely (i) Constitutional Court at Delhi and (ii) Court of appeal or Federal Court sitting in North, South, East, West and Central India. The Eighteenth Law Commission in its 229th Report had also suggested that a Constitutional Bench be set up at Delhi and four Cassation Benches be set up in the Northern region at Delhi, Southern region at Chennai/Hyderabad, Eastern region at Kolkata and Western region at Mumbai.

The matter was referred to the Chief Justice of India, who has informed that after consideration of the matter, the Full Court in its meeting held on 18th February, 2010, found no justification for setting up of benches of the Supreme Court outside Delhi.

In Writ Petition WP(C) No. 36/2016 on establishment of National Court of Appeal, the Supreme Court vide its judgment dated 13.07.2016 deemed it proper to refer the aforementioned issue to Constitutional Bench for authoritative pronouncement. The matter is sub-judice in the Supreme Court.

IMPLEMENTATION OF POSH ACT IN GOVERNMENT DEPARTMENTS

1170. THIRU DR. S. JAGATHRAKSHAKAN:

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

- (a) whether, in light of the Supreme Court's directions issued in December 2024 mandating all Government Departments, Public Sector Undertakings (PSUs)/institutions to constitute Internal Complaints Committees (ICCs) and establish SheBox portals, protection under the POSH Act has been explicitly extended to interns, trainees, apprentices and outsourced personnel working under these entities;
- (b) if so, the details thereof;
- (c) whether all such Ministries/Departments/PSUs have ensured the inclusion of these categories of personnel within the jurisdiction of their ICCs across headquarters, regional offices, project sites and field units, if so, the details thereof; and
- (d) the details of the mechanism in place to verify compliance/track complaints specifically from interns, trainees and outsourced women workers along with action taken by the Government?

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

(a) to (d): The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (SH Act) aims to prevent sexual harassment at the workplace and ensure a safe, secure and inclusive environment for women across all sectors. It covers all women, regardless of age or employment status and extends to organized and unorganized sectors in both public and private workplaces and also includes domestic workers.

As per the Act, the Central Government is Appropriate Government in respect of the workplaces established, owned, controlled or wholly or substantially financed by funds provided directly or indirectly by the Central Government. Similarly, the State Government is the Appropriate Government in respect of the workplaces established, owned, controlled or wholly or substantially financed by funds provided directly or indirectly by them. Further, the State Government is the Appropriate Government for all other workplaces falling/ working within their jurisdiction (other than those which are under the domain of Central Government).

The following definitions enshrined in the SH Act, 2013 provides that the Act is unequivocally applicable to all women, irrespective of sector, employment status or nature of work.

Section 2(a) of the Act defines "aggrieved woman" as any woman, of any age, whether employed or not, who alleges she has been subjected to sexual harassment at the workplace. This broad definition ensures that any woman

present at a workplace regardless of her role is covered under the ambit of the Act.

Also, Section 2(f) defines term "employee" as persons employed on regular, temporary, ad hoc, or daily wage basis, either directly or through an agent, including volunteers or trainees. This includes contractual workers, apprentices, trainees, consultants and even unpaid interns. The definition ensures that economic dependency on the employer/ in-charge/ owner of a workplace is not a precondition for protection.

The Supreme Court in the matter of Aureliano Fernandes v/s State of Goa and Ors. (M.A Dy. No. 22553 of 2023 in Civil Appeal No. 2482 of 2014) has emphasized the importance of implementing the SH Act in letter and spirit and issued a series of directives in the matter for effective implementation of the Act. The Court directed constitution of Internal Committees in all workplaces with more than 10 employees and Local Committees at district level.

Supreme Court vide Order dated 03rd December, 2024, directed that the Chief Secretaries of each State shall direct the Deputy Commissioners, District Magistrates or Additional District Magistrates, Collector or Deputy Collector of each district to survey the number of organisations, both public sector as well as private, within the district, with respect to constitution of IC. The District Officers were directed to upload the requisite details for the effective implementation of Sections 4 and 6 of the Act in the matter of constitution of the Internal Complaints Committee in a work place by every employer as well as

the Local Committee which has been constituted and upload the details to the She-Box which has been instituted by the Union of India.

Hon'ble Supreme Court vide subsequent orders dated 12th August, 2025 and 06th January, 2026, further directed the District Officers to conduct the survey with the assistance of the Labour Commissioners in the District and the Chief Labour Commissioner of the State and the States to ensure that the data that has already been collected is on-boarded on the SHe-Box portal, created by the Ministry of WCD.

With a view to securing robust and transparent implementation of the SH Act, 2013, the Ministry of Women and Child Development (MWCD) launched the Sexual Harassment electronic Box (SHe-Box) Portal (<https://shebox.wcd.gov.in/>) on 29th August 2024 as a transformative digital governance initiative. To ensure compliance across all sectors including all Government Departments, Public Sector Undertakings (PSUs)/institutions, Ministry WCD has issued letters and advisories to all Central Ministries/ Departments and States/ UTs in this regard to ensure onboarding and updation of IC details on portal.

So far, over 91250 Government Departments/ offices at Central, State, district and sub-district level have onboarded the portal and out of which, 36775 have updated their IC details. To expedite the updation, the Ministry follows up with all stakeholders at Central, State and district level.

The Ministry has also taken systematic measures to expedite the updation of necessary details on Portal, including -

(a) Automated Notifications: Regular reminder messages, SMS alerts, and emails are sent to designated Nodal Officers to accelerate the updation process;

(b) Freeze Messages: Escalation notifications are issued on Dashboards of Nodal Officers to ensure priority attention to pending tasks;

(c) Technical Assistance: Dedicated technical support teams are stationed to address technical challenges faced by various Central Ministries, Departments and Private entities during the onboarding process.

मेडिकल कॉलेजों में एमबीबीएस पाठ्यक्रम की शुल्क संरचना

1172. श्री दर्शन सिंह चौधरी:

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

(क) देश में सरकारी और निजी मेडिकल कॉलेजों में एमबीबीएस पाठ्यक्रम के लिए वर्तमान औसत शुल्क संरचना का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा क्या है और सरकार द्वारा इसे तर्कसंगत और वहनीय बनाने के लिए क्या कदम उठाए जा रहे हैं;

(ख) क्या सरकार ने निजी मेडिकल कॉलेजों में अत्यधिक शुल्क, कैपीटेशन शुल्क और अनियमितताओं की जांच के लिए कोई राष्ट्रीय स्तर का विनियामक तंत्र लागू किया है;

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

(घ) देश में प्रत्येक शैक्षणिक सत्र के दौरान खाली रहने वाली स्वीकृत एमबीबीएस सीटों की वर्ष-वार संख्या क्या है और ऐसी खाली सीटों के समय पर और पारदर्शी उपयोग को सुनिश्चित करने के लिए सरकार द्वारा क्या उपाय किए गए हैं?

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

(क) से (ग): सरकारी और निजी मेडिकल कॉलेजों में एमबीबीएस पाठ्यक्रमों के लिए शुल्क संरचना

राज्यों के अनुसार भिन्न-भिन्न है और संबंधित राज्य शुल्क नियामक प्राधिकरणों द्वारा जारी दिशानिर्देशों के अनुसार निर्धारित की जाती है। छात्रों की पहुंच बढ़ाने के लिए सरकारी मेडिकल कॉलेजों में शुल्क संरचना में सब्सिडी दी जाती है। साथ ही, निजी चिकित्सा संस्थानों और मानित विश्वविद्यालयों में 50% सीटों के लिए शुल्क और अन्य प्रभारों के निर्धारण हेतु दिशानिर्देश राष्ट्रीय चिकित्सा आयोग अधिनियम, 2019 की धारा 10 की उपधारा (1) के खंड (i) के अंतर्गत तैयार किए गए थे और राष्ट्रीय चिकित्सा आयोग द्वारा 03.02.2022 को जारी किए गए थे। हालांकि, इन दिशानिर्देशों को विभिन्न न्यायालयों में चुनौती दी गई है और वर्तमान में मामला विचाराधीन है।

इसके अलावा, संविधान (103वां संशोधन) अधिनियम, 2019 के प्रावधानों के अनुसार, स्नातक और स्नातकोत्तर चिकित्सा सीटों में समाज के आर्थिक रूप से कमजोर वर्गों (ईडब्ल्यूएस) के लिए 10% आरक्षण प्रदान किया गया है।

चिकित्सा शिक्षा को अधिक किफायती और सुलभ बनाने के उद्देश्य से, सरकार ने पिछले एक दशक में विभिन्न केंद्र प्रायोजित योजनाओं (सीएसएस) के माध्यम से चिकित्सा शिक्षा अवसंरचना के विस्तार के लिए निरंतर प्रयास किए हैं। इस संबंध में, स्वास्थ्य और परिवार कल्याण मंत्रालय मौजूदा जिला एवं रेफरल अस्पतालों से सहबद्ध नए मेडिकल कॉलेजों की स्थापना के लिए एक सीएसएस लागू कर रहा है, जिसमें अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जा रही है जहां कोई सरकारी या निजी मेडिकल कॉलेज उपलब्ध नहीं है। इस योजना के तहत, देश भर में कुल 157 मेडिकल कॉलेजों को मंजूरी दी गई है।

इसके अतिरिक्त, राज्य सरकार और केंद्र सरकार के मौजूदा मेडिकल कॉलेजों को सुदृढ़ और उन्नत बनाने के लिए एक अन्य सीएसएस योजना के तहत वित्तीय सहायता प्रदान की जाती है, ताकि स्नातक (एमबीबीएस) और स्नातकोत्तर (पीजी) सीटों की संख्या बढ़ाई जा सके। इस योजना के तहत, देशभर के मेडिकल कॉलेजों में 4,977 अतिरिक्त एमबीबीएस सीटें और 8,058 पीजी सीटें स्वीकृत की गई हैं।

(घ): पिछले चार शैक्षणिक सत्रों के दौरान देशभर में रिक्त रह गईं स्वीकृत एमबीबीएस सीटों का

ब्यौरा संलग्न विवरण में दिया गया है।

विवरण

देश भर में पिछले चार शैक्षणिक सत्रों के दौरान रिक्त रह गई स्वीकृत एमबीबीएस सीटों का ब्यौरा

शैक्षणिक वर्ष	स्वीकृत सीटों की कुल संख्या	दाखिल छात्रों की कुल संख्या	रिक्त सीटें
2021-2022	89821	89680	141
2022-2023	97219	95192	2027
2023-2024	106646	106156	490
2024-2025	115681	115301	380

नए समुद्री कानूनों का कार्यान्वयन

1173. श्री हंसमुखभाई सोमाभाई पटेल:

श्री मितेश पटेल (बकाभाई) :

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

- (क) नए अधिनियमों (बिल्स ऑफ लैंडिंग एक्ट, 2025, समुद्री माल ढुलाई अधिनियम, 2025, तटीय नौवहन अधिनियम, 2025, व्यापारिक पोत परिवहन अधिनियम, 2025 और भारतीय पत्तन अधिनियम, 2025) के समय पर और प्रभावी कार्यान्वयन को सुनिश्चित करने के लिए क्षमता निर्माण, विधि-निर्माण और संस्थागत तैयारी के लिए क्या कदम उठाए गए हैं;
- (ख) इन नए समुद्री कानूनों के राज्यों, बंदरगाह प्राधिकरणों और पोत हितधारकों द्वारा समान रूप से अपनाया जाना सुनिश्चित करने के लिए जारी किए गए हितधारक परामर्श, आदर्श नियम या मानक संचालन प्रक्रियाओं (एसओपी) का ब्यौरा क्या है; और
- (ग) इन अधिनियमों के कार्यान्वयन की प्रगति और प्रारंभिक परिणामों का आकलन करने के लिए स्थापित निगरानी या समीक्षा तंत्र का ब्यौरा क्या है?

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

(क): नए अधिनियमित विधानों के प्रभावी कार्यान्वयन को सुनिश्चित करने के लिए, तटीय पोत परिवहन अधिनियम, 2025, वाणिज्यिक पोत परिवहन अधिनियम, 2025 और भारतीय पत्तन अधिनियम, 2025 के संबंध में नियम बनाने का कार्य शुरू कर दिया गया है। यह कार्य सभी संबंधित हितधारकों को शामिल करते हुए एक व्यापक विचार-विमर्श प्रक्रिया के माध्यम से किया गया है ताकि मसौदा तैयार करने के लिए चरण पर ही उनकी भागीदारी सुनिश्चित की जा सके।

नए विधानों का समय पर कार्यान्वयन सुनिश्चित करने के लिए क्षमता निर्माण, नियम बनाने और संस्थागत तैयारी के लिए निम्नलिखित उपाय किए गए हैं;

- (i) नौवहन महानिदेशालय (डीजीएस) से नोडल अधिकारियों और बनाए जाने वाले नियमों की विषय वस्तु से संबंधित ज्ञान और विशेषज्ञता रखने वाले हितधारकों से प्रतिनिधियों को शामिल करते हुए बारह (12) तकनीकी समितियों का गठन किया गया है और ये समितियां वाणिज्यिक पोत परिवहन अधिनियम, 2025 के अधीन मसौदा नियमों को अंतिम रूप देने पर कार्य कर रही हैं।
- (ii) तटीय पोत परिवहन अधिनियम, 2025 के अधीन मसौदा तैयार करने के लिए दो (02) तकनीकी समितियों का गठन किया गया है।
- (iii) इन नियमों का मसौदा तैयार करने में सहायता के लिए कानूनी सलाहकारों को नियुक्त किया गया है। ताकि नियम का ढांचा सरल कानूनी भाषा में तैयार हो।
- (iv) नए विधानों की कानूनी प्रक्रिया और कार्यान्वयन समय पर सुनिश्चित करने के लिए नौवहन महानिदेशालय में एक विधिक वर्टिकल का सृजन किया गया है।
- (v) भारतीय पत्तन अधिनियम, 2025 के संबंध में नियम-तैयार करने के लिए हितधारकों के साथ चार (04) परामर्श बैठकें आयोजित की गई थीं।

चूंकि, वहन-पत्र अधिनियम, 2025 और समुद्र द्वारा माल वहन अधिनियम, 2025 के तहत कोई नियम बनाया जाना अपेक्षित नहीं था, ये अधिनियम 10 सितंबर, 2025 से लागू हो गए हैं।

(ख) और (ग): वाणिज्यिक पोत परिवहन अधिनियम, 2025 और तटीय पोत परिवहन अधिनियम, 2025 के अधीन नियम बनाने के संबंध में व्यापक हितधारक परामर्श हेतु, उद्योग विशेषज्ञों और नौवहन महानिदेशालय के नोडल अधिकारियों को शामिल करते हुए चौदह (14) तकनीकी समितियों का गठन किया गया था। नौवहन महानिदेशालय द्वारा नियमों का मसौदा तैयार करते समय विभिन्न हितधारक समूहों से परामर्श किया गया। प्रमुख हितधारकों में पोत स्वामी, प्रचालक, नाविक संघ, प्रशिक्षण और शैक्षिक निकाय, वर्गीकरण सोसायटियां, पत्तन और राज्य समुद्री बोर्ड, पोत प्रबंधन और अपतटीय सेवाएँ, तटीय, अंतर्देशीय और नौकायन जलयान क्षेत्र संघ, कानूनी विशेषज्ञ और संबंधित सरकारी विभाग शामिल हैं।

वाणिज्यिक पोत परिवहन नियमों का मसौदा नौवहन महानिदेशालय की वेबसाइट पर 12.12.2025 और साथ ही मंत्रालय की वेबसाइट पर 24.12.2025, 26.12.2025 और जनता और हितधारकों की टिप्पणियों के लिए 22.01.2026 को अपलोड कर दिया गया था।

तटीय पोत परिवहन अधिनियम, 2025 की धारा 39(1) के अनुपालन में, मसौदा तटीय पोत परिवहन (विदेशी जलयानों को अनुज्ञप्ति) नियम, 2026 और मसौदा तटीय पोत परिवहन (रणनीति एवं राष्ट्रीय डाटाबेस) नियम, 2026 को सूचना और हितधारकों से टिप्पणियों/सुझावों के लिए 19.12.2025 को भारत के राजपत्र में प्रकाशित किया गया था। इन नियमों को जनता और हितधारकों से टिप्पणियों के लिए दिनांक 26.12.2025 को मंत्रालय की वेबसाइट पर भी उपलब्ध कराया गया था।

भारतीय पत्तन नियमों का मसौदा, जैसा कि भारतीय पत्तन अधिनियम, 2025 की धारा 76 और 78 के तहत अधिदेशित है, दिनांक 23.01.2026 को भारत के राजपत्र में प्रकाशित किया गया था। भारतीय पत्तन अधिनियम, 2025 के तहत नियम बनाने के कार्य के लिए मंत्रालय ने महापत्तन प्राधिकरण, राज्य समुद्री बोर्डों और उद्योग निकायों सहित सभी संबंधित हितधारकों को शामिल किया।

हितधारकों से प्राप्त इनपुट/सुझावों/शिकायतों के साथ-साथ इस क्षेत्र के शोधकर्ताओं, विश्लेषकों और विशेषज्ञों की सिफारिशों के आधार पर अधिनियमों/कानूनों/नियमों की समीक्षा एक सतत और निरंतर प्रक्रिया है।

CORRUPTION COMPLAINTS AGAINST HIGH COURT JUDGES

1174. SHRI MATHESWARAN V. S.:

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

- (a) whether the Government has received any corruption complaint against former Acting Chief Justice T. Raja of Madras High Court, if so, the details thereof;
- (b) the details of complaint, including the names of Judges against whom complaints were received by the Government against sitting High Court Judges from 2018 to date, and forwarded to the Supreme Court for appropriate action; and
- (c) the number of complaints or grievances received by the Government through various modes including CPGRAMS portal that are transferred to Supreme Court for appropriate action as per in-house procedure from 2014 till date?

**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 complaints received against Judges and Chief Justices of the High Courts are handled by the judiciary through an “in-house mechanism”.

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

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

पासपोर्ट सेवा डिजिटल इकोसिस्टम

1175. श्री दिलेश्वर कामैत:

श्री भोजराज नाग:

श्री मुकेशकुमार चंद्रकांत दलाल:

श्री योगेन्द्र चांदोलिया:

श्री दिनेशभाई मकवाणा:

श्री राहुल सिंह लोधी:

श्रीमती अनिता नागरसिंह चौहान:

श्री रमेश अवस्थी:

श्री प्रदीप कुमार सिंह:
श्री प्रवीण पटेल:
श्री पी. सी. मोहन:
श्री तेजस्वी सूर्या:
श्री जनार्दन मिश्रा:
श्री शंकर लालवानी:
श्री अनिल फिरोजिया:
श्रीमती कमलेश जांगड़े:
श्री यदुवीर वाडियार:
श्रीमती लवली आनंद:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) उन्नत पासपोर्ट सेवा कार्यक्रम (पीएसपी) 2.0 और वैश्विक पासपोर्ट सेवा कार्यक्रम (जीपीएसपी) 2.0 की प्रमुख विशेषताएं क्या हैं और विश्व स्तर तथा राज्य-वार, विशेषकर बेंगलुरु सहित कर्नाटक में इनके कार्यान्वयन की स्थिति क्या है;
- (ख) इन डिजिटल उन्नयनों से आवेदन प्रसंस्करण और शिकायत निवारण में किस प्रकार सुधार हुआ है;
- (ग) नए ई-पासपोर्ट में कौन-कौन सी सुरक्षा और आईसीएओ अनुपालन विशेषताएं शामिल की गई हैं;
- (घ) क्या सरकार का बढ़ती मांग को पूरा करने के लिए बेंगलुरु में मौजूदा पासपोर्ट सेवा केन्द्रों का उन्नयन करने अथवा अतिरिक्त केन्द्र स्थापित करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा और समय-सीमा क्या है;
- (ङ) नए पासपोर्ट सेवा केन्द्र खोलने के लिए जनसंख्या कवरेज और आवेदनों की संख्या सहित क्या मानदंड अपनाए गए हैं; और
- (च) उन्नत प्रणालियों में सुचारु राष्ट्रव्यापी और वैश्विक परिवर्तन सुनिश्चित करने के लिए क्या कदम उठाए गए हैं?

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

(क): उन्नत पासपोर्ट कार्यक्रम संस्करण 2.0 (पीएसपी वी2.0) को चरणबद्ध रूप से देश के सभी 37 क्षेत्रीय पासपोर्ट कार्यालयों (आरपीओ) और उनके पासपोर्ट सेवा केंद्रों (पीएसके) तथा डाकघर पासपोर्ट सेवा केंद्रों (पीओपीएसके) में आरंभ किया गया है, जिसमें बंगलुरु और कर्नाटक राज्य भी शामिल हैं और अखिल भारत स्तर पर इस कार्य को दिनांक 26 मई 2025 को पूरा किया गया था। इसके अलावा, ग्लोबल पासपोर्ट सेवा कार्यक्रम संस्करण 2.0 (जीपीएसपी वी2.0) को चरणबद्ध रूप में विदेशों में 203 मिशन/केन्द्रों में लागू किया गया है, और दिनांक 28 अक्टूबर 2025 को जीपीएसपी वी2.0 को पूरा किया गया था।

उन्नत पासपोर्ट सेवा कार्यक्रम (पीएसपी वी2.0) और ग्लोबल पासपोर्ट सेवा कार्यक्रम (जीपीएसपी वी2.0) भारत और विदेशों में आवेदकों के लिए सटीकता, पारदर्शिता और सुविधा में सुधार के लिए कई नवीन संवर्द्धन के साथ पूरी तरह से डिजिटल रूप से सक्षम पासपोर्ट पारिस्थितिकी तंत्र की शुरुआत करता है। इस प्लेटफॉर्म में पहचान सत्यापन को मजबूत करने और प्रसंस्करण को गति देने के लिए चेहरे की पहचान और बायोमेट्रिक मिलान शामिल है। चैटबॉट के माध्यम से सिटिजन सपोर्ट को बेहतर किया गया है जो सेवा संबंधी खोज और आवेदन संबंधी मार्गदर्शन प्रदान करता है। पीएसपी वी2.0 एसएमएस/ईमेल अलर्ट, डाटा विश्लेषण और रिपोर्ट तैयार करने के साथ-साथ उभरती प्रौद्योगिकियों का लाभ उठाता है। प्रक्रिया स्वचालन जालसाजी को रोकने, मानवीय त्रुटियों को कम करने और परिचालन लागत घटाने के लिए दस्तावेज सत्यापन में सहयोग करता है।

(ख): पीएसपी वी2.0 के तहत दिए गए नए डिजिटल उपकरणों ने प्रक्रिया को तेज, पारदर्शी और अधिक उपयोगकर्ता-अनुकूल बनाकर पासपोर्ट एप्लिकेशन और शिकायत-निपटान के अनुभव में काफी सुधार किया है। आवेदक चैटबॉट और नागरिक केंद्रित सेवा वितरण प्रणाली से लाभान्वित होते हैं जो उन्हें सही सेवा पृष्ठ पर ले जाने में उनका मार्गदर्शन करते हैं, आवश्यक दस्तावेजों,

अपॉइंटमेंट उपलब्धता और निकटतम पीएसके/पीओपीएसके के संबंध में जानकारी प्रदान करते हैं। स्वचालित बायोमेट्रिक मिलान सुरक्षा को मजबूत करता है और आवेदन प्रसंस्करण के दौरान निर्णय लेने में तेजी लाता है। रीयल-टाइम एसएमएस/ईमेल अलर्ट नागरिकों को उनके एप्लिकेशन चक्र के हर चरण में सूचित करते हैं। शिकायत निवारण के लिए, विलंब और देरी या विचलन की निगरानी, विदेश मंत्रालय के पीएसपी प्रभाग की परियोजना प्रबंधन इकाई (पीएमयू) द्वारा लगातार की जाती है। इसके अलावा, पीएसके में स्थापित फीडबैक कियोस्क आवेदकों से गुणात्मक और मात्रात्मक दोनों इनपुट कैप्चर करते हैं, जिनका विश्लेषण सेवा वितरण और नागरिक संतुष्टि में सुधार के लिए किया जाता है।

(ग): ई-पासपोर्ट एक हाइब्रिड पासपोर्ट है जो कागज और इलेक्ट्रॉनिक तत्वों दोनों को एकीकृत करता है, जिसमें एक रेडियो फ्रीक्वेंसी आइडेंटिफिकेशन (आरएफआईडी) चिप और इनले के रूप में एक एंटीना लगाया गया है। ई-पासपोर्ट के साथ पीएसपी वी2.0 और जीपीएसपी वी2.0 एक परिपक्व, उद्यम-ग्रेड सुरक्षा संरचना के साथ सक्षम हैं जो पूरे पारिस्थितिकी तंत्र में व्यापक सुरक्षा प्रदान करता है। पीएसपी एप्लिकेशन के सुरक्षा संबंधी उपकरण पहचान और सुरक्षा तक पहुंच, डाटा सुरक्षा और एप्लिकेशन संबंधी सुरक्षा सहित कई क्षेत्रों में व्यापक सुरक्षा प्रदान करते हैं। यह नागरिकों के व्यक्तिगत डाटा की उल्लंघनों और दुरुपयोग से सुरक्षा के लिए मजबूत भेद्यता प्रबंधन और सुरक्षा सूचना और घटना प्रबंधन (एसआईईएम) आधारित निगरानी को भी शामिल करता है।

पीएसपी सिस्टम आवेदक की तस्वीर आईसीएओ अनुरूप लेता है। आईसीएओ मानकों के अनुसार मानकीकृत चेहरे की छवि गुणवत्ता प्रकाश व्यवस्था, पृष्ठभूमि, मुद्रा और चेहरे की दृश्यता पर सख्त नियंत्रण के माध्यम से विश्वसनीय चेहरे की पहचान को सक्षम बनाती है, पहचान धोखाधड़ी और प्रतिरूपण को कम करते हुए परिवर्तित या भ्रामक छवियों के उपयोग को रोकती है।

(घ) और (ङ): नवीनीकरण/उन्नयन या, पासपोर्ट कार्यालयों (पीओ)/पासपोर्ट सेवा केंद्रों (पीएसके)/ डाकघर पासपोर्ट सेवा केंद्रों (पीओपीएसके) की स्थापना एक सतत गतिविधि है और यह वर्तमान पीएसके/पीओपीएसके की विस्तार क्षमता, मौजूदा पीओ/पीएसके/पीओपीएसके से दूरी, किसी

विशेष क्षेत्र से पासपोर्ट आवेदनों की बढ़ती मांग/मात्रा सहित विभिन्न कारकों पर निर्भर करता है। विदेश मंत्रालय ने डाक विभाग (डीओपी) के साथ मिलकर जनवरी 2017 में कर्नाटक सहित देश के प्रत्येक ऐसे लोकसभा निर्वाचन क्षेत्र (एलएससी) जहां कोई पीएसके या पीओपीएसके नहीं है में स्थित प्रधान डाकघरों (एचपीओ)/डाकघरों (पीओ) में सेवा केंद्र खोलने का निर्णय लिया था, जिसे में पोस्ट ऑफिस पासपोर्ट सेवा केंद्र (पीओपीएसके) कहा जाता है।

वर्तमान में, बेंगलुरु में 1 क्षेत्रीय पासपोर्ट कार्यालय (आरपीओ) है और कर्नाटक राज्य में 5 पीएसके और 23 पीओपीएसके संचालित हैं और कर्नाटक राज्य में प्रत्येक लोकसभा निर्वाचन क्षेत्र में एक पीएसके या एक पीओपीएसके स्थित है। वर्तमान में, विदेश मंत्रालय के विचाराधीन कोई भी प्रस्ताव नहीं है कि बेंगलुरु में एक नया पीएसके/पीओपीएसके खोला जाए।

(च): उन्नत प्रणाली में सुचारू राष्ट्रव्यापी और वैश्विक परिवर्तन सुनिश्चित करने के लिए, मिशनों/केन्द्रों, आरपीओ, पुलिस विभाग, अन्य सेवा प्रदाता (ओएसपी) सहित विभिन्न हितधारकों को व्यापक व्यावहारिक प्रशिक्षण प्रदान किया गया था। पीएसपी प्रभाग में एक समर्पित परियोजना निगरानी इकाई (पीएमयू) लगातार सिस्टम के प्रदर्शन और स्थिरता की निगरानी कर रही है, जबकि एक 24x7 हेल्पलाइन उपयोगकर्ताओं को चौबीसों घंटे सहायता प्रदान करती है और दोनों अनुप्रयोगों से संबंधित परिचालन मुद्दों को हल करती है, जिससे निर्बाध और कुशल सेवा वितरण सुनिश्चित होता है। पीएसपी वी2.0 और जीपीएसपी वी2.0 के भाग के रूप में नेटवर्क ऑपरेटिंग सेंटर (एनओसी) और सुरक्षा ऑपरेटिंग सेंटर (एसओसी) भी स्थापित किए गए हैं ताकि परियोजना के सुरक्षा पहलू पर 24 घंटे निगरानी रखी जा सके। पीएसपी वी2.0 और जीपीएसपी वी2.0 में, सर्विस रिक्वेस्ट मैनेजमेंट (एसआरएम) टूल भी तैनात किया गया है जहां एप्लिकेशन से संबंधित तकनीकी मुद्दों की वास्तविक समय में निगरानी और समाधान किया जा सकता है।

ASSISTANCE TO SHIPBUILDING, RESEARCH AND DEVELOPMENT SCHEME

1176. SHRI APPALANAIDU KALISSETTI:**SHRI TANGELLA UDAY SRINIVAS:**

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

- (a) the details of projects approved under the Assistance to Shipbuilding, Research and Development Scheme including funds allocated, released and utilised during the last five years, year-wise and State-wise;
- (b) the details of projects approved under the said Scheme in Andhra Pradesh and their present status, district-wise;
- (c) the details of proposals received from various State Governments, including Andhra Pradesh, that are pending with the Union Government, along with funds requested and reasons for pendency; and
- (d) the measures being taken to expedite appraisal, approval and implementation of pending proposals under the said Scheme?

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

(a) to (d): The Projects approved towards the grant of financial assistance under Shipbuilding Financial Assistance Policy (SBFAP) pertain specifically to the Shipbuilding contracts of various vessels built across shipyards in Goa, Gujarat, West Bengal, Kerala, Maharashtra, Karnataka & Andhra Pradesh. The details of SBFAP are given in the enclosed **Statement-I**. Further, the details of projects approved under the Research and Development (R&D) Scheme including funds allocated, released and utilised during the last five years, year-wise and State-wise are given in the enclosed **Statement-II** and **III**. At present,

no proposal of State Government is pending with Union Government. However, the receiving of applications and their approval under SBFAP and R&D Schemes is a continuous and ongoing process. Further, to expedite the process, continuous review meetings are undertaken at various levels.

STATEMENT-I

A. The year wise financial assistance disbursed under SBFAP is placed as follows:

Financial Year	Amount disbursed
FY 2020-2021	₹ 49,98,33,610.00
FY 2021-2022	₹ 64,62,52,605.00
FY 2022-2023	₹ 58,03,99,287.00
FY 2023-2024	₹ 89,93,42,483.00
FY 2024-2025	₹ 1,37,24,95,799.00
FY 2025-2026 (till 3 rd Qtr.)	₹ 1,23,13,33,159.00
Total Amount disbursed	₹ 5,22,96,56,943.00

B. The details of funds allocated, released and utilised during the last five years, year-wise and State-wise under SBFAP are as follows:-

(In rupees)

State / FY	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Goa	30,37,09,387	32,48,51,781	15,89,00,055	51,65,07,089	1,07,08,33,023	75,44,99,420
Gujarat	9,86,42,223	1,33,47,261	2,96,60,580	5,27,29,219	2,23,81,560	2,99,94,300
Kerala	—	30,80,53,563	37,52,13,616	10,49,81,250	4,04,02,977	3,42,21,498
West Bengal	9,74,82,000	—	1,66,25,036	15,60,63,785	2,79,32,503	3,84,24,995
Karnataka	—	—	—	6,90,61,140	20,03,81,140	32,12,76,054
Maharashtra	—	—	—	—	1,05,64,596	—

State / FY	2020–21	2021–22	2022–23	2023–24	2024–25	2025–26
Andhra Pradesh	—	—	—	—	—	5,29,16,892

C. The details of project approved under SBFAS in Andhra Pradesh are as follows

Application No.	Shipyard Name	Application Submitted Date	Hull No(s)	Present Status (till date)
Y015100352	San Maritime India Private Limited	14-01-2026	116	Vessel under construction
Y005400289	San Marine	10-02-2025	1016	Vessel under construction
Y005400231	San Marine	13-07-2024	1020	Vessel under construction
Y005400230	San Marine	27-07-2024	1017	Vessel under construction
Y005400200	San Marine	18-03-2024	111	Financial Assistance Disbursed
Y005400201	San Marine	18-03-2024	1015	Financial Assistance Disbursed
Y005400175	San Marine	02-08-2023	109	Financial Assistance Disbursed

STATEMENT-II
R&D (Shipping)

Sl.No.	Name of the Research Project	Funds allocated (In Lakhs)	Project Proponent (State)	Fund Released during the last five years (Amount in Rs. Lakh)	Utilised fund during the last five years (Amount in Rs.)	Status of the Project
1	Hydrogen Fuel Cell Vessel	1750	CSL, Kochi	2021-2022: 393.75 Lakh 2022-2023 : Nil 2023-2024 : 708.64 Lakh 2024-2025 : 210 Lakh	2021-2022 : Nil 2022-2023 : 240.98 Lakh 2023-2024 : 774.91 Lakh 2024-2025 : 96.50 Lakh	Completed
2	Green shipping: Drag reduction of underwater bodies by modifying the surface and flow conditions.	76.09624	IIT Delhi	FY 2023-24 : 210.10 Lakh FY 2024-25 : 126.53 Lakh FY 2025-26 : 38.56 Lakh	FY 2023-24 : 111.06 Lakh FY 2024-25 : 123.67 Lakh FY 2025-26 : 38.56 Lakh	Approved
3	Analysis of Fiber Reinforced/Sandwich Composite Ship Structural System.	81.02	IIT Delhi			
4	Development of a shallow-water towing simulation software for complex bathymetry and hull shapes.	69.81304	IIT Delhi			
5	Robust machine learning based optimization of	71.06	IIT Delhi			

	ship hull by IIT Delhi.					
6	Structural health monitoring of ship hulls using artificial intelligence for increased safety and condition-based decision-making.	76.472	IIT Delhi			
7	The design, Development construction and demonstration of fully indigenous autonomous surface vessel (ASV) pilot project.	4000	CSL, Kochi	FY 2024- 25 : 925.06 Lakh 2025-2026 : 164.52 Lakh* (Rs 164.52 Lakh Diverted by MoPSW to IMU & IIT Delhi from CSL fund)	FY 2024- 25 : 314.28 Lakh FY 2025- 26 : 446.26 Lakh	Approved
8	Synthesis, Characterization and Applications of Doped Titanium Nano-Metal Oxide Additives in Bio-based Vegetables Gear Oil Lubricant for Marine Applications.	55.72	Indian Maritime University, Chennai	FY 2024 -25 : 7.43 Lakh FY 2025 -26 : 17.27 Lakh (As on 15.01.2025)	FY 2024 - 25: 37.43 Lakh FY 2025 -	Approved
9	Development of mathematical model for the maneuverability, predictions of island vessels.	104.35	Indian Maritime University, Visakhapa tnam	FY 2024 -25 : 30.00 Lakh FY 2025 -26 : 9.42 Lakh (As on 15.01.2025)	26 : 7.43 Lakh	Approved
10	Studies for ensuring channel	37.4	Indian Maritime	FY 2025 -26 : 37.40 Lakh		Approved

	stability off Haldia multi-model terminal of IWA.		University, Visakhapatnam	(As on 15.01.2025)	
11	Underwater Radiated Noise from Port-related activities and its mitigation measures.	18.55	Indian Maritime University	FY 2025 -26 : 18.55 Lakh (As on 15.01.2025)	Approved
12	Numerical studies on Hull form optimization of Indian Inland vessels for minimum wave wash.	78.272	Indian Maritime University, Visakhapatnam	FY 2025 -26 : 24.18 Lakh (As on 15.01.2025)	Approved
13	Design and development of an innovative methodology for advanced assessment of the lubricating oil performance based on frequency domain spectroscopy used for marine applications.	62.3656	Indian Maritime University, Kolkata	FY 2025 -26 : 22.00 Lakh (As on 15.01.2025)	Approved

STATEMENT-III

R&D (Ports Sectors)

Sl. No.	Name of the Research Project	Funds allocated (In Lakhs)	Project Proponent (State)	Fund Released during the last five years (Amount in	Utilised fund during the last five years (Amount in Rs.)	Status of the project

				Rs.)		
1	Utility of High Strength Self Compacting Alkali Activated Slag Concrete) HS-SC-AASC) filled steel tubes in the enhancement of strength and durability in Ports, Harbour, and offshore structures.	24.4	IIT Roorkee, Uttarakhand	FY 2020-21 : 12,20,000.00 FY 2021-22 : 12,20,000.00 FY 2022-23 : Nil Total Amount Rs. 24,40,000	FY 2020-21 : 1,11,000.00 FY 2021-22 : 12,12,412.00 FY 2022-23 : 11,16,588.00 Total Amount Rs. 24,40,000	Completed
2	Design, Analysis and Development of Hybrid Floating Offshore Breakwater.	49.2184	NITK, Karnataka	FY 2021-22 : 28,00,000.00 FY 2022-23 : 15,00,000.00 FY 2023-24 : 6,21,840.00 Total Amount Rs. 49,21,840.00	FY 2021-22 : 3,44,219.00 FY 2022-23 : 28,54,664.00 FY 2023-24 : 12,09,936.00 Total Amount Rs. 44,08,819.00	Completed
3	Ameliorate Dredged Sediments.	140.55	IIT Bombay Maharashtra	FY 2021-22 : 20,00,000.00 FY 2022-23 : 24,90,000.00 FY 2023-24 : 35,10,000.00 FY 2024-25 : Nil Total Amount Rs. 80,00,000.00	FY 2021-22 : 2,32,006.00 FY 2022-23 : 8,72,158.00 FY 2023-24 : 55,73,171.00 FY 2024-25 : 3,99,090.00 Total Amount Rs. 70,76,425.00	Completed

4	New resilient breakwater for the safety of Port and Harbour against Tsunami	45.00 (22.5 MoPSW +22.5 NMPA)	NITK, Karnataka	FY 2022-23 : 15,10,000.00 FY 2023-24 : 3,75,000.00 FY 2024-25 : 3,65,000.00 Total Amount Rs. 22,50,000.00	FY 2022-23 : 5,58,635.00 FY 2022-23 : 13,26,365.00 FY 2023-24 : 3,65,000.00 Total Amount Rs. 22,50,000.00	Completed
5	Submerged vanes for river training and sediment management in streams and their field application.	172.5	IIT Roorkee, Uttarakhand	FY 2021-22 : 35,00,000.00 FY 2022-23 : 45,00,000.00 FY 2023-24 : 20,00,000.00 FY 2024-25 : 48,67,800.00 FY 2025-26 : 6,75,039.00 Total Amount Rs. 1,55,42,839.00	FY 2021-22 : 5,86,165.00 FY 2022-23 : 56,43,215.00 FY 2023-24 : 37,70,620.00 FY 2024-25 : 24,82,746.00 FY 2025-26 : 30,54,673.00 Total Amount Rs. 1,55,37,419.00	Completed
6	Valorization of Dredged Sediments.	46.4738	IIT Bombay Maharashtra	FY 2024-25 : 24,46,400.00 FY 2025-26 : 8,68,400.00 Total Amount Rs. 33,14,800.00	FY 2024-25 : 15,12,304.00 FY 2025-26 : 11,03,939.42 (as on 31.12.2025) Total Amount Rs. 26,16,243.42	Approved
7	Comprehensive Analysis of Siltation Behaviour of Navigation Channels and basins of MbPT&	96.899	IIT Bombay Maharashtra	FY 2024-25 : 60,41,200.00 FY 2025-26 : 21,50,000.00 Total Amount	FY 2024-25 : 27,99,611.00 FY 2025-26 : 43,16,389.00 (as on 31.12.2025)	Approved

	JNPT.			Rs. 81,91,200.00	Total Amount Rs. 71,16,000.00	
8	R & D Scheme "Improved draft forecasting and morphological change predictions affecting navigation in River Hooghly using computer applications"	82.968	IIT Kharagpur West Bengal	FY 2024-25 : 49,89,600.00 FY 2025-26 : Nil Total Amount Rs. 49,21,840.00	FY 2024-25 : 8,31,600.00 FY 2025-26 :22,03,096.00 (as on 31.12.2025) Total Amount Rs. 30,34,696.00	Approved

PENDING PAYMENT CASES UNDER AB-PMJAY

1177. SHRIMATI RACHNA BANERJEE:

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

- the total number of pending payment cases under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), as of 1 January 2026, State/UT-wise;
- the total amount of funds pending in the country for payment under the scheme, State/UT-wise;
- whether there are any pendency issues for payment of such claims; and
- if so, the reasons thereof along with the number of claims pending since three, six months and one year and above, category-wise?

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

(a) to (d): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), settlement of claims is a regular and uninterrupted process and claims are settled by respective State Health Agencies as per claim adjudication guidelines issued by National Health Authority. The turnaround time for settlement of claim to hospitals is within 15 days of claims submission for the intra-state hospitals (hospitals located within State) and within 30 days in case of portability claims (hospitals located outside State). Further, the funding of AB-PMJAY is entirely demand driven. National Health Authority releases funds for scheme implementation to the States / UTs on the basis of the actual demand received from them.

एम्स में रिक्त पद

1178. श्रीमती संजना जाटव:

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

(क) क्या यह सच है कि एम्स नई दिल्ली में 1306 संकाय पदों में से लगभग 524 पद रिक्त पड़े हैं, जिसके कारण संकाय सदस्य रोगियों को अधिक समय नहीं दे पा रहे हैं और ऑपरेशन तथा गहन जांचों के लिए कई महीनों के बाद की तारीखें दी जा रही हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) देश भर में एम्स में रिक्त संकाय पदों का एम्स-वार ब्यौरा क्या है; और

(ग) क्या सरकार का इन पदों को किसी भर्ती योजना के तहत भरने का प्रस्ताव है, यदि हां, तो इन पदों के भरे जाने की संभावित समय-सीमा, एम्स-वार क्या है?

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

(क) से (ग): पदों का सृजन और भर्ती एक सतत प्रक्रिया है। विभिन्न एम्स में स्वीकृत, भरे हुए और रिक्त संकाय पदों की वर्तमान स्थिति संलग्न **विवरण** में दी गई है। विभिन्न एम्स में संकाय और गैर-संकाय के स्वीकृत रिक्त पदों को शीघ्रता से भरने के लिए निम्नलिखित कदम उठाए गए हैं:-

- एम्स अधिनियम, 1956 के प्रावधानों के अनुसार, प्रत्येक एम्स में संकाय के चयन के लिए स्थायी चयन समिति (एसएससी) का गठन किया गया है।
- राष्ट्रीय महत्व के संस्थानों (आईएनआई) और सरकारी मेडिकल कॉलेजों (जीएमसी) से प्रोफेसर, एडिशनल प्रोफेसर और एसोसिएट प्रोफेसर स्तर के सेवानिवृत्त शिक्षकों को 70 वर्ष की आयु तक संविदा आधार पर नियुक्त करने का प्रावधान किया गया है।
- विजिटिंग फैकल्टी स्कीम के अंतर्गत शिक्षण उद्देश्यों हेतु एम्स में विजिटिंग फैकल्टी के रूप में कार्य करने के लिए भारत की सरकारी संस्थाओं या विदेशों की शैक्षणिक संस्थाओं के प्रोफेसरों, एडिशनल प्रोफेसरों और एसोसिएट प्रोफेसरों को अनुमति है।
- विभिन्न एम्स में नर्सिंग अधिकारियों की भर्ती के लिए नर्सिंग ऑफिसर भर्ती सामान्य पात्रता परीक्षा (एनओआरसीईटी) का आयोजन एम्स दिल्ली द्वारा वर्ष में दो बार किया जाता है।
- सामान्य भर्ती परीक्षा (सीआई) विभिन्न एम्स, में समूह ख और ग के गैर-संकाय पदों पर भर्ती के लिए एम्स दिल्ली द्वारा आयोजित की जाती है।
- जूनियर रेजिडेंट (अकादमिक) और सीनियर रेजिडेंट (अकादमिक) का चयन क्रमशः राष्ट्रीय महत्व के संस्थान-संयुक्त प्रवेश परीक्षा (आईएनआई-सीईटी) और राष्ट्रीय महत्व के संस्थान सुपर स्पेशलिटी (आईएनआई-एसएस) परीक्षा के माध्यम से किया जाता है, जो एम्स दिल्ली द्वारा वर्ष में दो बार आयोजित की जाती है।

विवरण

विभिन्न एम्स में स्वीकृत, भरे हुए और रिक्त संकाय पदों की वर्तमान स्थिति

क्र.सं.	एम्स	संकाय पद		
		स्वीकृत	भरे हुए पद	रिक्त पद
1.	एम्स, नई दिल्ली	1306	860	446
2.	(मध्य प्रदेश)एम्स, भोपाल	312	241	71
3.	एम्स, भुवनेश्वर (ओडिशा)	337	238	99
4.	एम्स, जोधपुर (राजस्थान)	405	221	184
5.	एम्स, पटना (बिहार)	305	219	86
6.	एम्स, रायपुर (छत्तीसगढ़)	305	200	105
7.	एम्स, ऋषिकेश (उत्तराखंड)	355	229	126
8.	एम्स, बठिंडा (पंजाब)	219	143	76
9.	एम्स, बीबीनगर (तेलंगाना)	183	132	51
10.	एम्स, बिलासपुर (हिमाचल प्रदेश)	217	130	87
11.	एम्स, देवघर (झारखंड)	208	132	76
12.	एम्स, गोरखपुर (उत्तर प्रदेश)	213	117	96
13.	एम्स, गुवाहाटी (असम)	183	117	66
14.	एम्स, जम्मू (जम्मू और कश्मीर)	183	119	64
15.	एम्स, कल्याणी (पश्चिम बंगाल)	309	175	134
16.	एम्स, मदुरै (तमिलनाडु)	183	70	113
17.	एम्स, मंगलागिरि (आंध्र प्रदेश)	309	171	138
18.	एम्स, नागपुर (महाराष्ट्र)	373	238	135
19.	एम्स, रायबरेली (उत्तर प्रदेश)	209	111	98
20.	एम्स, राजकोट (गुजरात)	183	78	105

प्रतिबंधित दवाओं की बिक्री**1179. डॉ. आनन्द कुमार गोंडः**

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

- (क) पिछले पांच वर्षों के दौरान सरकार द्वारा प्रतिबंधित दवाओं की वर्षवार और श्रेणीवार संख्या क्या है;
- (ख) क्या सरकार इस तथ्य से अवगत है कि प्रतिबंधित होने के बावजूद बाजार में ऐसी दवाओं की बिक्री और खरीद जारी है;

- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा इस संबंध में क्या सुधारात्मक कदम उठाए जा रहे हैं;
- (घ) पिछले पांच वर्षों के दौरान ऐसी दवा विनिर्माण कंपनियों और विक्रेताओं के खिलाफ सरकार द्वारा क्या कार्रवाई की गई है;
- (ङ) क्या दवा विनिर्माण कंपनियों द्वारा दवाओं की संरचना में मामूली परिवर्तन करके अलग-अलग नाम से नई दवाएं विनिर्मित की गई हैं और बाजार में बेची गई हैं; और
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा इस संबंध में क्या कार्रवाई की गई है?

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

(क) से (घ): स्वास्थ्य और परिवार कल्याण विभाग द्वारा प्रदान की गई जानकारी के अनुसार, औषधि एवं प्रसाधन सामग्री अधिनियम के प्रावधानों के तहत केंद्र सरकार द्वारा प्रतिबंधित औषधियों की वर्ष-वार संख्या इस प्रकार है :

वर्ष	प्रतिबंधित औषधियों की संख्या
2021	शून्य
2022	शून्य
2023	14 मानव उपयोग के लिए और 02 पशु उपयोग के लिए औषधियां
2024	157 मानव उपयोग के लिए और 01 पशु उपयोग के लिए औषधि
2025	01 मानव उपयोग के लिए और 36 पशु उपयोग के लिए औषधियां

हालांकि, देश भर के विभिन्न उच्च न्यायालयों में फिक्स्ड डोज कॉम्बिनेशन (एफडीसी) पर प्रतिबंध को चुनौती देते हुए कई रिट याचिकाएं दाखिल की गईं थी और न्यायालय ने वितरण नेटवर्क में पहले से मौजूद औषधियों के लिए अंतरिम संरक्षण प्रदान किया।

देश में प्रतिबंधित औषधियों का विनिर्माण, बिक्री और वितरण औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के तहत दंडनीय अपराध है और संबंधित राज्य सरकारों द्वारा नियुक्त राज्य लाइसेंसिंग प्राधिकरण (एसएलए) ऐसे अपराधों के विरुद्ध कार्रवाई करने के लिए अधिकार प्राप्त हैं।

प्रतिबंधित औषधियों की बिक्री के संबंध में केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) में जब भी कोई शिकायत/समस्या प्राप्त होती है, तो आवश्यक कार्रवाई के लिए ऐसे मामले को राज्य औषधि नियंत्रक के समक्ष उठाया जाता है।

(ड) और (च): स्वास्थ्य और परिवार कल्याण विभाग ने सूचित किया है कि औषधियों का विनिर्माण, बिक्री और वितरण औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बने नियमों के प्रावधानों के अन्तर्गत विनियमित है।

दवाओं के सक्रिय अवयवों की संरचना में किसी भी प्रकार के परिवर्तन के लिए एसएलए से विनिर्माण लाइसेंस प्राप्त करने से पहले सीडीएससीओ से नई औषधि की अनुमति लेना आवश्यक है। ऐसे आवेदनों की समीक्षा नई औषधि एवं नैदानिक परीक्षण नियम, 2019 के प्रावधानों के आधार पर की जाती है।

इसके अतिरिक्त, औषधि एवं प्रसाधन सामग्री नियम, 1945 को जीएसआर संख्या 828(अ) दिनांक 06.11.2019 के माध्यम से संशोधित किया गया था, जिसमें यह प्रावधान किया गया था कि यदि कोई आवेदक किसी ब्रांड नाम या व्यापार नाम के तहत औषधि का विपणन करना चाहता है, तो आवेदक को लाइसेंसिंग प्राधिकारी को प्रपत्र 51 में इस प्रभाव के साथ एक वचनपत्र प्रस्तुत करना होगा कि ट्रेडमार्क रजिस्ट्री, सीडीएससीओ द्वारा अनुरक्षित औषधियों के ब्रांड नाम या व्यापार नाम के केंद्रीय डेटाबेस, भारत में औषधि फॉर्मूलेशनों के विवरण पर साहित्य और संदर्भ पुस्तकों और इंटरनेट में खोज के आधार पर, उसके सर्वोत्तम ज्ञान के अनुसार, ऐसा या समान ब्रांड नाम या व्यापार नाम देश में किसी भी औषधि के संबंध में पहले से मौजूद नहीं है और प्रस्तावित ब्रांड नाम या व्यापार नाम बाजार में किसी भी प्रकार का भ्रम या धोखा उत्पन्न नहीं करेगा।

सीडीएससीओ के अनुमोदन के बिना सक्रिय अवयवों की संरचना में परिवर्तन के साथ किसी भी दवा के विनिर्माण/विपणन के संबंध में ऐसी कोई भी शिकायत/समस्या होने पर, औषधि अधिनियम और नियमों के प्रावधानों के तहत आवश्यक कार्रवाई के लिए संबंधित राज्य औषधि नियंत्रक के समक्ष मामला उठाया जाता है।

SHORTAGE OF UREA IN HARYANA

1180: SHRI VARUN CHAUDHRY:

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

- (a) whether the Government has taken note of the farmers complaints of shortage and delay in supply of urea in the State of Haryana, if so, the reasons for the same;
- (b) whether the State Government of Haryana has requested to increase the quantity and timely supply of urea in Haryana, if so, the details of increase in quantum demanded by Haryana Government during the last five years along with the action taken thereon, year-wise;
- (c) the quantum of urea supplied to the State of Haryana during the last five years, year-wise; and
- (d) the steps taken to ensure the timely supply of urea and other fertilisers to the farmers of Haryana in the coming seasons?

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

(a) to (d): Following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the States, including the State of Haryana:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.
- (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).
- (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.
- (v) The distribution of fertilizers within the State at district level is done by the concerned State government.

Further, the availability of Urea has remained adequate in the State of Haryana during the last five years, i.e. from 2020-21 to 2024-25. The information regarding requirement, availability, sales and closing stock of Urea in the State during the said period are given in the enclosed **Statement**.

STATEMENT

HARYANA													
REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING LAST 5 YEARS (2020-21 TO 2024-25)													
S. NO.	YEAR	UREA			DAP			MOP			NPKS		
		REQUIREMENT	AVAILABILITY	SALES	REQUIREMENT	AVAILABILITY	SALES	REQUIREMENT	AVAILABILITY	SALES	REQUIREMENT	AVAILABILITY	SALES
1	2024-25	21.50	25.32	22.65	5.80	5.49	5.34	0.60	0.74	0.47	1.70	1.31	1.03
2	2023-24	20.63	24.86	21.77	5.60	6.29	5.83	0.55	0.50	0.36	1.20	0.64	0.44
3	2022-23	21.50	23.68	20.46	5.70	6.48	5.59	0.60	0.43	0.35	0.70	0.30	0.26
4	2021-22	20.50	23.26	20.75	6.00	5.33	4.96	0.56	0.67	0.57	0.70	0.63	0.54
5	2020-21	21.00	23.64	21.52	6.30	6.86	6.32	0.70	0.98	0.60	0.40	0.35	0.23

fig. in LMT

1. Primary Indicator of comfortable availability: Availability > Requirement

2. Secondary Indicator of comfortable availability: Availability > Sales

राष्ट्रीय बाल अधिकार संरक्षण आयोग

1181. श्रीमती मंजू शर्मा:

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

- (क) क्या राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) ने टेलीविजन चैनलों, रियलिटी शो और विज्ञापनों में बच्चों की भागीदारी को विनियमित करने के लिए कोई दिशानिर्देश तैयार किए हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या उक्त दिशानिर्देशों की समीक्षा के लिए राज्य बाल अधिकार संरक्षण आयोगों द्वारा कोई राष्ट्रीय कार्यशाला आयोजित की गई है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या एनसीपीसीआर का राज्य आयोगों के परामर्श से बच्चों के अधिकारों की रक्षा करने और ऐसे कार्यक्रमों में उनकी भागीदारी को विनियमित करने के लिए नए दिशानिर्देश तैयार करने का प्रस्ताव है; और
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसे दिशानिर्देश कब तक जारी किए जाने की संभावना है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) और (ख): राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) ने वर्ष 2011 में "टीवी धारावाहिकों, रियलिटी शो और विज्ञापनों में बच्चों की भागीदारी को विनियमित करने के लिए दिशानिर्देश" तैयार और जारी किए थे। ये दिशानिर्देश एनसीपीसीआर की वेबसाइट पर इस लिंक:

https://www.ncpcr.gov.in/uploads/1684498400646767e0a92f9_guidelines-tv-serial.pdf पर उपलब्ध हैं। इसके बाद, नए कानूनों/मौजूदा कानूनों में संशोधन, नीतियों,

हितधारकों से प्राप्त विचारों/सुझावों को शामिल करते हुए और बच्चों के सर्वोत्तम हित को ध्यान में रखते हुए, "मनोरंजन उद्योग में बच्चों और किशोरों की भागीदारी के लिए दिशानिर्देश" शीर्षक से नए

दिशानिर्देश तैयार किए गए और वर्ष 2023 में जारी किए गए। ये दिशानिर्देश एनसीपीसीआर की वेबसाइट पर इस लिंक पर उपलब्ध हैं:

https://www.ncpcr.gov.in/uploads/177009434069817f042fc12_guidelines-for-child-and-adolescent-participation.pdf

(ग) और (घ): एनसीपीसीआर देश में राज्य आयोगों द्वारा आयोजित राष्ट्रीय कार्यशालाओं से संबंधित डेटा नहीं रखता है।

(ङ) और (च): अभी तक एनसीपीसीआर द्वारा राज्य आयोगों के परामर्श से कोई नया दिशानिर्देश तैयार करने का कोई प्रस्ताव नहीं है।

LACK OF SUPER SPECIALITY FACILITIES IN ODISHA

1182. SHRI PRADEEP PUROHIT:

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

- (a) whether the Government is aware that Bargarh District Hospital in Odisha is overburdened with patients from not only Bargarh but also adjoining districts and lacks adequate super speciality facilities, if so, the details thereof;
- (b) whether the Government proposes to upgrade Bargarh District Hospital into a Super Speciality Hospital with advanced departments such as Cardiology, Neurology, Oncology, Nephrology and Trauma Care, if so, the details thereof;

- (c) whether the Union Government has received or is considering any proposal from the State Government of Odisha for establishment of a hundred-seat Medical College in Bargarh district;
- (d) if so, the current status of such proposal, along with the timeline fixed for its approval and implementation;
- (e) if not, whether the Government is likely to consider approving a hundred-seat Medical College in Bargarh in view of public health needs and shortage of medical professionals in western Odisha, if so, the details thereof; and
- (f) the steps being taken by the Government to strengthen tertiary healthcare infrastructure in Bargarh and surrounding districts 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) to (f): The details healthcare facilities in the State of Odisha including Bargarh District can be accessed at the following link of HDI 2022-23:

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

As per HDI 2022-23, districts adjoining the Bargarh District of Odisha namely Balangir and Sambalpur, each has one Medical College.

Further, as per information provided by the State of Odisha, the average OPD is 700-800 per day in District hospital Bargarh, which is managed by

approximately 35 Medical Officers and Specialists. Through e-Sanjeevani Super-Specialist consultation is done with tertiary care. 100 bedded Cancer wing is already operational at the District Hospital Bargarh and Day care Chemotherapy has also been carried out at DHH, Bargarh.

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including Odisha to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) 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 the strengthening healthcare in rural areas of Odisha are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

www.nhm.gov.in/index4.php?lang=1&level=0&linkid=45&lid=58

In addition to the National Health Mission, Government of India has taken the following steps to strengthen healthcare infrastructure in Odisha:

- PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM): Under PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), administrative approvals have been accorded to the State of Odisha, for scheme period years (i.e. from FY 2021-22 to FY 2025-26) for an amount of Rs. 1411.38 Cr. for establishment and strengthening of 604 Building less-AAM (Sub-Centers - Health & wellness Centers), 140 Urban- AAM (U-HWC), 197 Block Public Health Units (BPHUs), 30 Integrated Public Health Laboratories (IPHLs) and

28 Critical Care Blocks (CCBs) at District Hospitals and Medical College level, as per proposal of the State.

Under PM-ABHIM, support has been provided to Bargarh district for five years (i.e. FY 2021-22 to 2025-2026) for an amount of Rs.116.46 Crore for construction/ strengthening of one (01) Integrated Public Health Lab (IPHL), one (01) Critical Care Block (CCB), twelve (12) Block Public Health Unit (BPHU) and twenty four (24) Sub Health Centres (SCs) in rural areas.

- The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. Under the Scheme approvals has been accorded for Establishment of One new All India Institute of Medical Sciences (AIIMS) at Bhubaneswar and upgradation of three Government Medical Colleges/ Institutions (GMCIs) at Behrampur, Burla and Cuttack for the State of Odisha.
- Under Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. 07 medical colleges were approved in Odisha State at Districts Balasore, Baripada, Bolangir, Koraput, Puri, Jajpur and Kalahandi.

दिल्ली के साकेत कोर्ट परिसर में आत्महत्या की घटना

1183. श्री संजय हरिभाऊ जाधव :

श्री अरविंद गणपत सावंत :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या सरकार ने दिल्ली के साकेत कोर्ट परिसर में ऊपर से कूदकर आत्महत्या करने वाले दिव्यांग व्यक्ति के मामले में कोई ऊपर से जांच कराई है ;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है ;
- (ग) क्या उक्त व्यक्ति पर कोई प्रशासनिक, आधिकारिक या कार्य से संबंधित दबाव था ;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है ;
- (ङ) क्या उक्त व्यक्ति से कोई सुसाइड नोट बरामद हुआ है ;
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है ;
- (छ) पिछले पांच वर्षों में सरकार के संज्ञान में आई ऐसी घटनाओं की संख्या क्या है ; और
- (ज) भविष्य में ऐसी घटनाओं को रोकने के लिए सरकार द्वारा उठाए गए या प्रस्तावित कदम क्या हैं?

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

- (क) और (ख): जी हां, इस मामले में साकेत पुलिस स्टेशन में अन्वेषण किया जा रहा है। पुलिस आयुक्त, दिल्ली के कार्यालय से प्राप्त सूचना के अनुसार, 09.01.2026 को लगभग 10:23 बजे, साकेत न्यायालय परिसर की मुख्य इमारत की छत से एक व्यक्ति के गिरने के संबंध में एक पीसीआर कॉल प्राप्त हुई थी। स्थानीय पुलिस तुरंत मौके पर पहुंची तो पाया कि घायल व्यक्ति हरीश सिंह महर (डिजिटल ट्रैफिक न्यायालय नंबर 27 में अहलमद) पुत्र लक्ष्मण सिंह, आयु लगभग 43 वर्ष निवास स्थान एच.नं. बी 921, द्वितीय तल ग्रीनफील्ड कॉलोनी, फरीदाबाद में पहले ही दिल्ली

के मालवीय नगर स्थित पुष्पावती सिंघानिया रिसर्च इंस्टीट्यूट में स्थानांतरित कर दिया गया था, जहां उसे मृत घोषित कर दिया गया था।

अपराध टीम द्वारा अपराध स्थल का निरीक्षण किया गया, विभिन्न नमूने और प्रदर्शों को कब्जे में लिया गया, और फोटोचित्र लिए गए। शव परीक्षा एम्स, नई दिल्ली में संचालित की गई थी। सीसीटीवी फुटेज की परीक्षा की गई और सुसंगत व्यक्तियों के कथन अभिलिखित किए गए। किसी प्रकार की बेईमानी सामने नहीं आई।

(ग) से (च): पुलिस आयुक्त, दिल्ली के कार्यालय द्वारा उपलब्ध कराई गई सूचना के अनुसार, उपस्थित चिकित्सक द्वारा मृतक की जेब से एक आत्महत्या पत्र बरामद किया गया था। पत्र-वस्तु के अनुसार, मृतक ने आत्महत्या के कारण के रूप में कार्य से संबंधित दबाव का उल्लेख किया और कहा कि किसी भी व्यक्ति को घटना के लिए उत्तरदायी नहीं ठहराया जाना चाहिए। मृतक, जो जन्म से 60% शारीरिक रूप से विकलांग थे, ने अनुरोध किया कि विकलांग व्यक्तियों को आसान कर्तव्यों को सौंपा जाए।

(छ): सरकार न्यायालय परिसर में विशेष रूप से आत्महत्या का डाटा नहीं रखती है।

(ज): न्यायालय परिसरों में सभी पणधारियों की सुरक्षा और संरक्षा सरकार के लिए सर्वोच्च प्राथमिकता का विषय है। न्यायालय सुरक्षा और न्यायालय परिसरों का दिन-प्रतिदिन का प्रबंधन संबंधित उच्च न्यायालय के समन्वय से राज्य सरकार/संघ राज्यक्षेत्र के अधिकारक्षेत्र में आता है। तथापि, केंद्रीय सरकार डिजिटल अवसंरचना सहित न्यायालय की अवसंरचना में लगातार सुधार के लिए सभी पणधारियों के साथ कार्य करने के लिए प्रतिबद्ध है ताकि न्यायालयों के कुशल कार्यशीलता को सुनिश्चित करते हुए न्यायालय में कार्य करने की स्थिति को बेहतर बनाया जा सके।

वैश्विक उत्तरदायित्वों में भारत की कूटनीति को सुदृढ़ बनाना

1184. श्री गणेश सिंह:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) वैश्विक उत्तरदायित्वों में वृद्धि, विकसित भारत @2047 के लक्ष्यों और प्रौद्योगिकी, साइबर सुरक्षा, कृत्रिम बुद्धिमत्ता और डिजिटल कूटनीति जैसे उभरते क्षेत्रों को ध्यान में रखते हुए मंत्रालय की वित्तीय, मानव संसाधन और संस्थागत क्षमता को मजबूत करने के लिए अब तक क्या कदम उठाए गए हैं; और

(ख) क्या मंत्रालय द्वारा प्रौद्योगिकी, साइबर सुरक्षा, जलवायु, आपूर्ति श्रृंखला और भू-अर्थशास्त्र जैसे क्षेत्रों के विषय विशेषज्ञों को राजनयिक तंत्र में शामिल करने, प्रशिक्षण संवर्धन और मिशनों की कार्यात्मक प्रभावशीलता में सुधार करने के लिए कोई संरचित कार्य योजना कार्यान्वित की जा रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): विदेश मंत्रालय अपने प्रशिक्षण प्रभाग, सुषमा स्वराज विदेश सेवा संस्थान (एसएसआईएएस) के माध्यम से संरचित और सतत क्षमता निर्माण उपाय करता है ताकि प्रक्रियाओं और वित्तीय विनियमों तथा कृत्रिम बुद्धिमत्ता और साइबर सुरक्षा जैसे उभरते प्रौद्योगिकी क्षेत्रों के संबंध में अधिकारियों के ज्ञान को बढ़ाया जा सके। इंडक्शन और मिड-करियर स्तरों पर प्रशिक्षण कार्यक्रमों को *कर्मयोगी* और *विकसित भारत@2047* के उद्देश्यों के अनुरूप डोमेन, कार्यात्मक और व्यवहारात्मक दक्षताओं का विकास करने के लिए तैयार किया गया है।

वर्तमान में, विभिन्न मंत्रालयों से प्रतिनियुक्ति पर आए अधिकारी विदेश मंत्रालय में विशिष्ट क्षेत्रों में कार्य कर रहे हैं, जिनके लिए उन्होंने अपने मूल मंत्रालय में अनुभव प्राप्त किया है। इसके अलावा, वर्तमान में मंत्रालय में सलाहकार के रूप में पेशेवरों और विशेषज्ञों को भी नियुक्त किया गया है, जिन्हें आतंकवाद से निपटने, परियोजना प्रबंधन, द्विपक्षीय और बहुपक्षीय कूटनीति, अंतर्राष्ट्रीय कानून, कोंसली और निरस्त्रीकरण से संबंधित कार्य के साथ-साथ उभरते हुए क्षेत्रों जैसे कई विषयों में विशेषज्ञता हासिल है। मंत्रालय क्षमता संवर्धन और अंतर-संस्थागत समन्वय के साधन के रूप में

प्रौद्योगिकी के प्रभावी उपयोग को उच्च प्राथमिकता देता है। विकसित हो रही विदेश नीति संबंधी अनिवार्यताओं के प्रति संस्थागत जवाबदेही बनाए रखने के लिए, मंत्रालय समय-समय पर संगठनात्मक पुनर्गठन कार्रवाई करता है। इसके अलावा, 2024 में शुरू की गई मंत्रालय की क्षमता निर्माण योजना के माध्यम से, आईगॉट कर्मयोगी पोर्टल पर उपलब्ध बहुविषयक विशेष पाठ्यक्रमों का लाभ उठाकर अधिकारियों / कर्मचारियों की क्षमता निर्माण को प्राथमिकता दी जाती है।

PROMOTION OF NANO FERTILIZERS

1185. SHRI MAHENDRA SINGH SOLANKY:

SHRI VISHWESHWAR HEGDE KAGERI:

SHRI JASWANTSINH SUMANBHAI BHABHOR:

SHRI BABU SINGH KUSHWAHA:

SHRI VIJAY BAGHEL:

SHRI SATISH KUMAR GAUTAM:

SHRIMATI ANITA SUBHADARSHINI:

SHRI BALABHADRA MAJHI:

SHRI PARBHUBHAI NAGARBHAI VASAVA:

SHRI BHARTRUHARI MAHTAB:

DR. VINOD KUMAR BIND:

SHRI NABA CHARAN MAJHI:

DR. BHOLA SINGH:

SHRI SANDIPANRAO ASARAM BHUMARE:

SHRI RAJKUMAR CHAHAR:

SHRI PRATAP CHANDRA SARANGI:

SHRI ANOOP PRADHAN VALMIKI:

DR. RAJESH MISHRA:

SHRI SUKANTA KUMAR PANIGRAHI:

SHRI KHAGEN MURMU:

SHRI DEVESH SHAKYA:

SHRI BIBHU PRASAD TARAI:

SHRI YADUVEER WADIYAR:

SHRIMATI KAMALJEET SEHRAWAT:

SHRI BIPLAB KUMAR DEB:

SHRI GYANESHWAR PATIL:

SHRIMATI KALABEN MOHANBHAI DELKAR:

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

- (a) the details of the programme for promotion of Nano Urea and Nano Di Ammonium Phosphate (DAP) through field demonstrations and awareness campaigns;
- (b) the manner in which the said demonstrations and awareness campaigns led to measurable reductions in fertilizer consumption;
- (c) whether the PM-PRANAM (Prime Minister Programme for Restoration, Awareness, Nourishment and Amelioration of Mother Earth) scheme has incentivised States to reduce chemical fertilizer usage; and
- (d) if so, the details thereof indicating the reductions recorded and incentive amounts released, State/UT-wise and district-wise including Uttar Pradesh, Gujarat, Maharashtra, Chhattisgarh, Madhya Pradesh and UT of Dadra and Nagar Haveli?

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 promote the use of Nano Fertilizers among farmers across the country, the following measures have been undertaken:

- i. Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- ii. Nano Fertilizers are made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- iii. Nano Fertilizers has been included under monthly supply plan issued by Department of Fertilizers regularly.
- iv. For ease in application and utilization of Nano fertilizers like Nano Urea through foliar application, initiatives such as innovative spraying options like 'Kisan Drones' and distribution of battery operated Sprayers at retail points are undertaken. For this purpose, pilot training and custom hiring spraying services through Village Level Entrepreneurs are actively promoted.
- v. DoF in collaboration with fertilizer companies has initiated a Maha Abhiyan for adoption of Nano DAP in all 15 agro-climatic zones of the country through consultations and field level demonstrations. Further, DoF in collaboration with fertilizer companies has also launched campaign for field level demonstrations and awareness programs of Nano Urea plus in 100 districts of the country.

Since inception, a cumulative total of 11.85 crore bottles (500 ml equivalent) of Nano Urea and 3.53 crore bottles (500 ml equivalent) of Nano

DAP have been sold nationwide as of 31.12.2025. The National Productivity Council (NPC) is conducting a two-year study (2024–2026) titled “Evaluating the Efficacy, Utility and Impact of Nano Urea in comparison to Conventional Urea.” Key findings from the draft study report indicate that Nano Urea must be used only as a foliar application, while the basal dose must continue to be supplied through Conventional Urea, which remains essential even when Nano Urea is used. Combined application, Conventional Urea as basal and Nano Urea as foliar, has shown 1.65% to 14.82% increase in crop yield, depending on the crop, based on farmer feedback.

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

All States/UTs are covered under the PM-PRANAM scheme. Under the PM-PRANAM scheme, there is a provision to provide incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, equivalent to 50% of the fertilizer subsidy saved. Of the total grant, 95% will be allocated to the State, while the remaining 5% will be utilized by the

Government of India towards disaster-adjusted incentives. For grant calculations, any increase in a State's cropping area is first accounted for by proportionately adjusting fertilizer consumption. Thereafter, the actual reduction in chemical fertilizer usage during the year is computed to arrive at the final incentive amount. Additionally, any increase in fertilizer consumption in adjoining districts of neighboring States is deducted from the savings. Out of the 95% grant provided to the States, 65% is for capital expenditure (capex) projects, preferably as contributions to Centrally Sponsored Schemes, and 30% is untied for other activities, including Information, Education, and Communication (IEC) initiatives.

Till date, no incentives have been disbursed to the States/UTs under provisions of PM PRANAM scheme, based on available data.

The States/UTs of Uttar Pradesh, Gujarat, Chhattisgarh, Madhya Pradesh and UT of Dadra and Nagar Haveli have not reported any reduction in chemical fertilizer consumption during 2023-24. However, in the State of Maharashtra, there is provisional reduction in the consumption of chemical fertilizers during 2023-24 is 3,40,789 MT, as compared to the average consumption of the preceding three years (2020 to 2023).

पत्तन संचालन क्षमता में वृद्धि

1186. श्री लुम्बाराम चौधरी:

श्री दिलीप शङ्कीया:

श्री आलोक शर्मा:

श्री बिद्युत बरन महतो:

श्रीमती कमलेश जांगड़े:

श्री प्रवीण पटेल:

श्री शंकर लालवानी:

श्री शशांक मणि:

श्री जनार्दन मिश्रा:

श्री नव चरण माझी:

डॉ. संजय जायसवाल:

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

- (क) क्या सरकार ने वर्तमान पोत संचालन क्षमता को 2047 तक 180 मिलियन मीट्रिक टन (एमएमटी) तक बढ़ाने के लिए चरणबद्ध रोडमैप तैयार किया है;
- (ख) यदि हां, तो 2025 तक हासिल किए गए लक्ष्यों का ब्यौरा क्या है;
- (ग) पिछले पांच वर्षों के दौरान पोतवार क्षमता संवर्धन परियोजनाओं का ब्यौरा क्या है; और
- (घ) पोत संचालन क्षमता बढ़ाने के लिए सरकार द्वारा बनाई जा रही योजनाओं का ब्यौरा क्या है?

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

(क), (ख) और (घ): जी हाँ। मंत्रालय द्वारा भारतीय पत्तन प्रहस्तन क्षमता को वर्तमान स्तर से बढ़ाकर 2047 तक लगभग 10,000 मिलियन टन प्रति वर्ष (एमटीपीए) करने के लिए क्रमशः 2030 और 2047 के लिए रोडमैप के रूप में मैरीटाइम इंडिया विज़न 2030 और मैरीटाइम अमृत काल विज़न 2047 तैयार किए हैं। 31.03.2025 को भारतीय पत्तन कार्गो प्रहस्तन क्षमता 2771 एमटीपीए तक पहुंच गयी है।

(ग): गत पांच वर्षों के दौरान महापत्तनों में शुरू की गयी क्षमता संवर्धन परियोजनाओं की पत्तन- वार सूची संलग्न **विवरण** पर दी गई है।

विवरण

पिछले पांच वर्षों के दौरान महापत्तनों में की गई क्षमता संवर्धन परियोजनाओं की पत्तन- वार सूची

क्रम सं.	महापत्तन	परियोजना
1	दीनदयाल पत्तन	ओल्ड कांडला पर तेल जेड्डी सं. 7 का निर्माण
2		ओल्ड कांडला पर तेल जेड्डी सं. 8 का निर्माण
3		द्रव्य कार्गो प्रहस्तन क्षमता में वृद्धि ख. तेल जेड्डी क्षेत्र, कांडला में पाइपलाइन परियोजना की प्रतिस्थापन और नवीनीकरण
4		टूना-टेकरा, दीनदयाल पोर्ट पर पीपीपी मोड के अंतर्गत बीओटी आधार पर कंटेनर टर्मिनल का विकास
5		बीओटी आधार पर ओल्ड कांडिया में तरल कार्गो को संभालने के लिए तेल जेड्डी और पोत बंकरिंग टर्मिनल का विकास
6		कैप्टिव उपयोग के आधार पर ओओटी, वाडीनार, कांडला पत्तन पर केपीटी जल क्षेत्रों में एसपीएम और दो उत्पाद जेड्डी युक्त समुद्री तरल टर्मिनल सुविधाओं का विकास
7		पीपीपी के अंतर्गत बीओटी आधार पर कांडला में कांडला क्रीक के बाहर बहुउद्देशीय कार्गो (कंटेनर / तरल के अलावा) बर्थ ऑफ टूना टेकरा का विकास
8		यांत्रिकीकरण के लिए डीपीए में 100टी के 04 और उससे अधिक क्षमता वाले एचएमसी की खरीद और तैनाती
9	मुंबई पत्तन	मुंबई बंदरगाह में जवाहर द्वीप पर 5वीं तेल जेड्डी का निर्माण।
10		मुंबई अंतर्राष्ट्रीय क्रूज टर्मिनल का निर्माण
11		पीरपळ में तीसरे केमिकल बर्थ का निर्माण
12		मलेत बंदर पर न्यू फिश जेड्डी का निर्माण

13		जवाहर द्वीप पर दक्षिण पश्चिम कोव का पुनरुद्धार
14		डीप सेकंड कैमिकल बर्थ (एससीबी) और इसका अप्रोच चैनल
15		एससीबी से टीसीबी तक नौवहन चैनल को 10.50 मीटर सीडी तक गहरा करना।
16	जवाहरलाल नेहरू पत्तन	चौथे कंटेनर टर्मिनल (चरणII) के माध्यम से क्षमता में वृद्धि और भारत मुंबई कंटेनर टर्मिनल का विस्तार
17		अतिरिक्त तरल कार्गो टर्मिनल का विकास
18		वधावन में नए मेगा पोर्ट का विकास
19	मुरगांव पत्तन	ईपीसी मोड पर बर्थ सं.9 का विकास
20		अप्रोच मार्ग को (-) 14.40 मीटर से (-) 19.80 मीटर और बर्थ बेसिन को गहरा करने के लिए मुख्य ड्रेजिंग।
21		वास्को खाड़ी में तटीय कार्गो बर्थ
22	नव मंगलूर पत्तन	डीप ड्राफ्ट बर्थ सं. 14
23	कोचीन पत्तन	मल्टी यूजर तरल टर्मिनल का निर्माण
24		रसायनों की हैंडलिंग के लिए कोचीन पत्तन पर दक्षिण कोल बर्थ का पुनर्निर्माण
25		प्रोपलीन और अन्य कार्गो के संचालन के लिए रो-रो सुविधाओं का विकास
26	चेन्नई पत्तन	बंकर बर्थ का विकास
27	कामराजार पत्तन	रो-रो विकास टर्मिनल सह जीसीबी-2 का विकास
28		आईओसीएल कैप्टिव जेट्टी का निर्माण
29		कंटेनर टर्मिनल चरण 1 स्तर2 का निर्माण
30	वी. ओ. चिदंबरनार पत्तन	30 वर्षों की अवधि (पीपीपी) के लिए डीबीएफओटी आधार पर कंटेनर टर्मिनल के रूप में 9वें बर्थ का अंतरण
31		14.20 मीटर ड्राफ्ट तक के जलयानों को संभालने के लिए एनसीबी के सामने ड्रेजिंग

32		डीबीएफओटी आधार (पीपीपी) पर वीओसी पत्तन पर शुष्क बल्क कार्गो को संभालने के लिए उत्तरी कार्गो बर्थ-III (एनसीबी-III) का मशीनीकरण
33		कोयला जेड्डी-1 का उन्नयन और इसका मशीनीकरण
34	विशाखापट्टणम पत्तन	वीसीटीपीएल का विस्तार
35		ओआर-I, II और III की क्षमता उपयोगिता में सुधार
36		मौजूदा ईक्यू-6 बर्थ का विकास और मशीनीकरण
37		मौजूदा डब्ल्यूक्यू-6 बर्थ का नवीनीकरण
38		ईक्यू-1ए का विकास और मशीनीकरण
39	पारादीप पत्तन	बीओटी आधार पर पारादीप पत्तन पर कंटेनरों सहित स्वच्छ कार्गो को संभालने के लिए मल्टीपर्पस बर्थ का विकास।
40		बीओटी आधार पर पारादीप पत्तन पर लौह अयस्क निर्यात के लिए नए लौह अयस्क बर्थ का विकास
41		बीओटी आधार पर पारादीप पत्तन पर कोयला निर्यात को संभालने के लिए ईक्यू-1,2,3 बर्थ का मशीनीकरण
42		बीओटी आधार पर पारादीप पत्तन पर कोयला आयात को हैंडल करने के लिए नए कोयला बर्थ का विकास
43		कार्यान्वयन जलयानों के अंतर्गत केप आकार परियोजनाओं के संचालन के लिए बॉट आधार पर पश्चिमी डॉक के विकास सहित आंतरिक बंदरगाह सुविधाओं का गहरा और अनुकूलन
44	श्यामा प्रसाद मुखर्जी पत्तन	एचडीसी में तीसरे आरएमक्यूसी की संस्थापना
45		एचडीसी में आउटर टर्मिनल-2 को चालू करना
46		पीपीपी मोड-चरण-I के अंतर्गत केपीडी- II (पश्चिम) का पुनरुद्धार
47		बर्थ नं. 8 का पुनर्निर्माण और बर्थ 7 और 8 एनएसडी का मशीनीकरण
48		बज बज में तरल कार्गो संचालन के लिए कंक्रीट जेड्डी और अन्य सुविधाएं

49	केडीएस में बर्थ सं.1 एनएसडी, 2 एनएसडी, 3 एनएसडी, 4 एनएसडी, 5 एनएसडी और आउटर टर्मिनल का एकीकृत विकास
50	कैप्टिव आधार पर केपीडी- II(पश्चिम) में सीमेंट बल्क टर्मिनल का विकास
51	बालगढ़ में पीपीपी मोड के माध्यम से डीबीएफओटी आधार पर कंटेनर और कोयला बर्थ
52	डीबीएफओटी पर मल्टी-मॉडल हब के रूप में केपीडी-II का विकास
53	एचडीसी में बर्थ सं. 2 का मशीनीकरण
54	एचडीसी में बर्थ सं. 5 का मशीनीकरण
55	एचडीसी में बर्थ सं.11 और 12 के साथ मल्टीपर्स आउटर टर्मिनल
56	पीपीपी पर एचडीसी में बर्थ 9 और 10 का मशीनीकरण
57	डायमंड हार्बर में तीसरी फ्लोटिंग क्रेन की स्थापना
58	एचडीसी (चरण-1) में सल्लुखाली में एलएनजी एफआरएसयू की स्थापना

महारानी लक्ष्मीबाई मेडिकल कॉलेज में उपचार सुविधाएं

1187. श्री अनुराग शर्मा:

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

(क) क्या झांसी स्थित महारानी लक्ष्मीबाई मेडिकल कॉलेज सहित उत्तर प्रदेश के मेडिकल कॉलेजों में कैंसर सहित विभिन्न जानलेवा बीमारियों के इलाज के लिए आवश्यक चिकित्सा उपकरणों की कमी है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या उपकरणों की अनुपलब्धता के कारण गरीब और मध्यम वर्ग के मरीजों पर आर्थिक बोझ बढ़ा है और इलाज में देरी के कारण मृत्यु का खतरा बढ़ा है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या केंद्र सरकार ने सार्वजनिक-निजी भागीदारी मॉडल के तहत रेडियोथेरेपी, कैश लैब, डायलिसिस, प्रत्यारोपण और नैदानिक सुविधाएं स्थापित की हैं, यदि हां, तो राज्यवार तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार का उक्त मॉडल के तहत झांसी के मेडिकल कॉलेजों में ऐसी सुविधाएं स्थापित करने का प्रस्ताव है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): उत्तर प्रदेश सरकार द्वारा दी गई सूचना के अनुसार, महारानी लक्ष्मीबाई मेडिकल कॉलेज (एमएलएमसी), झांसी सहित, राज्य में स्थापित मेडिकल कॉलेज उपलब्ध चिकित्सा अवसंरचना और संसाधनों के माध्यम से सामान्य जन को स्वास्थ्य परिचर्या सुविधाएं प्रदान कर रहे हैं। इन सुविधाकेंद्रों में कैंसर के साथ-साथ अन्य गंभीर और जानलेवा रोगों का उपचार भी शामिल है।

स्वास्थ्य और परिवार कल्याण मंत्रालय प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) नामक योजना कार्यान्वित कर रहा है, जिसका उद्देश्य किफायती विशिष्ट स्वास्थ्य परिचर्या सेवाओं की उपलब्धता में क्षेत्रीय असंतुलन को दूर करना और देश में गुणवत्तापूर्ण चिकित्सा शिक्षा के लिए सुविधाओं को बढ़ाना है। योजना के मौजूदा सरकारी मेडिकल कॉलेजों/संस्थानों के उन्नयन (जीएमसीआईएस) घटक के तहत, मंत्रालय ने एमएलएमसी, झांसी में उपकरणों के लिए 45.79 करोड़ रुपये सहित 150 करोड़ रुपये की लागत से एक सुपर स्पेशलिटी ब्लॉक स्थापित किया है। इसके अलावा, झांसी सहित उत्तर प्रदेश राज्य से सार्वजनिक-निजी भागीदारी (पीपीपी) मॉडल के तहत विशेषज्ञता वाले विशिष्ट स्वास्थ्य सुविधाकेंद्रों की स्थापना के लिए कोई प्रस्ताव प्राप्त नहीं हुआ है।

EXPLOITATION OF INDIAN WORKERS ABROAD

1188. SHRI K. RADHAKRISHNAN:

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

- (a) whether the Government is aware of the increasing incidents of Indian workers and students facing exploitation, detention, wage denial, and racial discrimination in several foreign countries, particularly in the Gulf and Western nations, if so, the details thereof;
- (b) the number of complaints received by Indian Missions abroad during the last three years, country-wise;
- (c) the steps taken by the Government to ensure legal protection, timely consular access and safe repatriation of affected Indian nationals; and
- (d) whether the Government proposes to strengthen bilateral labour and migration agreements to safeguard the rights and dignity of Indian citizens abroad, if so, the details thereof?

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

(a) to (d): Details of complaints received from Indian nationals including students and migrant workers abroad in the last three years are given in **Statement.**

The Government of India accords highest priority to the safety, protection and wellbeing of Indian workers as well as Indian students abroad. There are

established channels to enable them to reach out to the Embassy/Consulate in case they need any assistance. They can contact the Embassy/Consulate through walk-in, email, multilingual 24x7 emergency numbers, WhatsApp number, grievance redressal portal like MADAD/CPGRAMS/eMigrate, and social media etc.

There are dedicated Labour Wings for handling such matters, where there is a sizeable number of Indian migrant workers. Pravasi Bharatiya Sahayata Kendras have been set up in key locations such as New Delhi, Dubai, Riyadh, Jeddah and Kuala Lumpur to provide guidance and counselling to the Indian workers. In addition, Kshetriya Pravasi Sahayata Kendras (KPSKs) have also been set up in Kochi, Hyderabad, Chennai, Lucknow, Patna and Chandigarh. Similarly, there are dedicated officers handling education/student welfare related matters in the Missions/Posts abroad. Indian Missions/Posts regularly organize Open Houses and Consular Camps in remote areas to get feedback from Indian workers residing in such areas and to address their grievances, if any.

On receipt of any complaint or grievance from Indian workers, the Embassy/Consulate pro-actively takes it up with the concerned Foreign Employer (FE) and, if needed, the work place of the aggrieved worker is also visited. The issues are also taken up with the local Labour Department and other concerned authority of the host country for redressal.

Further, as additional safeguard for protection and safety of the female workers, including domestic sector workers, Government has authorized only

State-run Recruiting Agencies (RAs) to recruit Indian female workers holding ECR category passports for overseas employment in the notified 19 ECR Countries through the e-Migrate Portal. Moreover, there is a minimum age criteria of 30 years for female workers holding ECR category passport for overseas employment to protect them against exploitation.

Indian students travelling abroad are encouraged to reach out to our Missions/Posts both prior to their departure and thereafter upon reaching their Universities with the view to understand the local legal frameworks and the available support systems. Indian Missions/Posts abroad maintain regular contacts with Indian students enrolled in Universities abroad and brief them on challenges and threats, if any, that they may confront during their stay in the foreign lands. Heads of Indian Missions/Posts and other senior Embassy officers also visit foreign Universities and educational institutions in their respective countries of accreditation to regularly interact with Indian students and Indian Students' Associations.

Missions/Posts also reach out to the distressed Indian nationals, including workers and students, who are provided all possible consular assistance, including emergency medical care and boarding/ lodging, whenever required. The Indian Community Welfare Fund (ICWF) has been set up in Indian Missions/ Posts abroad for assisting overseas Indian nationals, including workers and students, in distress on a means tested basis in deserving cases. The support extended under ICWF also includes extending legal assistance, when required.

The Government has established a robust institutional framework to promote safe and legal migration while ensuring welfare and safety and preventing exploitation of Indians abroad, including Indian workers. MoUs/Agreements such as Migration and Mobility Partnership Agreements (MMPAs), Labour Mobility and Labour Welfare Agreements signed with the partner countries seek to establish robust frameworks for migrant workers welfare and protection and legal migration and for preventing irregular migration. The Labor and Manpower Cooperation MOUs/Agreements that provide the overarching framework for cooperation on labour and manpower related issues have been signed with the Gulf Cooperation Council countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates) and Jordan. Further, to safeguard the specific interests of domestic workers in GCC Countries, agreements on Labor Cooperation for Domestic Sector Workers (DSWs) have been signed with Saudi Arabia, UAE and Kuwait. Specific Labour Mobility Partnership Agreement/MOU/MOC have been signed with Denmark, Japan, Portugal, Mauritius, Israel, Taiwan, Malaysia and Russia. Migration and Mobility Partnership agreements to facilitate mobility of our students, academics, business people, and professionals, have been signed with France, UK, Germany, Australia, Austria, Italy and Denmark.

STATEMENT

**Details of complaints received from Indian nationals including students
and migrant workers abroad in the last three years**

Sl. No.	Name of Country	Name of Mission/Post	Number of complaints received from Indian students abroad			Number of complaints received from Indian Workers abroad		
			2023	2024	2025	2023	2024	2025
1	Afghanistan	EOI, Kabul	0	0	0	0	0	0
2	Albania	EOI, Tirana	0	0	0	0	2	4
3	Algeria	EOI, Algiers	0	0	0	0	0	0
4	Angola	HCI, Luanda	0	0	0	0	0	0
5	Argentina	EOI, Buenos Aires	0	0	0	0	0	0
6	Armenia	EOI, Yerevan	0	0	0	1	0	2
7	Australia	CGI, Perth	0	0	0	0	0	0
8		CGI Sydney	0	0	0	0	0	0
9		CGI, Brisbane	0	0	1	0	0	0
10		HCI, Canberra	0	0	0	0	0	0
11		CGI Melbourne	0	0	0	0	0	0
12	Austria	EOI, Vienna	0	0	0	0	0	0
13	Azerbaijan	EOI, Baku	0	0	0	0	0	0
14	Bahrain	EOI, Bahrain	0	0	0	711	603	345
15	Bangladesh	AHCI, Khulna	0	0	0	0	0	0
16		AHCI, Chittagong	0	0	0	0	0	0
17		HCI, Dhaka	0	0	0	0	0	0
18		AHCI, Rajshahi	0	0	0	0	0	0
19	Belarus	EOI, Minsk	0	0	0	0	0	1

20	Belgium & Luxembourg	EOI, Brussels	0	0	0	0	0	0
21	Belize	EOI, Mexico City	0	0	0	0	0	0
22	Bhutan	EOI, Thimphu	0	0	0	0	0	0
23		CGI, Phuentsholing	0	0	0	0	0	0
24	Bolivia	EOI, La Paz	0	0	0	0	0	0
25	Botswana	HCI, Gaborone	0	0	0	0	0	0
26	Brazil	EOI, Brasilia & CGI, Sao Paulo	0	0	0	0	0	0
27	Bulgaria	EOI, Sofia	0	0	0	0	0	0
28	Burkina Faso	EOI, Ouagadougou	0	0	0	0	0	1
29	Cabo Verde	EOI, Praia	0	0	0	0	0	0
30	Cambodia	EOI, Phnom Penh	0	0	0	207	980	1300
31	Cameroon	HCI, Yaounde	0	0	0	0	1	1
32	Canada	CGI, Toronto	0	0	0	0	0	0
33		HCI, Ottawa	0	0	0	0	0	0
34	Chad	EOI, N'Djamena	0	0	0	0	0	0
35	Hong Kong	CGI, Hong Kong	0	0	0	0	0	0
36	Chile	EOI, Santiago	0	0	0	0	0	0
37	Chile	EOI, Santiago	0	0	0	0	0	0
38	China	CGI Shanghai	0	0	0	0	0	0
39		CGI, Guangzhou	1	1	1	0	0	0

40	Colombia	EOI, Bogota	0	0	0	0	0	0
41	Cote D'Ivoire	EOI, Abidjan	0	0	0	0	0	0
42	Croatia	EOI, Zagreb	0	0	0	0	0	0
43	Cuba	EOI, Havana	0	0	0	0	0	0
44	Cyprus	HCI Nicosia	0	0	0	0	0	0
45	Czech Republic	EOI, Prague	0	0	0	0	0	0
46	Djibouti	EOI Djibouti	0	0	0	0	0	0
47	Dominican Republic & Haiti	EOI, Santo Domingo	0	0	0	0	0	0
48	DR Congo	EOI, Kinshasa	0	0	0	66	50	33
49	Ecuador	EOI, Ecuador	0	0	0	0	0	0
50		EOI, Quito	0	0	0	0	0	0
51	Egypt	EOI, Cairo	0	0	0	0	1	1
52	Equatorial Guinea	EOI, Malabo	0	0	0	0	0	0
53	Eritrea	EOI, Asmara	0	0	0	0	0	0
54	Estonia	EOI, Tallinn	0	0	0	0	0	0
55	Eswatini	HCI, Mbabane	0	0	0	0	0	0
56	Ethiopia	EOI, Addis Ababa	0	0	0	29	73	54
57	Fiji	HCI, Suva	0	0	0	0	0	0
58	Finland	EOI, Helsinki	0	0		0	0	0
59	France	EOI, Paris	2021-2024: 779		97	0	0	0
60		CGI, Marseille	0	0	0	0	0	0
61		CGI, Saint	0	0	0	0	0	0

		Denis, Reunion Island						
62	Gabon	HCI, Libreville	0	0	0	0	0	0
63	Georgia	EOI, Tbilisi	0	0	20	0	0	0
64	Germany	CGI, Frankfurt	0	0	0	0	0	0
65		CGI, Hamburg	0	0	0	0	2	0
66		CGI, Munich	0	6	6	0	0	0
67	Greece	EOI, Athens	0	0	0	0	0	25
68	Guatemala	EOI, Guatemala City	0	0	0	0	0	0
69	Guyana	HCI, Georgetown	0	0	0	1	4	14
70	Iceland	EOI, Reykjavik	0	0	0	0	0	0
71	Indonesia	CGI, Medan	0	0	0	0	0	0
72		CGI, Bali	0	0	0	0	0	0
73		Eol, Jakarta	0	0	0	0	0	0
74	Iraq	EOI, Baghdad	0	0	0	15	5	0
75		CGI, Erbil	0	0	0	0	0	4
76	Ireland	EOI, Dublin	0	0	0	0	0	0
77	Italy	EOI, Rome	6	5	1	0	0	0
78		CGI, Milan	0	1	1	0	0	0
79	Jamaica	HCI, Kingston	0	0	0	0	0	0
80	Japan	CGI, Fukuoka	0	0	0	0	0	0
81		EOI, Tokyo	0	0	0	0	0	0
82		CGI, Osaka- Kobe	0	0	0	0	0	0
83	Jordan	EOI, Amman	0	0	0	0	0	0
84	Kazakhstan	EOI, Astana	0	0	0	0	0	0

85		ROI, Almaty	0	0	0	0	0	0
86	Kenya	AHCI, Mombasa	0	0	0	0	0	0
87		HCI, Nairobi	0	0	0	0	0	0
88	Kuwait	EOI, Kuwait	0	0	0	7820	3728	4081
89	Kyrgyzstan	EOI, Bishkek	7	5	14	75	90	105
90	Lao PDR	EOI, Vientiane	0	0	0	252	592	1488
91	Latvia	EOI, Riga	0	0	0	0	0	4
92	Lebanon	EOI, Beirut	0	0	0	0	0	0
93	Liberia	EOI, Monrovia	0	0	0	2	3	3
94	Libya	EOI, Tripoli	0	0	0	0	21	27
95	Lithuania	EOI, Vilnius	0	0	0	0	0	0
96	Madagascar	Eol Antananarivo	0	0	0	0	0	0
97	Malawi	HCI, Lolongwe	0	0	0	0	1	3
98	Malaysia	HCI, Kuala Lumpur	0	1	1	1648	2794	2532
99	Maldives	HCI, Male'	0	0	0	549	1190	855
100	Mali	Eol Bamako	0	0	0	0	0	0
101	Malta	HCI, Malta	0	0	0	0	0	0
102	Mauritania	Eol, Nouakchott	0	0	0	0	0	1
103	Mauritius	HCI, Port Louis	0	0	0	0	0	0
104	Mexico	EOI, Mexico City	0	0	0	0	0	0
105	Mongolia	EOI, Ulaanbaatar	0	0	0	0	0	0
106	Morocco	EOI, Rabat	0	0	0	0	0	0
107	Mozambique	HCI, Maputo	0	0	0	0	0	0

108	Myanmar	CGI, Sittwe	0	0	0	0	0	0
109		CGI, Mandalay	0	0	0	0	0	0
110		EOI, Yangoon	0	0	0	0	0	0
111	Namibia	HCI, Windhoek	0	0	0	0	0	0
112	Nepal	CGI, Birgunj	0	1	0	1	6	12
113		EOI, Kathmandu	0	0	0	0	0	0
114	New Zealand	HCI, Wellington	0	0	0	119	0	0
115		CGI, Auckland	0	0	0	0	0	0
116	Niger	EOI, Niamey	0	0	0	0	0	0
117	Nigeria	HCI, Abuja	0	0	0	0	0	0
118		CGI, Lagos	0	0	0	0	0	0
119	Norway	EOI, Oslo	0	0	0	0	0	0
120	Pakistan	HCI, Islamabad	0	0	0	0	0	0
121	Palestine	ROI, Ramallah	0	0	0	0	0	0
122	Panama	EOI, Panama	0	0	0	0	0	0
123	Papua New Guinea	HCI, Port Moresby	0	0	0	0	0	0
124	Paraguay	EOI, Asuncion	0	0	0	0	0	0
125	Peru	EOI, Lima	0	0	0	0	0	0
126	Poland	EOI, Warsaw	0	0	0	0	0	0
127	Qatar	EOI, Doha	0	0	0	455	179	186
128	Republic of Congo	EOI, Brazzaville	0	0	0	0	0	0
129	Republic of Guinea	EOI, Conakry	0	0	0	0	0	11
130	Republic of Korea	EOI, Seoul	0	0	0	0	0	0

131	Romana	EOI, Bucharest	0	0	0	0	0	0
132	Russia	EOI, Moscow	66	74	196	0	0	0
133		CGI, Vladivostok	0	0	0	0	0	0
134		CGI, Saint Petersburg	2	4	5	1	1	5
135	Rwanda	HCI, Kigali	0	0	0	0	0	0
136	Sao Tome and Principe	EOI, Sao Tome	0	0	0	0	0	0
137	Saudi Arabia	EOI, Riyadh	0	0	0	2279	2223	2198
138		CGI, Jeddah	0	0	0	798	630	679
139	Senegal	EOI, Dakar	0	0	0	0	0	0
140	Serbia	EOI, Belgrade	0	0	0	3	12	34
141	Seychelles	HCI, Victoria, Mahe	0	0	0	58	42	46
142	Sierra Leone	HCI, Freetown	0	0	0	3	18	27
143	Singapore	HCI, Singapore	0	0	0	0	0	0
144	Slovak Republic	EOI, Bratislava	0	0	0	8	10	28
145	Slovenia	EOI, Ljubljana	0	0	0	0	0	0
146	South Africa	CGI, Johannesburg	0	0	0	0	0	0
147		CGI, Cape Town	0	0	0	0	0	0
148		CGI, Durban	0	0	0	0	0	0
149		HCI, Pretoria	0	0	0	0	0	0
150	South Sudan	EOI, Juba	0	0	0	0	1	3

151	Spain	CGI, Barcelona	0	0	0	0	0	0
152	Sri Lanka	HCI, Colombo	0	0	0	108	221	417
153		CGI, Hambantota	0	0	0	0	0	0
154		AHCI, Kandy	0	0	0	0	1	1
155		CGI, Jaffna	0	0	0	0	0	0
156	Sudan	EOI, Khartoum	0	0	0	0	0	0
157	Sultanate of Oman	EOI, Muscat	0	0	0	4281	3114	2345
158	Suriname	EOI, Paramaribo	0	0	0	0	0	0
159	Sweden	EOI, Stockholm	0	0	0	0	0	0
160	Switzerland	CGI, Geneva	0	0	0	0	0	0
161	Principality of Liechtenstein	EOI, Berne	1	0	0	0	0	0
162	Syria	EOI, Damascus	0	0	0	0	0	0
163	Taiwan	India Taipei Association	0	0	0	0	0	0
164	Tajikistan	EOI, Dushanbe	0	0	0	1	3	10
165	Tanzania	CGI, Zanzibar	0	0	0	0	0	0
166		HCI, Dar-es-salaam	0	0	0	0	0	0
167	Thailand	EOI, Bangkok	0	0	0	0	0	0
168		COI, Chiangmai	0	0	0	0	0	0
169	The Netherlands	EOI, The Hague	0	0	0	0	0	0
170	Timor Leste	EOI, Dili	0	0	0	0	0	0
171	Togo	EOI, Lomé	0	0	0	0	0	0

172	Tunisia	EOI, Tunis	0	0	0	0	0	48
173	Turkiye	CGI, Istanbul	0	0	1	5	2	3
174		EOI, Ankara	0	1	0	0	1	0
175	Turkmenista n	EOI, Ashgabat	0	0	0	0	0	0
176	UAE	EOI, Abu Dhabi	0	0	0	549	387	411
177		CGI, Dubai	0	0	0	2928	3030	3727
178	Uganda & Burundi	HCI, Kampala	0	0	0	6	1	3
179	Ukraine	EOI, Kyiv	0	0	2	0	0	6
180	United Kingdom	HCI, London	0	0	0	0	0	0
181		CGI, Edinburgh	0	0	0	0	1	1
182	Uruguay	EOI, Buenos Aires	0	0	0	0	0	0
183	USA	CGI, Atlanta	0	0	5	0	0	0
184		CGI, New York	19	3	1	0	0	0
185		CGI, Los Angeles	0	0	0	0	0	0
186		CGI, San Francisco	0	2	7	0	0	0
187		CGI, Chicago	0	0	0	0	0	0
188		CGI, Houston	0	0	0	0	0	0
189		PMI, New York	0	0	0	0	0	0
190	Uzbekistan	EOI, Tashkent	0	0	0	0	0	0
191	Venezuela	EOI, Caracas	0	0	0	0	0	0
192	Vietnam	CGI, Ho Chi Minh City	0	0	0	0	0	0
193		EOI, Hanoi	0	0	0	7	21	4

194	Yemen	EOI, Riyadh	0	0	0	0	0	0
195	Zambia	HCI, Lusaka	0	0	0	4	12	9
196	Zimbabwe	EOI, Harare	0	0	0	0	0	0

CONSULAR AND DIASPORA DIGITAL SERVICES

1189. SHRI KRISHNA PRASAD TENNETI:

SHRIMATI D. K. ARUNA:

SHRI DULU MAHATO:

SHRI KOTA SRINIVASA POOJARY:

SHRI ARVIND DHARMAPURI:

SHRI G. M. HARISH BALAYOGI:

SHRI P. P. CHAUDHARY:

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

- (a) the estimated number of migrant workers from Telangana working in Gulf countries, district-wise including Nizamabad and Karimnagar;
- (b) the number of Indian citizens registered on the MADAD, mPassport Seva and Consular Seva portals especially from Andhra Pradesh;
- (c) the volume and major categories of grievances and service requests received and processed through these platforms during the last three years along with the number of unresolved or pending grievances and the reasons therefor, year-wise, State-wise especially for Andhra Pradesh and Telangana;
- (d) the average time taken for grievance redressal and delivery of consular services for applicants;

- (e) whether new digital tools or integration with State Governments are planned to further improve diaspora and consular services, if so, the details thereof;
- (f) the steps taken to conduct awareness or outreach programmes in said States to increase utilisation of MADAD and consular digital platforms; and
- (g) whether any special outreach camps or facilitation centres are proposed in Telangana for migrant welfare?

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): District-wise number of Indian workers from Telangana State holding Emigration Check Required (ECR) category passports, who have been issued Emigration Clearance (EC) for working in the Gulf countries is as under:

Name of the District in Andhra Pradesh	Total Number of ECs Issued from 2014 to 2025
ADILABAD	5057
BHADRADRI KOTHAGUDEM	27
HYDERABAD	11530
JAGTIAL	2743
JANGAON	21
JAYASHANKAR BHUPALAPALLY	9
JOGULAMBA GADWAL	13
KAMAREDDY	1647
KARIMNAGAR	11214
KHAMMAM	118
KUMARAMBHEEM ASIFABAD	26
MAHABUBABAD	76

MAHBUBNAGAR	711
MANCHERIAL	264
MEDAK	1491
MEDCHAL MALKAJGIRI	215
NAGARKURNOOL	21
NALGONDA	166
NIRMAL	2235
NIZAMABAD	15875
PEDDAPALLI	207
RAJANNA SIRCILLA	1134
RANGA REDDY	1010
SANGAREDDY	86
SIDDIPET	362
SURYAPET	20
VIKARABAD	272
WANAPARTHY	18
WARANGAL	29
WARANGAL RURAL	67
WARANGAL URBAN	349
YADADRI BHUVANAGIRI	18
Grand Total	57031

(b): The number of Indian Citizens registered on the mPassport Seva portal from Andhra Pradesh are 84,773. The total number of grievances registered on the MADAD Portal from Indian nationals is 100110 (as on 23 January 2026). It may be noted that there is no mechanism available on MADAD Portal to ascertain the number of grievances state-wise.

(c): The volume of grievances and service requests processed through MADAD Portal during the last three years (2023-2025) is as follows:

Year	Grievance Received	Brought forward from previous year	Total Grievance	Grievance Resolved	Pending
2023	5794	3343	9137	5474	3663
2024	5704	3663	9367	5467	3900
2025	6158	3900	10058	6454	3604

Some of the grievances are pending due to various reasons, such as additional information required from grievants, response awaited from the local Foreign Office/local companies/employers or other Ministries/Departments in the host countries, verification and fact-finding delays, jurisdictional complexities and matters pending in courts of host countries etc.

(d): In pursuance of "Good Governance" initiatives, MEA launched an online Consular Grievances Management System named MADAD on 21 February 2015 to help Indians abroad requiring consular assistance. All Indian Missions/Posts abroad and the MEA's Branch Secretariats in Chennai, Guwahati, Hyderabad and Kolkata, are associated with MADAD Portal for consular grievance tracking and follow-up. The MADAD portal has represented a qualitative improvement over previous procedures for handling of consular grievances, through online forwarding, tracking and escalation until their eventual resolution. It allows direct registration of the grievances by the members of the public and effective tracking of the entire grievance handling

process. It incorporates several innovative features such as a flexible architecture to handle a variety of grievances, online filing and linking of similar grievances for easier retrieval and reference, automatic escalation and enhancement of priority, colour-coded dash boards for easy assessment and monitoring, and has an associated call centre to help illiterate grievants. A mobile App for MADAD has also been launched.

Grievances registered on the MADAD portal are monitored closely and disposed of expeditiously. However, there is no such mechanism available on MADAD Portal to find out the 'average time taken for redressal of grievances'.

(e): There is a continuous effort for using new digital tools and system integration to further improve diaspora and consular services. At present, no integration with State Government systems is under implementation.

(f): The Ministry through its Missions/Posts abroad facilitates Indian citizens to register details on MADAD Portal and also encourage the Indian migrant organizations and Indian community associations for the same through social media platforms.

The Ministry is also publicizing the MADAD App through official channels like the MEA's website and social media platforms of Missions/Posts to reach Indian migrant workers. Regular advisories are issued by Indian Missions/Posts for Indian citizens including migrant workers encouraging them for online registration on MADAD Portal to ensure timely assistance to them.

MEA has also leveraged social networking platforms such as Twitter (@MEAIndia, @MeaMadad), electronic mode of communication such as Email

(madad@mea.gov.in), 24x7 Helpline (1800-11-3090) to respond to distress calls and promote MADAD. Assistance to workers in Gulf countries has been publicized to demonstrate the portal's utility, indirectly raising awareness among migrant communities who follow these channels or hear about them through word of mouth. During the counselling session, the officials of Mission/Posts abroad inform workers about the functioning of the MADAD portal. Indian Workers Resource Centres (IWRCs) established in cities like Riyadh and Jeddah, have been linked to MADAD ecosystem to support distressed workers. MEA is also spreading awareness of MADAD among migrant Indian workers through hosting of events like Pravasi Bharatiya Divas or programmes like diaspora engagements. These are some of the efforts in reaching out to migrant workers in host countries, reinforcing the portal's role.

(g): From time to time, the Ministry, in coordination with the 16 Protector of Emigrants (PoE) offices across the country and the State Governments, organise awareness campaigns on safe and legal migration through eMigrate portal, by conducting workshops, trainings, information sessions, digital campaigns for media groups, police officials and law enforcement agencies, local administration, aspiring recruiting agents, entrepreneurs and general public. During these sessions, awareness on emigration regulations, schemes beneficial for emigrants like Pravasi Bharatiya Bima Yojana (PBBY), Pre-Departure Orientation Training (PDOT), eMigrate portal and various advisories issued by Indian Embassies are brought to the notice of all stakeholders including job seekers.

BETI BACHAO BETI PADHAO SCHEME**1190. DR. KALANIDHI VEERASWAMY:**

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

- (a) whether a comprehensive review of the implementation of the Beti Bachao, Beti Padhao scheme has been conducted across the country including Tamil Nadu;
- (b) if so, the details of the findings/key outcomes of such reviews, including the progress made in improving girl child ratio, enhancing education and ensuring safety and health for girls;
- (c) the details of the challenges/bottlenecks, if any faced in effectively implementing the scheme, especially in rural and marginalized areas;
- (d) the details of the specific measures taken/proposed to be taken to address these challenges/accelerate the scheme's impact;
- (e) the details of the funding, awareness campaigns/community engagement initiatives undertaken to promote the objectives of the said scheme; and
- (f) the details of the future plans to strengthen/expand the said scheme to ensure better social, educational and health outcomes for girl children across the country?

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

- (a) to (f): 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 a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, communities, media, civil society and the public at large. This movement aims not only to address immediate concerns related to sex ratio and gender-based discrimination but also to foster a cultural shift towards valuing the girl child and ensuring her rights and opportunities.

The scheme focuses on creating mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering various stakeholders. To address this, Ministry has developed an operational manual which, inter-alia, 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.

The implementation of scheme lies with the State Governments and UT Administrations. Further, once in a year, the Programme Approval Board monitors with States and UTs including the State of Tamil Nadu, the progress of activities under the scheme and reviews status of achievement of objectives. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States and UTs from time to time.

NITI Aayog has got conducted a third-party evaluation of the schemes of the Ministry of Women and Child Development for Financial Years 2019 to

2024. The study found that the SAMBAL vertical of Mission Shakti including BBBP is highly relevant and effectively addresses key gender challenges through integrated and data-driven services.

As per the latest report of Health Management Information System (HMIS) of Ministry of Health & Family Welfare (MoHFW), Sex Ratio at Birth (SRB) at the national level has increased from 918 in 2014-15 to 929 in 2024-25. 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 80.2% in 2024-25.

Based on the Sex Ratio at Birth (SRB) status of districts as per the 2020–21 HMIS data of the Ministry of Health & Family Welfare, funds are provided to districts according to their SRB. The districts with SRB less than or equal to 918 are provided assistance of Rs.40 Lakh per year, districts having SRB from 919 to 952 are provided assistance of Rs. 30 lakh per year and districts having SRB more than 952 are provided assistance of Rs. 20 lakh per year. Further, any new district formed in the coming years is also be kept under Rs. 30 lakh bracket. All 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).

NIMESULIDE DOSAGE BAN

1191. DR. AMOL RAMSING KOLHE:

PROF. VARSHA EKNATH GAIKWAD:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

SHRI SANJAY DINA PATIL:

SHRIMATI SUPRIYA SULE:

SHRI BHASKAR MURLIDHAR BHAGARE:

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

- (a) whether the Government has banned the manufacture, sale and distribution of oral formulations of Nimesulide above 100 mg for human use in the country due to serious safety concerns, including liver toxicity and if so, the details thereof;
- (b) whether this ban is being effectively enforced in Maharashtra and if so, the details thereof;
- (c) the scientific studies, pharmacovigilance data and expert recommendations relied upon for this decision, including inputs from the Indian Council of Medical Research and the Drugs Technical Advisory Board;
- (d) whether cases of adverse drug reactions, hospitalisation or liver damage linked to high dosage nimesulide have been reported in Maharashtra during the last five years, district-wise and the regulatory action taken thereon; and
- (e) whether any advisories, monitoring drives or awareness programmes have been undertaken in Maharashtra for doctors, chemists and the public on safer alternatives and rational use of analgesics 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): Based on the examination of the report of the Indian Council of Medical Research (ICMR) by the Drugs Technical Advisory Board (DTAB) and its recommendations made in the meeting held on 24.04.2025, the Central Government, has prohibited the manufacture, sale and distribution of all oral formulations containing Nimesulide above 100 mg in immediate-release dosage form vide Gazette Notification S.O. 6091(E) dated 29.12.2025, as such formulations are likely to involve risk to human beings and safer therapeutic alternatives are available. Further, vide G.S.R. 82(E) dated 10.02.2011, the Central government had already prohibited the manufacture, sale and distribution of Nimesulide formulations for human use in children below 12 years of age. These notifications are applicable throughout the country.

The manufacture, sale and distribution of prohibited or banned drugs is a punishable offence under Section 18 of the Drugs and Cosmetics Act, 1940, and the concerned licensing authorities are empowered to take appropriate regulatory action in this regard.

The Indian Pharmacopoeia Commission (IPC) as National Coordination Centre (NCC) for Pharmacovigilance Programme of India (PvPI) collates and analyses, Individual Case Safety Reports (ICSRs) related to adverse drug reactions. As per the reporting mechanism of IPC for suspected adverse drug reactions (ADRs), during the last five years, one case of ADR associated with

high-dose Nimesulide (>100 mg) requiring hospitalisation was reported from Mumbai district of Maharashtra.

Further, the Indian Pharmacopoeia Commission has undertaken multiple awareness and risk-communication initiatives to strengthen the safe use of Nimesulide. These include circulation of safety advisories and awareness posters emphasising the prohibition of Nimesulide use in children below 12 years of age to Adverse Drug Reaction Monitoring Centres (AMCs) and Marketing Authorisation Holders (MAHs). Dissemination has also been carried out through PvPI social media platforms and information hosted on the official website of the Indian Pharmacopoeia Commission (www.ipc.gov.in).

MEDICINAL PLANTS IN TAMIL NADU

1192. DR. M. K. VISHNU PRASAD:

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

- (a) whether the Government has formulated any special plan for the development and conservation of rare medicinal plants found in the States across the country, State/UT-wise, particularly in Tamil Nadu;
- (b) if so, the details thereof along with the areas where such medicinal plants are available in Tamil Nadu, particularly at the district level including Cuddalore district, State/UT-wise;
- (c) whether the Government provides financial assistance to the States for the development and promotion of AYUSH; and

(d) if so, the details thereof along with the amount provided for the development and promotion of AYUSH during the last three financial years and the current year and State/UT-wise including Tamil Nadu?

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

(a) and (b): The National Medicinal Plants Board (NMPB), Ministry of Ayush is currently implementing “Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants” under which there is a provision to provide project based support to State Forest Departments for in-situ Conservation of medicinal plants in their natural habitats by way of establishing Medicinal Plants Conservation and Development Areas (MPCDAs) throughout of the country including the state of Tamil Nadu. Under this provision special focus is given for conservation of Rare, Endangered, and Threatened species. The State/UT-wise details of MPCDAs supported throughout the country including state of Tamil Nadu are given in the enclosed **Statement–I.**

In addition to above, the Botanical Survey of India (BSI), an organization under Ministry of Environment, Forest and Climate Change, mandated for survey of plant diversity of the country, also promote the conservation of India’s floral diversity including medicinal plants. The BSI provides financial grants through the Assistance to Botanical Gardens (ABG) scheme for the ex-situ development of threatened and rare medicinal plants. Under this initiative,

financial assistance provided to three Botanical Gardens i.e. Yercaud Botanical Garden, Yercaud; Tamil Nadu Agriculture University (TNAU), Coimbatore and the Indian Council of Forestry Research and Education – Institute of Forest Genetics and Tree Breeding (ICFRE-IFGTB), Coimbatore to maintain specialized collections, including medicinal plants.

(c): Yes, Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments for development and promotion of Ayush in the Country and providing financial assistance to States as per the proposals received in the State Annual Action Plans (SAAPs).

The NAM inter-alia makes provision for the following:

- i. Operationalization of Ayush Health & Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush Dispensaries.
- ii. Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- iii. Upgradation of existing standalone Government Ayush Hospitals.
- iv. Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/ dilapidated accommodation)/Construction of building to establish new Ayush Dispensary in the area where there are no Ayush facilities available.
- v. Setting up of up to 10/30/50 bedded integrated Ayush Hospitals.

- vi. Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional AYUSH Hospitals.
- vii. Ayush Public Health Programmes.
- viii. Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.
- ix. Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses.

The Ministry of Ayush also implements the Central Sector Scheme for Promotion of Information Education and Communication (IEC) in Ayush to create awareness regarding Ayush Systems of Medicine including Ayurvedic and other System of medicine. This aims to reach out to all sections of the population across the country. This scheme provides assistance for organizing National/State Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, etc. The Ministry also undertakes Multi-Media, Print Media Campaigns for creating awareness about Ayush System.

(d): The State/UT-wise details of funds approved/sanctioned during the last three financial years and the current year including state of Tamil Nadu under Centrally Sponsored Scheme of National Ayush Mission (NAM) are given in the enclosed **Statement-II**.

The funds under IEC Scheme are not allocated State/UT-wise. The details of the budget allocated for IEC Scheme during last three financial years and current year is as below:

Financial Year	Funds Allocated (Rs. in Crores)
2022-23	55.40
2023-24	39.85
2024-25	33.12
2025-26	73.20

STATEMENT-I

The State/UT-wise details of Medicinal Plant Conservation Development Areas (MPCDAs) supported Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants

S. No.	Name of States/UTs	No. of MPCDAs Supported	Name of MPCDAs
1.	Gujarat	13	(1) Mathal
			(2) Tharavada
			(3) Valsad
			(4) Surat
			(5) Kurboi Nabhoi
			(6) Kachchh
			(7) Jamnagar
			(8) Rajkot
			(9) Saurashtra
			(10) Central Gujarat
			(11) North Gujarat
			(12) Kachchh Saline
			(13) Mahisagar
2.	Haryana	2	(1) Bhiwani

			(2) Mahendragarh
3.	Himachal Pradesh	5	(1) Dhel Tachh GHNP (Dhauladhar Range)
			(2) Dodra (Zanskar Range)
			(3) Chhitkul (Zanskar Range)
			(4) Kukumseri (Dhauladhar Range)
			(5) Modda Ka Tibba (Zanskar Range)
4.	Jammu & Kashmir	3	(1) Anantnag
			(2) Kathua
			(3) Leh (now in UT of Ladakh)
5.	Karnataka	17	(1) Dharwad
			(2) Uttara Kannada
			(3) Balagaum
			(4) Janakadkal
			(5) Shiragunji
			(6) Kodambale
			(7) Mahime
			(8) Achwe
			(9) Shimoga
			(10) Madhugiri
			(11) Koratagere
			(12) Ramnagar
			(13) Vaijgaon
			(14) Kudlagaon
			(15) Potoli
			(16) Panjeli
			(17) Devalli
6.	Madhya Pradesh	11	(1) Amrakantak
			(2) Barman
			(3) East Batkakhapa
			(4) East Chhindwada
			(5) Tamia
			(6) Pandurna

			(7) Dindori
			(8) Bhoribandh
			(9) Mavai
			(10) Kattiwara
			(11) Karahal
7.	Maharashtra	15	(1) Gullar ghat
			(2) Honya Koli
			(3) Sawarani
			(4) Ghatang Range
			(5) Melaghat Range
			(6) Dhannu Range
			(7) Thane
			(8) West Nasik
			(9) Ruyad
			(10) Welgoor
			(11) Bhatari
			(12) Chindhichak
			(13) Kopella
			(14) Mandvi Range
			(15) Shirsad Range
8.	Manipur	3	(1) Khangkhuikhullen Ukhul
			(2) Kailam, Churachandpur
			(3) Langol Reserved Forests, Imphal West
9.	Mizoram	6	(1) Bilkhawthlir
			(2) Vairengte
			(3) Humunpui
			(4) Khiangzaw
			(5) Zongaw
			(6) Sidarh Ram
10.	Nagaland	10	(1) Jalukie
			(2) Chungtonya
			(3) Chipvu

			(4) Intaki
			(5) Fakim Wildlife Sanctuary
			(6) Saramati peak
			(7) Khar village
			(8) Zutovi
			(9) Tuli
			(10) Chen
11.	Orissa	1	(1) Mandara Giri
12.	Rajasthan	2	(1) Kiradu Hill, Badmer
			(2) Kaylana, Jodhpur
13.	Sikkim	4	(1) Chungthang
			(2) Namchi
			(3) Sipsu Jhum Gangtok
			(4) Mamring
14.	Tamil Nadu	8	(1) Sirumalai
			(2) Alagarkovil
			(3) Natham Range
			(4) Mannavannur
			(5) Berijam
			(6) Poomburai
			(7) Devadanapatty
			(8) Perumpallam
15.	Tripura	5	(1) Muhuripur RF
			(2) Baramura-Deotamura RF
			(3) Baramura-Deotamura RF
			(4) Baramura-Deotamura RF
			(5) Teliamura RF
16.	Uttarakhand	3	(1) Joshimath Range, Chamoli
			(2) Dharali
			(3) Gangi
17.	West Bengal	7	(1) Panchanai
			(2) Phalut
			(3) Rachila

			(4) Lataguri
			(5) North Rajavatkawa
			(6) Kalash
			(7) Kankarajhore
	Total	115	

STATEMENT-II

The State/UT-wise detail of funds approved/sanctioned during the last three financial years and current year including Tamil Nadu under Centrally Sponsored Scheme of National Ayush Mission (NAM)

(Rs. In Lakh)						
S.No	Name of States/UTs	2022-23	2023-24	2024-25	2025-26	Total Releases
1.	Andaman & Nicobar Islands	142.386	407.2865	542.75	150.08	1242.50
2.	Andhra Pradesh	0.000	0.0000	2497.19	217.13	2714.32
3.	Arunachal Pradesh	402.040	1186.0400	1498.84	1584.41	4671.33
4.	Assam	1011.770	3471.4500	6511.87	3209.38	14204.47
5.	Bihar	0.000	1161.0600	0	92.04	1253.10
6.	Chandigarh	189.735	226.3190	447.58	0.00	863.63
7.	Chhattisgarh	0.000	2151.4260	3194.06	631.36	5976.84
8.	Dadra & Nagar Haveli and Daman & Diu	0.000	408.4500	690.73	1181.89	2281.07
9.	Delhi	0.000	0.0000	0	0.00	0.00
10.	Goa	142.286	628.3045	610.67	432.09	1813.35
11.	Gujarat	1908.623	2961.4215	2623.103	1691.23	9184.38
12.	Haryana	1219.905	3026.5875	1371.9	655.66	6274.05
13.	Himachal	3873.577	3659.2200	2899.089	1815.81	12247.69

	Pradesh					
14.	Jammu & Kashmir	4895.088	7510.3600	4361.6	1715.72	18482.76
15.	Jharkhand	7752.570	2390.4200	3217.057	303.92	13663.96
16.	Karnataka	1714.086	5031.5400	6067.284	651.57	13464.48
17.	Kerala	4399.828	7989.4000	11037.96	1828.65	25255.83
18.	Ladakh	72.265	47.3200	190.287	207.79	517.66
19.	Lakshadweep	116.322	332.0140	220.476	146.08	814.90
20.	Madhya Pradesh	1716.000	6120.0000	8169.59	1643.61	17649.20
21.	Maharashtra	0.000	2235.5360	2681.157	0.00	4916.69
22.	Manipur	1723.000	0.0000	1276.67	0.00	2999.67
23.	Mizoram	117.270	1057.8550	1101.48	1585.76	3862.36
24.	Meghalaya	796.840	1722.6000	1520.48	62.11	4102.03
25.	Nagaland	495.780	1016.9700	1342.11	160.54	3015.40
26.	Odisha	0.000	0.0000	2369.21	379.74	2748.95
27.	Puducherry	623.952	197.0800	683.4	4.15	1508.58
28.	Punjab	0.000	109.8504	1701.1	33.88	1844.83
29.	Rajasthan	0.000	3731.5120	15051.797	3460.36	22243.67
30.	Sikkim	626.060	492.3700	434.78	419.53	1972.74
31.	Tamil Nadu	2428.686	6635.7630	7380.32	1137.53	17582.30
32.	Telangana	0.000	1225.1670	2491.38	0.81	3717.36
33.	Tripura	1030.900	566.9900	815.77	90.53	2504.19
34.	Uttar Pradesh	14437.596	12418.5960	13903.18	0.00	40759.37
35.	Uttarakhand	1855.797	3234.3750	2441.1211	1889.43	9420.72
36.	West Bengal	1056.581	3379.3860	2308.432	0.00	6744.40
	TOTAL	54748.942	86732.669	113654.423	27382.782	282518.82

जन औषधि केंद्र योजनाएँ

1193. श्रीमती कलाबेन मोहनभाई देलकर:

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

- (क) जन औषधि केंद्र योजना के तहत देश भर में उपलब्ध जेनेरिक दवाओं की कुल संख्या कितनी है और उक्त कार्यक्रम के तहत शामिल दवाओं की राज्य-वार सूची क्या है;
- (ख) पिछले दो वर्षों के दौरान दादरा और नगर हवेली केंद्र संघ राज्य क्षेत्र और अन्य राज्यों, विशेषरूप से ग्रामीण और दूर-दराज के क्षेत्रों में जेनेरिक दवाओं के लाभों के बारे में जागरूकता पैदा करने के लिए सरकार द्वारा राज्य/संघ राज्य क्षेत्र-वार क्या प्रयास किए जा रहे हैं;
- (ग) क्या सरकार को जेनेरिक दवाओं के उपयोग को बढ़ावा देने में किसी चुनौती का सामना करना पड़ रहा है और यदि हाँ, तो चुनौतियों के समाधान के लिए उठाए जा रहे कदमों सहित तत्संबंधी ब्यौरा क्या है; और
- (घ) चालू वित्तीय वर्ष के अंत तक दादरा और नगर हवेली केंद्र शासित प्रदेश में कितने जन औषधि केंद्र खोले गए हैं/खोले जाने का लक्ष्य है?

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

(क) से (ग): सरकार ने सभी को वहनीय मूल्यों पर गुणवत्तापूर्ण जेनेरिक दवाएँ उपलब्ध कराने के लिए प्रधानमंत्री भारतीय जनऔषधि परियोजना शुरू की। इस योजना के तहत, जन औषधि केंद्र के नाम से ज्ञात विशेष केंद्र देशभर में खोले गए हैं, जहाँ ब्रांडेड दवाओं की तुलना में लगभग 50% से 80% तक कम दरों पर दवाएँ उपलब्ध कराई जाती हैं। इस योजना के अंतर्गत 2,110 दवाएँ और 315 शल्य चिकित्सा सामग्री, चिकित्सा उपभोग्य वस्तुएँ और उपकरण शामिल हैं, जिनमें हृदयवाहिका रोग, कैंसर-रोधी, मधुमेह-रोधी, संक्रमण-रोधी, एलर्जी-रोधी और गैस्ट्रोइन्टेस्टाइनल दवाएँ और न्यूट्रास्युटिकल्स जैसी सभी प्रमुख श्रेणियाँ शामिल हैं। 2110 जेनेरिक दवाओं की सूची

विवरण के रूप में संलग्न है।

जनऔषधि केंद्रों के माध्यम से आपूर्ति की जाने वाली दवाओं की स्वीकार्यता को संवर्धित करने के लिए, जनऔषधि दवाओं के लाभों के बारे में लक्षित जागरूकता अभियान नियमित रूप से आयोजित किए जाते हैं:

- i. **जागरूकता अभियान** : भारतीय औषध और चिकित्सा उपकरण ब्यूरो (पीएमबीआई), जो पीएमबीजेपी की कार्यान्वयन एजेंसी है, केंद्रीय संचार ब्यूरो, पीआईबी, माईगॉव और माईभारत 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, फार्मसी कॉलेजों में सेमिनारों, बच्चों के 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 प्लेटफॉर्म 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 डिस्प्ले और ग्रामीण क्षेत्रों में स्थानीय जेएके के सहयोग से जन सहभागिता कार्यशालाओं के माध्यम से भी प्रचार किया जाता है।

(घ): दादरा और नगर हवेली केंद्र शासित प्रदेश सहित पूरे देश में किफायती दवाओं की व्यापक उपलब्धता सुनिश्चित करने के उद्देश्य से, दिनांक 31.3.2026 तक देश भर में खोले गए जेएके की कुल संख्या को बढ़ाकर 20,000 करने का लक्ष्य रखा गया है। जेएके खोलने के लिए राज्य और केंद्र शासित प्रदेश-वार कोई लक्ष्य निर्धारित नहीं है।

विवरण

दिनांक 31.12.2025 तक पीएमबीजेपी के अन्तर्गत 2110 जेनेरिक दवाइयों की सूची

क्र.सं.	औषधि कोड़	मद का जेनेरिक नाम	यूनिट आकार
1	1	Aceclofenac 100mg and Paracetamol 325mg Tablets	10's
2	2	Aceclofenac Tablets IP 100 mg	10's
3	3	Pregabalin Capsules IP 75 mg	10's
4	5	Aspirin Gastro-resistant Tablets IP 150 mg	14's
5	6	Chlorzoxazone 500mg, Diclofenac 50mg and Paracetamol 325mg Tablets	10's
6	7	Diclofenac Gel IP 1.16%w/w (Diclofenac Diethylamine)	15 g
7	8	Serratiopeptidase 10mg and Diclofenac Sodium 50mg Tablets	10's
8	9	Diclofenac Sodium Prolonged Release Tablets IP 100 mg	10's
9	10	Diclofenac Sodium Injection IP 25mg per ml	3 ml
10	11	Diclofenac Gastro-Resistant Tablets IP 50 mg	10's
11	12	Etoricoxib Tablets IP 120 mg	10's
12	13	Etoricoxib Tablets IP 90 mg	10's
13	14	Ibuprofen 400mg and Paracetamol 325mg Tablets IP	10's
14	15	Ibuprofen Tablets IP 200 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
15	16	Ibuprofen Tablets IP 400 mg	15's
16	17	Indomethacin Capsules IP 25 mg	10's
17	18	Azithromycin Tablets IP 250 mg	6's
18	19	Nimesulide 100mg and Paracetamol 325mg Tablets	10's
19	20	Nimesulide Tablets 100 mg	10's
20	21	Diclofenac Sodium 50mg and Paracetamol 325mg Tablets IP	10's
21	22	Paracetamol Paediatric Oral Suspension IP 125 mg per 5 ml	60 ml
22	23	Paracetamol Tablets IP 500 mg	10's
23	24	Pentazocine Injection IP 30 mg per ml	1 ml
24	25	Serratiopeptidase Tablets IP 10 mg	10's
25	26	Tramadol Hydrochloride Injection 100 mg per 2 ml	2 ml
26	27	Tramadol HCl Injection 50mg 1 ml	1 ml
27	28	Tramadol Tablets 50mg	10's
28	29	Aciclovir Tablets IP 400 mg	10's
29	30	Amikacin Injection IP 100 mg per 2 ml	2 ml Vial
30	31	Amikacin Injection IP 250 mg per 2 ml	2 ml Vial
31	32	Amikacin Injection IP 500 mg per 2 ml	2 ml Vial
32	34	Metformin Hydrochloride Prolonged-release 500mg and Glimepiride 2mg Tablets IP	15's
33	35	Amoxycillin 1g and Potassium Clavulanate 200mg Injection IP	Vial & Wfi
34	36	Amoxycillin 200mg and Potassium Clavulanate 28.5mg Oral Suspension IP per 5ml	30 ml
35	37	Amoxycillin 250mg and Potassium Clavulanate 50mg Injection IP	Vial & Wfi
36	38	Amoxycillin 500mg and Potassium Clavulanate 100mg Injection IP	Vial & Wfi

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
37	39	Amoxycillin 500mg and Potassium Clavulanate 125mg Tablets IP	6's
38	40	Amoxycillin 250mg and Cloxacillin 250mg Capsules	10's
39	42	Amoxycillin Trihydrate Dispersible Tablets IP 125 mg	10's
40	43	Amoxycillin Oral Suspension IP 125mg per 5ml	60 ml
41	44	Amoxycillin Capsules IP 250mg	10's
42	45	Amoxycillin Capsules IP 500mg	10's
43	46	Ampicillin Injection IP 500 mg	Vial
44	47	Azithromycin Oral Suspension IP 100mg per 5ml	15 ml
45	48	Azithromycin Dispersible Tablets 100mg	10's
46	51	Cefadroxil Dispersible Tablets 250mg	10's
47	52	Cefadroxil Tablets IP 500 mg	10's
48	53	Cefixime Oral Suspension IP 50mg per 5ml	30 ml
49	54	Cefixime Tablets IP 100 mg	10's
50	55	Cefixime Tablets IP 200 mg	10's
51	56	Cefoperazone 1g and Sulbactam 1g Injection	Vial & Wfi
52	57	Cefoperazone 500mg and Sulbactam 500mg Injection	Vial & Wfi
53	58	Cefoperazone Injection IP 1 g	Vial & Wfi
54	59	Cefotaxime Sodium 1g and Sulbactam Sodium 500mg Injection	Vial & Wfi
55	60	Cefotaxime Sodium 250mg and Sulbactam Sodium 125mg Injection	Vial & Wfi
56	61	Cefotaxime Sodium 500mg and Sulbactam Sodium 250mg Injection	Vial & Wfi
57	62	Cefotaxime Sodium Injection IP 1g	Vial & Wfi
58	63	Cefotaxime Sodium Injection IP 250 mg	Vial & Wfi
59	64	Cefotaxime Sodium Injection IP 500 mg	Vial & Wfi
60	65	Cefpodoxime Proxetil Dispersible Tablets 100 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
61	66	Cefpodoxime Tablets IP 200 mg	10's
62	67	Ceftazidime Injection IP 1g	Vial & Wfi
63	68	Ceftazidime Injection IP 250mg	Vial & Wfi
64	69	Ceftazidime Injection IP 500mg	Vial & Wfi
65	70	Ceftriaxone 1g and Sulbactam 500mg Injection	Vial & Wfi
66	71	Ceftriaxone 1g and Tazobactam 125mg Injection	Vial & Wfi
67	72	Azithromycin Tablets IP 500 mg	3's
68	73	Ceftriaxone 250 mg and Sulbactam 125 mg Injection	Vial & Wfi
69	74	Ceftriaxone 500mg and Sulbactam 250mg Injection	Vial & Wfi
70	75	Ceftriaxone Injection IP 1 g	Vial & Wfi
71	76	Ceftriaxone Injection IP 250 mg	Vial & Wfi
72	77	Ceftriaxone injection IP 500 mg	Vial & Wfi
73	78	Cefuroxime Axetil Tablets IP 250 mg	10's
74	79	Cefuroxime Axetil Tablets IP 500 mg	10's
75	80	Cephalexin Tablets IP 125mg (Dispersible)	10's
76	81	Cephalexin Capsules IP 250mg	10's
77	82	Cephalexin Capsules IP 500mg	10's
78	83	Ciprofloxacin 250mg and Tinidazole 300mg Tablets	10's
79	84	Ciprofloxacin 500mg and Tinidazole 600mg Tablets	10's
80	85	Ciprofloxacin Hydrochloride Tablets IP 250 mg	10's
81	86	Ciprofloxacin Hydrochloride Tablets IP 500 mg	10's
82	87	Clotrimazole Cream IP 1% w/w	15 g tubes
83	88	Co-trimoxazole (Sulphamethoxazole 200mg and Trimethoprim 40mg per 5ml) Oral Suspension IP	50 ml
84	89	Co-trimoxazole (Sulphamethoxazole 800mg and Trimethoprim 160mg) Tablets IP	10's
85	90	Co-trimoxazole (Sulphamethoxazole 100mg and	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Trimethoprim 20mg) Tablets IP	
86	92	Doxycycline Capsules IP 100mg	10's
87	93	Erythromycin Stearate Tablets IP 250mg	10's
88	94	Gentamicin Sulphate Injection IP 80 mg per 2ml	2 ml
89	95	Levofloxacin Tablets IP 250mg	10's
90	96	Levofloxacin Tablets IP 500mg	10's
91	97	Meropenem Injection IP 1 g	Vial & Wfi
92	98	Norfloxacin 400mg and Tinidazole 600mg Tablets	10's
93	99	Norfloxacin Tablets IP 400 mg	10's
94	100	Ofloxacin 200mg and Ornidazole 500mg Tablets IP	10's
95	101	Ofloxacin Tablets IP 200mg	10's
96	102	Ofloxacin Tablets IP 400mg	10's
97	103	Piperacillin 4000mg and Tazobactam 500mg Injection IP	Vial & Wfi
98	105	Roxithromycin Tablets IP 150 mg	10's
99	106	Roxithromycin Tablets IP 300 mg	10's
100	107	Tinidazole Tablets IP 300 mg	10's
101	108	Tinidazole Tablets IP 500 mg	10's
102	109	Vancomycin Hydrochloride for Intravenous Infusion IP 500 mg	Vial & Wfi
103	110	Adapalene Gel 0.1%w/w	15 gm tubes
104	112	Beclomethasone Dipropionate 0.025%w/w, Clotrimazole 1%w/w and Gentamicin Sulphate 0.1%w/w Cream	15 g tubes
105	113	Beclomethasone 0.025%w/w and Neomycin 0.5%w/w Cream	15g tube
106	115	Calamine Lotion IP	100 ml
107	117	Chlorhexidine Mouthwash IP 0.2 % w/v	100 ml
108	118	Clobetasol Propionate Cream IP 0.05 % w/w	15 gm Tube
109	120	Fusidic Acid Cream IP 2% w/w	5 gm Tube

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
110	122	Ketoconazole Lotion 2% w/v	100 ml Bottle
111	124	Povidone Iodine Ointment 5% w/w	250 gm tubes/Jar
112	125	Povidone Iodine Ointment 5% w/w	15 gm tubes
113	126	Povidone-Iodine Solution IP 10 % w/v	500 ml
114	127	Povidone-Iodine Solution IP 5 % w/v	100 ml
115	129	Povidone Iodine Solution 7.5% w/v	500 ml
116	131	Silver Sulphadiazine 1% w/w, Chlorhexidine Gluconate 0.2% w/w, Allantoin 0.1% w/w, Aloe vera 15% w/w Cream	20 gm
117	132	Silver Sulphadiazine 1% w/w, Chlorhexidine Gluconate 0.2% w/w, Allantoin 0.1% w/w, Aloe vera 15% w/w Cream	500 gm
118	133	Glibenclamide Tablets IP 2.5 mg	10's
119	134	Glibenclamide Tablets IP 5 mg	10's
120	135	Gliclazide Tablets IP 40 mg	10's
121	136	Gliclazide Tablets IP 80 mg	10's
122	137	Glimepiride Tablets IP 1mg	10's
123	138	Glimepiride Tablets IP 2mg	10's
124	141	Glipizide Tablet IP 5 mg	10's
125	142	Soluble Insulin Injection IP 40 IU per ml (R-DNA Origin)	10 ml Vial
126	143	Insulin Injection IP 40 IU per ml (Insulin Human Soluble 30% and Isophane 70%)	10 ml Vial
127	144	Metformin Hydrochloride Sustained Release Tablets IP 1000 mg	10's
128	145	Metformin Hydrochloride Tablets IP 500mg	10's
129	147	Pioglitazone Tablets IP 30mg	10's
130	150	Pioglitazone 15mg and Metformin 500mg Sustained Release Tablets	10's
131	152	Bleomycin Injection IP 15 IU	Vial
132	153	Cisplatin Injection IP 10 mg per10ml	Vial

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
133	154	Cisplatin Injection 50mg per 50ml	Vial
134	156	Doxorubicin Injection IP 50mg (2mg per ml)	Vial
135	158	Etoposide Injection IP 100 mg per 5 ml	Vial
136	159	Gemcitabine Injection IP 1000mg	Vial
137	160	Gemcitabine Injection IP 200mg	Vial
138	163	Tamoxifen Citrate Tablets IP 10 mg	10's
139	164	Tamoxifen Citrate Tablets IP 20 mg	10's
140	165	Ciprofloxacin Injection IP 200mg	100 ml
141	170	Mannitol Injection IP 20% w/v	100 ml
142	171	Mannitol Intravenous Infusion IP 20% w/v	350 ml
143	172	Metronidazole Infusion IP 500 mg	100 ml
144	177	Albendazole Oral Suspension IP 200 mg per 5ml	10 ml
145	178	Albendazole 400mg and Ivermectin 6mg Tablets	1's
146	180	Bisacodyl Tablets IP 5mg	10's
147	181	Tricholine Citrate 275mg and Cyproheptadine Hydrochloride 2mg Syrup per 5ml	200 ml
148	183	Dicyclomine Tablets IP 10mg	10's
149	184	Paracetamol 325mg and Dicyclomine Hydrochloride 20mg Tablets	10's
150	186	Domperidone Tablets IP 10 mg	10's
151	187	Domperidone Suspension IP 5mg per 5ml	30 ml
152	188	Dried Aluminium Hydroxide 250mg, Magnesium Hydroxide 250mg and Activated Dimethicone 50mg Tablets	10's
153	191	Famotidine Tablets IP 20 mg	14's
154	192	Famotidine Tablets IP 40 mg	14's
155	193	Furazolidone Tablets IP 100 mg	10's
156	194	Hyoscine Butylbromide Tablets IP 10 mg	10's
157	196	Lactic Acid Bacillus Tablets 60 Million spores	10's
158	197	Lactulose Solution IP 10g per 15ml	100 ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
159	198	Dried Aluminium Hydroxide 250mg, Magnesium Hydroxide 250mg and Activated Dimethicone 50mg per 5ml Suspension	170 ml
160	199	Metoclopramide Tablets IP 10 mg	10's
161	200	Metoclopramide Injection IP 5mg per ml	2ml Ampoule
162	201	Metronidazole Tablets IP 200mg	10's
163	202	Metronidazole Tablets IP 400mg	10's
164	203	Misoprostol Tablets IP 200 mcg	4's
165	206	Omeprazole 20mg and Domperidone 10mg Capsules IP	10's
166	207	Omeprazole Gastro-resistant Capsules IP 20 mg	10's
167	208	Ondansetron Injection IP 2mg per ml	2 ml
168	209	Ondansetron Tablets IP 4 mg	10's
169	210	Ornidazole Tablets IP 500mg	10's
170	212	Pantoprazole Gastro Resistant Tablets IP 40 mg	10's
171	213	Pantoprazole Injection 40mg	Vial
172	214	Rabeprazole 20mg (Enteric Coated) and Domperidone 30mg (Sustained Release) Capsules	10's
173	215	Rabeprazole Gastro Resistant Tablets IP 20 mg	10's
174	216	Ranitidine Injection IP 25 mg per ml	2 ml
175	217	Ranitidine Tablets IP 150 mg	10's
176	218	Ranitidine Tablets IP 300 mg	10's
177	220	Calcium 500mg and Vitamin D3 250IU Tablets IP	10's
178	223	Pyridoxine Hydrochloride 10mg, Doxylamine 10mg and Folic Acid 2.5mg Tablets	30's
179	224	Folic Acid Tablets IP 5 mg	15's
180	225	Syrup of Iron and Folic Acid in a flavoured Base	200 ml
181	227	Polyvitamin Tablets NFI (Prophylactic)	10's
182	230	Vitamin B-Complex fort Zinc Capsule	10's
183	231	Vitamin B-Complex Tablets (B1 10mg, B2 10mg,	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		B3 45mg, B5 50mg, B6 3mg, B12 15mcg)	
184	232	Vitamin B-Complex Syrup	200 ml
185	235	Budesonide Nebuliser Suspension 1mg per 2ml	2 ml
186	236	Budesonide Inhalation IP 100mcg	200 MDI
187	238	Budesonide Inhalation IP 200mcg	200 md
188	239	Cetirizine Syrup IP 5 mg per 5 ml	60 ml
189	240	Cetirizine Hydrochloride Tablets IP 10mg	10's
190	245	Etophyllin 77mg and Theophylline 23mg Tablets	10's
191	246	Fexofenadine Hydrochloride Tablets IP 120mg	10's
192	247	Fexofenadine Tablets IP 180 mg	10's
193	248	Levocetirizine Tablets IP 5 mg	10's
194	250	Montelukast Sodium Tablets IP 5mg	10's
195	251	Montelukast Sodium Tablets IP 10mg	10's
196	252	Montelukast Sodium 10mg and Levocetirizine 5mg Tablets IP	10's
197	253	Pheniramine Maleate Tablets IP 25 mg	15's
198	254	Promethazine Syrup IP 5mg per 5ml	100 ml
199	255	Salbutamol Inhalation IP 100mcg	200 md
200	256	Salbutamol Tablets IP 2mg	10's
201	259	Salbutamol Syrup IP 2mg per 5ml	100 ml
202	260	Salbutamol Tablets IP 4 mg	10's
203	261	Adenosine Injection IP 6 mg per 2ml	2 ml
204	263	Amlodipine 5mg and Atenolol 50mg Tablets IP	10's
205	264	Amlodipine Tablets IP 5mg	10's
206	265	Atenolol Tablets IP 50 mg	14's
207	266	Atorvastatin Tablets IP 10mg	10's
208	267	Atorvastatin Tablets IP 20mg	10's
209	268	Clonidine Tablets IP 100 mcg	10's
210	269	Clopidogrel Tablets IP 75mg	10's
211	270	Clopidogrel 75mg and Aspirin 75mg Tablets IP	10's
212	271	Diltiazem Tablets IP 30 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
213	272	Diltiazem Tablets IP 60 mg	10's
214	273	Dobutamine Injection IP 250mg per 20ml (for Intravenous Infusion)	Vial
215	274	Dopamine Hydrochloride Injection IP 200 mg per 5ml	5 ml
216	275	Enalapril Tablets IP 5 mg	10's
217	276	Enoxaparin Injection IP 40 mg per 0.4 ml	0.4 ml
218	277	Enoxaparin Injection IP 60 mg per 0.6 ml	0.6 ml
219	278	Frusemide Injection IP 10 mg per ml	2 ml
220	279	Frusemide Tablets IP 40 mg	10's
221	280	Heparin Sodium Injection IP 5000 IU	5 ml
222	281	Heparin Sodium Injection IP 25000 IU	5 ml
223	283	Isosorbide Dinitrate Tablets IP 10mg	50's
224	285	Amlodipine 5mg and Lisinopril 5mg Tablets IP	15's
225	286	Lisinopril Tablets IP 5mg	10's
226	287	Losartan Potassium 50mg and Hydrochlorothiazide 12.5mg Tablets IP	10's
227	288	Losartan Tablets IP 25mg	10's
228	289	Losartan Tablets IP 50mg	10's
229	290	Metoprolol Tablets IP 25 mg	10's
230	291	Metoprolol Extended release Tablets IP 50mg	10's
231	293	Ramipril Tablets IP 2.5 mg	10's
232	294	Ramipril Tablets IP 5 mg	10's
233	295	Simvastatin Tablets IP 10mg	10's
234	296	Simvastatin Tablets IP 20mg	10's
235	298	Telmisartan 40mg and Hydrochlorothiazide 12.5mg Tablets IP	10's
236	299	Telmisartan Tablets IP 20mg	10's
237	300	Telmisartan Tablets IP 40mg	10's
238	301	Tranexamic Acid Tablets IP 500 mg	10's
239	302	Tranexamic Acid Injection IP 500 mg (100mg per	5 ml Amp.

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		ml)	
240	304	α - β Arteether Injection 150 mg	2 ml Ampoule
241	305	Chloroquine Phosphate Tablets IP 250 mg	10's
242	311	Disodium Hydrogen Citrate Syrup (Alkalyser) 1.4 gm per 5 ml	100 ml
243	312	Oral Rehydration Salts IP 20.5g Sachet (WHO Formula)	1's
244	313	Alprazolam Tablets IP 0.25 mg	10's
245	314	Alprazolam Tablets IP 0.5 mg	10's
246	316	Betahistine Tablets IP 8 mg	10's
247	317	Carbamazepine Tablets IP 100 mg	10's
248	319	Clonazepam Tablets IP 0.5 mg	10's
249	320	Diazepam Tablets IP 5 mg	10's
250	321	Escitalopram Tablets IP 10 mg	10's
251	322	Escitalopram Tablets IP 20 mg	10's
252	323	Flunarizine Tablets IP 10 mg	10's
253	324	Flunarizine Tablets IP 5 mg	10's
254	325	Fluoxetine Hydrochloride Capsules IP 20mg	10's
255	326	Methyl Ergometrine Tablets IP 0.125 mg	10's
256	327	Phenytoin Tablets IP 100 mg	100's in Bottle
257	328	Prochlorperazine Tablets IP 5 mg	10's
258	329	Prednisolone Tablets IP 5 mg	15's
259	330	Prednisolone Tablets IP 10 mg	10's
260	332	Thyroxine Sodium Tablets IP 100 mcg	100's
261	333	Dexamethasone Tablets IP 0.5 mg	10's
262	334	Dexamethasone Injection IP 4mg per ml	2 ml
263	336	Allopurinol Tablets IP 100 mg	10's
264	337	Clomiphene Citrate Tablets IP 50mg	10's
265	338	Atropine Sulphate Injection IP 0.6mg per ml	1 ml
266	341	Carboxymethylcellulose Sodium Eye Drops IP 0.5% w/v	10 ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
267	344	Ciprofloxacin Eye Drops IP 0.3% w/v	5 ml
268	345	Gentamicin Eye Drops IP 0.3% w/v	10 ml
269	351	Xylometazoline Nasal Drops IP 0.1%w/v	10 ml
270	352	Bupivacaine Hydrochloride Injection IP 5 mg per ml	20 ml
271	356	Lignocaine Injection IP 2% w/v	30 ml Vial
272	357	Lignocaine and Adrenaline Injection IP (2%w/v and 1:80000)	30 ml Vial
273	358	Propofol Injection IP 10 mg per ml	10 ml Vial
274	359	Tetanus Vaccine IP	0.5 ml Ampoule
275	360	Mifepristone Tablets IP 200 mg	1's
276	362	Biphasic Isophane Insulin Injection IP (50:50) 40 IU per ml	10 ML VIAL
277	363	Insulin Glargine Injection IP 100 IU per ml	Cartridge 3 ml
278	366	Glipizide 5mg and Metformin Hydrochloride 500mg Tablets	10's
279	367	Voglibose Tablets IP 0.3 mg	10's
280	368	Gliclazide Extended release Tablets 60 mg	10's
281	369	Acarbose Tablets IP 50 mg	10's
282	371	Voglibose Tablets IP 0.2 mg	10's
283	372	Metformin Hydrochloride Prolonged release Tablets IP 500 mg	10's
284	373	Artesunate Injection IP 60 mg	1 vial
285	375	Quinine Sulphate Tablets IP 300 mg	10's
286	376	Imipenem 500mg and Cilastatin 500mg Injection IP	Vial & Wfi
287	377	Clindamycin Capsules IP 300 mg	10's
288	380	Clarithromycin Tablets IP 500 mg	4's
289	381	Cefixime 200mg and Ofloxacin 200mg Tablets	10's
290	382	Linezolid Tablets IP 600 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
291	383	Cefpodoxime 200mg and Potassium Clavulanate 125mg Tablets	6's
292	384	Itraconazole Capsules 100 mg	4's
293	385	Cefixime 200mg and Potassium Clavulanate 125mg Tablets	10's
294	386	Diethylcarbamazine Tablets IP 50 mg	30's
295	387	Terbinafine Tablets IP 250mg	7's
296	391	Moxifloxacin Tablets 400 mg	5's
297	392	Griseofulvin Tablets IP 250 mg	10's
298	393	Aciclovir Dispersible Tablets IP 800 mg	5's
299	395	Cefuroxime Axetil 500mg and Potassium Clavulanate 125mg Tablets IP	6's
300	396	Liposomal Amphotericin B Injection 50 mg per Vial	20 ml
301	400	Ketoconazole Tablets IP 200 mg	10's
302	401	Amoxycillin 250mg and Potassium Clavulanate 125mg Tablets IP	6's
303	402	Amoxycillin 875mg and Potassium Clavulanate 125mg Tablets IP	6's
304	403	Clindamycin Injection IP 300mg per 2ml	2 ML
305	404	Linezolid Infusion 600mg per 300ml	300 ml
306	405	Ofloxacin Infusion IP 200 mg per 100 ml	100 ml
307	407	Ivermectin Dispersible Tablets 12 mg	10's
308	410	Trastuzumab Injection 440 mg With Wfi	1's
309	412	Azathioprine Tablets IP 50 mg	10's
310	413	Methotrexate Tablets IP 7.5 mg	10's
311	414	Tranexamic Acid 500mg and Mefenamic Acid 250mg Tablets	10's
312	416	Prazosin Tablets IP 5 mg	15's
313	417	Telmisartan 40mg and Amlodipine 5mg Tablets IP	15's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
314	418	Rosuvastatin Tablets IP 20 mg	10's
315	419	Heparin Sodium 50IU and Benzyl Nicotinate 2mg Ointment	20 gm
316	420	Atorvastatin 10mg and Clopidogrel 75mg Capsules	10's
317	421	Nebivolol Tablets IP 5 mg	10's
318	422	Torsemide Tablets IP 10mg	15's
319	423	Bisoprolol Tablets 5 mg	10's
320	424	Carvedilol Tablets IP 3.125 mg	10's
321	425	Diltiazem Sustained Release Tablets 90 mg	10's
322	426	Acenocoumarol Tablets IP 2 mg	30's
323	427	S(-)Amlodipine Tablets IP 2.5 mg	10's
324	428	Digoxin Tablets IP 0.25 mg	10's
325	429	Atorvastatin 10mg and Fenofibrate 160mg Tablets IP	15's
326	430	Amiodarone Tablets IP 200 mg	10's
327	431	Ramipril 5mg and Hydrochlorothiazide 12.5mg Tablets IP	10's
328	432	Olmesartan Medoxomil Tablets IP 40 mg	10's
329	433	Isosorbide Mononitrate Sustained Release Tablets 30 mg	30's
330	434	Propranolol Tablets IP 40 mg	10's
331	435	Rosuvastatin 10mg and Fenofibrate 160mg Tablets IP	10's
332	436	Telmisartan 40mg and Chlorthalidone 12.5mg Tablets	10's
333	437	Nifedipine Prolonged release Tablets IP 20mg	10's
334	438	Indapamide Tablets IP 1.5 mg	10's
335	439	Olmesartan Medoxomil 40mg and Hydrochlorothiazide 12.5mg Tablets IP	10's
336	440	Metoprolol 50mg (Prolonged release) and Amlodipine Besilate 5mg Tablets IP	7's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
337	441	Losartan 50mg and Amlodipine 5mg Tablets IP	10's
338	442	Fenofibrate Tablets IP 160 mg	10's
339	443	Isosorbide Dinitrate Tablets IP 5 mg	50's
340	444	Enalapril 10mg and Hydrochlorothiazide 25mg Tablets IP	30's
341	445	Olmesartan 20mg and Amlodipine 5mg Tablets	10's
342	446	Amlodipine 5mg and Hydrochlorothiazide 12.5mg Tablets	10's
343	447	Moxonidine Tablets 0.3 mg	10's
344	448	Ramipril 5mg and Amlodipine 5mg Tablets	10's
345	449	Spironolactone Tablets IP 25 mg	15's
346	450	Labetalol Hydrochloride Tablets IP 100mg	10's
347	451	Streptokinase Injection IP 15,00,000 IU	10 ml & wfi
348	452	Warfarin Tablets IP 5 mg	10's
349	453	Bisoprolol 5mg and Hydrochlorothiazide 6.25mg Tablets IP	10's
350	454	Valsartan Tablets IP 80 mg	10's
351	455	Verapamil Tablets IP 80 mg	10's
352	456	Atorvastatin Tablets IP 40 mg	10's
353	457	Torsemide Tablets IP 20 mg	10's
354	458	Labetalol Injection IP 5 mg per ml	4 ml Ampoule
355	459	Hydroquinone 2%w/w, Mometasone 0.1%w/w and Tretinoin 0.025%w/w Cream	20 gm
356	461	Betamethasone Valerate 0.1%w/w and Neomycin Sulfate 0.5%w/w Cream	20 gm
357	462	Betamethasone Valerate 0.12%w/w and Clioquinol 3%w/w Cream	30 GM
358	463	Mupirocin Ointment IP 2 % w/w	5 gm
359	465	Pantoprazole 40mg (Gastro-resistant) and Domperidone 30mg (Prolonged Release) Capsules IP	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
360	466	Ursodeoxycholic Acid Tablets IP 300 mg	10's
361	467	Dicyclomine Hydrochloride 10mg and Mefenamic Acid 250mg Tablets IP	10's
362	468	Bacillus Clausii Spores Suspension 2 Billion per 5ml	5 ML
363	471	Oxetacaine, Aluminium Hydroxide and Magnesium Hydroxide Suspension	200 ML
364	472	Esomeprazole 40mg (Enteric-Coated) and Domperidone 30mg (Sustained Release) Capsules	10's
365	473	Pantoprazole 40mg (Enteric Coated) and Levosulpiride 75mg (Sustained Release) Capsules	10's
366	474	Doxylamine Succinate 10mg and Pyridoxine Hydrochloride 10mg Tablets	30's
367	475	Sucralfate Suspension 500mg per 5ml	200 ml
368	476	Liquid Paraffin 1.25ml, Milk of Magnesia 3.75ml and Sodium Picosulphate 3.33mg Suspension per 5ml	170 ml Bottle
369	477	Chlordiazepoxide 5mg and Clidinium Bromide 2.5mg Tablets	10's
370	478	Sodium Picosulphate Tablets 10 mg	10's
371	479	Sorbitol 7.15g and Tricholine Citrate 550mg per 10ml Solution	200 ML
372	480	Esomeprazole 40mg (Enteric-coated) and Levosulpiride 75mg (Sustained release) Capsules	10's
373	481	Rifaximin Tablets 400 mg	10's
374	482	Rabeprazole 20mg (Enteric Coated) and Levosulpiride 75mg (Sustained Release) Capsules	10's
375	483	Loperamide Capsules IP 2 mg	10's
376	484	Esomeprazole Tablets IP 40 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
377	485	Promethazine Tablets IP 25 mg	10's
378	486	Pancreatin 170mg and Activated Dimethicone 80mg Tablets	10's
379	487	Dicyclomine Hydrochloride 10mg and Activated Dimethicone 40mg per 5 ml Suspension	30 ML
380	488	Lansoprazole Capsules IP 15 mg	10's
381	489	Sulfasalazine Gastro-resistant Tablets 1000mg	10's
382	491	Itopride Tablets IP 50 mg	10's
383	492	Sulfasalazine Delayed Release Tablets 500mg	10's
384	496	Dydrogesterone Tablets IP 10 mg	10's
385	497	Combipack of Mifepristone Tablets IP 200mg (1 Tablet) & Misoprostol Tablets IP 200mcg (4 Tablets)	1's
386	498	Ferrous Ascorbate 100mg and Folic Acid 1.5mg Tablets	10's
387	499	Norethisterone Tablets IP 5 mg	10's
388	501	Betamethasone Sodium Phosphate Tablets IP 0.5 mg	20's
389	502	Deflazacort Tablets 6 mg	6's
390	503	Methylprednisolone Sodium Succinate Injection 1000mg	Vial & Wfi
391	504	Nandrolone Decanoate Injection IP 25 mg per ml	1 ML
392	505	Carbimazole Tablets IP 10 mg	100's
393	507	Carbimazole Tablets IP 5 mg	10's
394	508	Levetiracetam Tablets IP 500 mg	10's
395	509	Hydroxychloroquine Tablets IP 200 mg	10's
396	510	Paracetamol 325mg and Tramadol 37.5mg Tablets	10's
397	511	Paracetamol Tablets IP 650 mg	15's
398	512	Aceclofenac 100mg, Paracetamol 325mg and Serratiopeptidase 15mg Tablets	10's
399	513	Piroxicam Capsules IP 20 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
400	514	Chymotrypsin and Trypsin (1:6) Tablets 100K AU	20's
401	515	Mefenamic Acid Suspension 100mg per 5ml	60 ml
402	516	Aceclofenac Sustained Release Tablets 200mg	10's
403	517	Thiocolchicoside 4mg and Aceclofenac 100mg Tablets	10's
404	518	Baclofen Tablets IP 10 mg	10's
405	519	Ketorolac Tromethamine Tablets IP 10mg	10's
406	521	Tramadol Prolonged Release Tablets IP 100 mg	10's
407	522	Alfacalcidol Soft Gelatin Capsules 0.25 mcg	10's
408	523	Naproxen Tablets IP 500 mg	15's
409	525	Diclofenac 1.16%w/w, Linseed Oil 3%w/w, Methyl Salicylate 10%w/w and Menthol 5%w/w Gel	30 GM
410	528	Paracetamol 325mg, Phenylephrine 10mg and Chlorpheniramine 2mg Tablets	10's
411	529	Levosambutamol 1.25mg and Ipratropium 500mcg Respules	3 ml
412	530	Formoterol 6mcg and Budesonide 200mcg Rotacaps	30's
413	532	Salmeterol 50mcg and Fluticasone 250mcg Rotacaps	30's
414	537	Ambroxol Hydrochloride 15 mg, Guaifenesin 50 mg and Levosambutamol Sulphate 1 mg Syrup	100 ml Bottle
415	539	Acetylcysteine Tablets 600 mg	10's
416	540	Levosambutamol 1.25mg and Budesonide 1mg Respules	2 ML
417	541	Acebrophylline Capsules 100 mg	10's
418	542	Saline Nasal Drops (Sodium Chloride 0.65% w/v)	20 ml
419	543	Menthol (55 mg $\pm$ 5.) Cinnamon (12.5 mg $\pm$ 2) and Pine Oil (112.5 mg $\pm$ 1) Soft Capsules	10's
420	544	Fluticasone Propionate Respules 0.5mg per 2ml	2 ML
421	555	Doxofylline Tablets IP 400 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
422	556	Montelukast Sodium 10mg and Fexofenadine Hydrochloride 120 mg Tablets	10's
423	558	Azelastine Hydrochloride 140mcg and Fluticasone Propionate 50mcg Nasal Spray	70 MD
424	560	Fluticasone Propionate Nasal Spray IP 50 mcg	100 MD
425	561	Levosulbutamol Syrup 1mg per 5ml	100 ML
426	562	Loratadine Tablets IP 10mg	10's
427	563	Oxymetazoline Hydrochloride Nasal Drops IP 0.5 mg per ml	10 ML
428	564	Tiotropium Bromide 18mcg and Formoterol Fumarate Dihydrate 12mcg Rotacaps	15's
429	565	Tiotropium Bromide 18mcg, Formoterol Fumarate Dihydrate 12mcg and Ciclesonide 400mcg Rotacaps	15's
430	566	Ipratropium Bromide Respirator Solution 250mcg	15 ML
431	567	Salbutamol 100mcg and Ipratropium 20mcg Inhaler	200 MDI
432	568	Salmeterol 25mcg and Fluticasone Propionate 250mcg Inhaler IP	100 MD
433	569	Sildenafil Tablets IP 50 mg	4's
434	570	Tadalafil Tablets IP 20 mg	4's
435	571	Tamsulosin Hydrochloride (Modified Release) 0.4mg and Dutasteride 0.5mg Tablets	15's
436	574	Rabies Vaccine, Human IP	1 ml vial with diluent in Mono pack
437	580	Ginseng, Multivitamins and multiminerals Capsules	10's
438	581	Calcium Carbonate 500mg, Calcitriol 0.25mcg and Zinc 7.5mg Capsules	10's
439	582	Vitamins A,C,D,E,And B Complex and Minerals Syrup	200 ML

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
440	583	Cyproheptadine Tablets IP 4 mg	10's
441	585	Cholecalciferol Granules 60000 IU per gm	1 Sachet
442	586	Methylcobalamin 1500mcg, L- Carnitine L-Tartrate 500mg and Folic Acid 1.5mg Tablets	10's
443	588	Vitamin E Softgel Capsules 400 mg	10's
444	589	Calcium 500mg and Calcitriol 0.25mcg Tablets	15's
445	591	Methylcobalamin Injection 500 mcg	1 ML
446	592	L-Lysine + Multivitamins (Vit-B1,B2,B3,B5,B6) Syrup	200 ML
447	593	Folic Acid 15mg, Cyanocobalamine 500mcg and Nicotinamide 200mg Injection	10 ML
448	594	Dextrose Monohydrate IP Powder	75 gm
449	595	Thiamine 100mg, Pyridoxine Hydrochloride 100mg and Cyanocobalamin 1000mcg per 3 ml Injection	3 ml
450	597	Pyridoxine Tablets IP 50 mg	10's
451	598	Pregabalin 75mg and Methylcobalamin 750mcg Tabletsa	10's
452	599	Pregabalin Tablets 75 mg	10's
453	601	Disulfiram Tablets IP 500 mg	4's
454	608	Betamethasone Dipropionate 0.05% w/w and Salicylic Acid 3% w/w Ointment	20 gm
455	609	Silver Nitrate 0.20% w/w and Chlorhexidine Gluconate 0.20% w/w Cream	15 Gms Tube
456	611	Cyproheptadine Hydrochloride Syrup IP 2mg	200 ml
457	612	Povidone-Iodine Powder 5% W/W	10 gm Container
458	613	Diclofenac Potassium 50mg, Paracetamol 325mg and Serratiopeptidase 10mg Tablets	10's
459	614	Paradichlorobenzene 2%w/v, Benzocaine 2.7%w/v, Chlorbutol 5%w/v and Turpentine Oil 15%w/v Ear Drops	10 ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
460	626	Ketoconazole Shampoo 2% W/V	100 ml Bottle
461	627	Etophylline 115mg and Theophylline 35mg Prolonged Release Tablets IP	10's
462	628	Etophylline 231mg and Theophylline 69mg Prolonged Release Tablets IP	10's
463	629	Inhalent Softgel Capsules (Camphor 25mg, Chlorothymol 5mg, Eucalyptol 130mg, Menthol 55mg, Turpineol 110mg)	10's
464	630	Liquid Paraffin 3.75ml and Milk of Magnesia 11.25ml per 15ml Suspension	170 ml Bottle
465	631	Etamsylate Tablets 500 mg	10's
466	632	Etamsylate Tablets 250 mg	10's
467	633	Adapalene 0.1%w/w and Clindamycin Phosphate 1%w/w Gel	15 gm tubes
468	634	Clobetasol Propionate 0.05%w/w, Neomycin 0.50%w/w, Miconazole 2%w/w and Chlorocresol 0.10%w/w Cream	20 gms.
469	637	Aceclofenac 100mg, Paracetamol 325mg and Chlorzoxazone 250mg Tablets	10's
470	639	Terbutaline Sulphate 1.25mg, Bromhexine 4mg, Guaiphenesin 50mg and Menthol 2.5mg Syrup per 5ml	100 ML
471	640	Nimesulide Gel 1% W/W	20 gm Tube
472	643	Paracetamol 125mg, Chlorpheniramine 1mg and Sodium Citrate 60mg Syrup in Flavour base	60 ml Bottle
473	644	Phenylephrine Hydrochloride 5mg and Chlorpheniramine Maleate 2mg Drops	15 ml Bottle
474	645	Nimesulid 100mg, Paracetamol 325mg and Chlorzoxazone 375mg Tablets	10's
475	648	Diclofenac Dithylamine 1.16%w/w, Linseed Oil 3%w/w, Methyl Salicylate 10%w/w and Menthol 5%w/w Spray	35 gm

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
476	649	Dicyclomine Hydrochloride 10mg and Simethicone 40mg Oral Drops	10 ml Bottle
477	650	Mefenamic Acid 500mg and Paracetamol 325mg Tablets	10's
478	655	Pepsin 7.5mg and Fungal Diastase Enzyme 12.5mg Syrup per 5ml (Mix Fruit Flavour)	200 ml
479	656	Diastase and Pepsin Enzyme Drops	15 ml
480	658	Chlorhexidine Gluconate 0.3%v/v and Cetrimide 0.6%w/v Antiseptic Liquid	100 ML
481	661	Gama Benzene Hexachloride 1%w/v and Cetrimide 0.1%w/v lotion	100 ml
482	664	Mouth Ulcer Gel (Choline Salicylate Sodium 9% W/V, Benzalkonium Chloride 0.01% W/W)	10 gm
483	665	Vitamin B Complex and Ascorbic Acid Capsules	10's
484	666	Pheniramine Maleate Injection IP 22.75 mg	2 ML
485	668	Multivitamin Drops	15 ml
486	669	Cefuroxime Axetil Oral Suspension 125mg per 5ml	30 ML
487	670	Glucosamine 750mg , Diacerein 50mg and Methylsulfonylmethane 250mg Tablets	10's
488	671	Glucosamine 500mg and Diacerein 50mg Tablets	10's
489	672	Mometasone Furoate Cream IP 0.1%w/w	15 gm
490	673	Biotin Tablets 10mg	10's
491	676	Triamcinolone Acetonide Mouth Ulcer Gel 0.1% w/w	10 gm
492	677	Flupentixol Tablets 0.5 mg	10's
493	679	Nalidixic Acid Tablets IP 500 mg	10's
494	680	Finasteride Tablets IP 5mg	10's
495	682	Rabeprazole 20mg and Domperidone 10mg Capsules	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
496	683	Rabeprazole Sodium (Gastro-resistant) 20mg and Itopride Hydrochloride Prolonged release 150mg Capsules IP	10's
497	685	Pantoprazole Sodium 40 mg (Enteric Coated) and Itopride Hydrochloride 150 mg (Sustained Release) Capsules	10's
498	686	Magaldrate 400mg and Simethicone 20mg Oral Suspension IP per 5ml	170 ml
499	687	Lactulose Solution IP 10g per 15ml	200 ml
500	689	Clotrimazole Vaginal Tablets IP 100mg	10's
501	690	Timolol Maleate Eye Drops IP 0.5 %	5 ml Vial
502	691	Ofloxacin Eye Drops IP 0.3% w/v	10 ml
503	692	Olopatadine Hydrochloride Ophthalmic Solution IP 0.1% w/v	10 ml Vial
504	693	Tropicamide Eye Drops IP 1% W/V	5 ml Vial
505	696	Polymyxin B Sulphate 5000IU, Chloramphenicol 4mg and Dexamethasone 1mg Eye/Ear Drops	5 ml
506	697	Sulphacetamide Eye Drop IP 10 % w/v	10 ml
507	699	Acyclovir Eye Ointment IP 3% W/W	5 gm
508	701	Pilocarpine Eye Drops IP 2% W/V	10 ml Vial
509	704	Cephalexin Dry Syrup 125mg per 5ml	30 ml
510	705	Levofloxacin Infusion IP 500 mg per 100 ml	100 ML
511	707	Piroxicam Dispersible Tablets 10 mg	10's
512	708	Piroxicam Dispersible Tablets 20 mg	10's
513	709	Piroxicam with bezyl alcohol Injection 20 mg	1 ml
514	710	Piroxicam with bezyl alcohol Injection 40 mg	2 ml
515	712	Paracetamol Oral Suspension IP 250mg per 5ml	60 ml
516	713	Glibenclamide 5mg and Metformin Hydrochloride 500mg Tablets IP	10's
517	715	Glycerin IP 98%W/W	50 GM
518	717	Etodolac Tablets IP 300mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
519	718	Escitalopram Oxelate 10mg and Clonazepam 0.5mg Tablets IP	10's
520	720	Ringer Lactate Infusion	500 ml in FFS Bottle
521	722	Water for Injection amp polypack 5 ml	5 ml
522	723	Water for Injection amp polypack 10ml	10 ml
523	725	Dextrose Intravenous Infusion IP 5% w/v	500 ml
524	726	Dextrose Injection IP 10% w/v	500 ml
525	728	Dextrose 5%w/v and Sodium Chloride 0.9%w/v Injection IP	500 ml
526	732	Sodium Chloride Injection IP 0.9%W/V	100 ml IV Fluid Plastic Container
527	733	Progesterone Sustained Release Tablets 200 mg	10's
528	734	Dehydroepiandrosterone (Micronized) 25 mg Capsule	10's
529	736	Megestrol Acetate Tablets IP 40mg	10's
530	739	Cefuroxime Axetil Tablets IP 125mg	6's
531	740	Clarithromycin Tablets IP 250 mg	10's
532	741	Cefpodoxime Proxetil Dispersible Tablets 50 mg	10's
533	746	Valganciclovir Hydrochloride Tablets USP 450 mg	10's
534	747	Glimepiride Tablets IP 3mg	10's
535	748	Glimepiride Tablets IP 4mg	10's
536	752	Clotrimazole Powder 1%	100 gm Powder
537	753	Clotrimazole 1%w/v and Beclometasone Dipropionate 0.025%w/v Lotion	15 ml
538	754	Clotrimazole 1%w/w and Beclomethasone Dipropionate 0.025%w/w Cream	15 gm
539	757	Cefuroxime Injection IP 1500mg	Vial & Wfi
540	759	Rosuvastatin Tablets IP 10mg	15's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
541	762	Nortriptyline Tablets IP 25mg	10's
542	764	Etizolam Tablets IP 0.5mg	10's
543	766	L-Methylfolate calcium 7.5mg Tablet	10's
544	767	Metformin Hydrochloride 1000mg (Prolonged Release) and Glimepiride 2mg Tablets IP	10's
545	768	Acetazolamide Tablets IP 250mg	10's
546	769	Acetylsalicylic Acid (Aspirin) Gastro-resistant Tablets IP 325mg	14's
547	772	Adenosine Injection IP 3mg per ml	2 ml
548	779	Alpha Lipolic Acid 100mg, Vitamin D3 1000IU, Folic Acid 1.5mg, Pyridoxine 3mg and Methylcobalamin 1500mcg Tablets	10's
549	781	Alprazolam 0.25mg and Fluoxetine 20mg Tablets	10's
550	784	Amisulpride Tablets IP 50mg	10's
551	785	Amitriptyline Hydrochloride Tablets IP 25mg	15's
552	786	Amitriptyline Hydrochloride Tablets IP 10mg	10's
553	788	Anastrozole Tablets IP 1mg	10's
554	790	Aspirin Enteric Coated Tablets IP 75mg	14's
555	791	Atenolol 25mg and Amlodipine 5mg Tablets IP	14's
556	793	Atenolol Tablets IP 25mg	14's
557	796	Aspirin Gastro-resistant 75mg and Atorvastatin 10mg Capsules IP	10's
558	797	Atracurium Besylate Injection I.P 25mg per 2.5ml	2.5 ML
559	800	Bacitracin 250 IU, Neomycin 5mg, Sulphacetamide 60mg Dusting Powder	10 gm Powder
560	804	Betamethasone Injection IP 4 mg per ml	1 ml
561	806	Bicalutamide Tablets IP 50mg	10's
562	807	Biphasic Isophane Insulin Injection IP 100 IU/ml (30:70) (30% Soluble Insulin and 70% Isophane Insu	3 ml Catridge
563	809	Bortezomib Injection IP 3.5 mg	Vial

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
564	811	Bromfenac Sodium Eye Drop 0.09%w/v	5 ml
565	812	Bromocriptine Mesylate Tablets IP 2.5mg	10's
566	814	Cabergoline Tablets IP 0.5mg	4's
567	815	Calcitriol Capsules IP 0.25mcg	10's
568	816	Calcium Acetate Tablets 667mg	10's
569	817	Calcium Carbonate 1250mg, Vitamin D3 250IU, Magnesium Oxide 40mg, Manganese Sulphate 1.8mg and Zinc 7.5mg Tablets	10's
570	818	Calcium Gluconate Injection IP 10 % w/v	10 ml
571	821	Carvedilol Tablets IP 6.25mg	10's
572	829	Chloramphenicol Eye Ointment IP 1%w/w	5 gm
573	830	Chlordiazepoxide 10mg and Trifluoperazine 1mg Tablets	10's
574	832	Chlorthalidone Tablets IP 12.5mg	10's
575	833	Cholecalciferol (Vitamin D3) Drops 800 IU per ml	15 ml
576	834	Cholecalciferol (Vitamin D3) Drops 400 IU per ml	15 ml
577	835	Glucosamine Sulphate 500mg and Chondroitin 400mg Tablets	10's
578	837	Cilnidipine Tablets IP 20mg	10's
579	838	Cilostazol Tablets IP 50mg	10's
580	840	Citicoline Tablets IP 500mg	10's
581	844	Clonazepam Tablets IP 1mg	10's
582	850	Cyclosporin capsules IP 50mg	5's
583	851	Dacarbazine Injection IP 200mg	VIAL
584	853	Daunorubicin Hydrochloride Injection IP 20mg	vial
585	860	Dextromethorphan Hydrobromide Syrup IP 13.5mg per 5ml	50 ml
586	864	Dextrose Injection IP 25%w/v	100 ml
587	865	Diacerein Capsules IP 50mg	10's
588	866	Diazepam Injection IP 5mg per ml	2 ML
589	868	Dicyclomine Hydrochloride (Dicycloverine)	2 ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Injection IP 10mg per ml	
590	875	Donepezil Hydrochloride Tablets IP 10mg	10's
591	878	Drotaverine Hydrochloride 80mg and Mefenamic Acid 250mg Tablets	10's
592	879	Drotaverine Hydrochloride Tablets IP 40mg	10's
593	881	Ebastine Tablets IP 10mg	10's
594	882	Efavirenz Tablets IP 600mg	30's
595	885	Ethinylestradiol 0.05mg and Levonorgestrel 0.25mg Tablets IP	21's
596	888	Febuxostat Tablets 40mg	10's
597	889	Febuxostat Tablets 80mg	10's
598	897	Formoterol 6mcg and Fluticasone Propionate 250mcg Inhaler	120 MDI
599	899	Frusemide 20mg and Spironolactone 50mg Tablets	10's
600	900	Gabapentin 100mg and Methylcobalamin 500mcg Tablets	10's
601	901	Gabapentin Capsules IP 300mg	10's
602	904	Metformin Hydrochloride 500mg (Prolonged release) and Glimepiride 1mg Tablets IP	10's
603	906	Glyceryl Trinitrate Controlled Release Tablets 2.6mg (Nitroglycerin Controlled Release Tablets)	30's
604	910	Human Chorionic Gonadotrophin IP 5000 IU (Powder for injection with solvent)	Vial and solvent
605	912	Hydrochlorothiazide Tablets IP 12.5mg	10's
606	913	Hydrocortisone Sodium Succinate Injection IP 100mg	Vial
607	915	Hydroxyzine Hydrochloride Tablets IP 10mg	10's
608	916	Imatinib Mesylate Tablets IP 400mg	10's
609	917	Imipramine Hydrochloride Tablets IP 25mg	10's
610	920	Soluble Insulin Injection IP 100 IU per ml (R-DNA	3 ml Catridge

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Origin)	
611	922	Isopropyl Alcohol IP (70%) (Spirit)	100 ML bottle
612	923	Isosorbide mononitrate Tablets IP 20mg	10's
613	924	Isoxsuprine Hydrochloride Tablets IP 10mg	50's
614	926	Ketoconazole Cream 2% w/w	15 gm Tube
615	931	Lamotrigine Tablets 100mg	10's
616	933	Leflunomide Tablets IP 20mg	10's
617	934	Lenalidomide Capsules 10mg	10's
618	935	Letrozole Tablets IP 2.5mg	10's
619	936	Leuprolide Acetate Injections 3.75mg	1's
620	938	Levocarnitine Injections 1gm	5 ml
621	939	Levocarnitine Tablets 500mg	10's
622	944	Levosulbutamol Inhaler 50mcg	200 Mdi
623	945	Levosulpiride Tablets 25mg	10's
624	946	Lignocaine (Lidocaine) Hydrochloride Gel IP 2% W/V	20g
625	947	Lithium Carbonate Prolonged Release Tablets IP 450mg	10's
626	948	Lorazepam Tablets IP 1mg	10's
627	949	Lorazepam Tablets IP 2mg	10's
628	951	Lycopene with Multivitamins and Multi Minerals Syrup	200 ml
629	954	Medroxyprogesterone Acetate Tablets IP 10mg	10's
630	955	Mefenamic Acid 50mg and Paracetamol 125mg Suspension per 5ml	60 ml
631	956	Mefloquine Hydrochloride Tablets IP 250mg	4's
632	957	Memantine Hydrochloride Tablets IP 10mg	10's
633	960	Metformin Sustained Release Tablets IP 850mg	10's
634	965	Miconazole 2%w/w and Fluocinolone Acetonide 0.01%w/w Ointment	15 gm Tube
635	968	Mirtazapine Tablets IP 15mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
636	972	Mycophenolate Mofetil Tablets IP 500mg	10's
637	974	Natural Micronised Progesterone Capsules 100mg	10's
638	975	Nebivolol 5mg and Hydrochlorothiazide 12.5mg Tablets	10's
639	976	Nebivolol Tablets IP 2.5mg	10's
640	978	Nepafenac Eye Drop 0.1% W/V	5 ml
641	986	Nitrazepam Tablets I.P 10mg	10's
642	987	Nitrofurantoin Tablets I.P 100mg	10's
643	990	Olanzapine Tablets IP 10mg	10's
644	991	Olanzapine Tablets IP 5mg	10's
645	992	Olmesartan Medoxomil Tablets IP 20mg	10's
646	993	Ondansetron Oral Solution IP 2 mg per 5ml	30 ml
647	994	Oxaliplatin Injections IP 50mg	Vial
648	997	Paclitaxel Injection IP 100mg (6mg/ml)	Vial
649	999	Paroxetine Prolonged Release Tablets IP 37.5mg	10's
650	1003	Permethrin Cream 5% w/w	30 gm
651	1005	Phenobarbitone Tablets IP 30mg	30's
652	1008	Phytomenadione Injection (Vitamin K1) IP 1mg per 0.5ml	0.5 ml Ampoule
653	1009	Pioglitazone Tablets IP 15 mg	10's
654	1011	Piracetam Syrup 500mg per 5ml	100 ml
655	1012	Piracetam Tablets 400mg	10's
656	1024	Promethazine Injection IP 25 mg per ml	2 ml
657	1026	Propranolol Tablets IP 10mg	10's
658	1029	Pyrazinamide Tablets IP 1000mg	10's
659	1031	Quetiapine Fumarate Tablets IP 200mg	10's
660	1032	Quetiapine Tablets IP 100mg	10's
661	1037	Erythropoietin Injection IP 4000 IU	Vial
662	1038	Erythropoietin Injection IP 2000 IU	Vial
663	1041	Risperidone 4mg and Trihexiphenidyl 2mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Tablets	
664	1042	Risperidone Tablets IP 4mg	10's
665	1044	Rosuvastatin Tablets IP 5mg	10's
666	1049	Sertraline Tablets IP 50mg	10's
667	1050	Sertraline Tablets IP 100mg	10's
668	1051	Sertraline Tablets IP 25mg	10's
669	1059	Sodium Valproate Enteric Coated Tablets IP 200mg	10's
670	1060	Sodium Valproate Gastro-Resistant Tablets IP 300mg	10's
671	1062	Sofosbuvir Tablets IP 400mg	28's in a bottle
672	1068	Sucralfate 1g and Oxetacaine 10mg Suspension per 10ml	100 ml
673	1072	Tamsulosin Hydrochloride Prolonged Release Capsules IP 0.4mg	10's
674	1073	Telmisartan 40mg and Metoprolol 25mg Tablets	10's
675	1074	Telmisartan 80mg and Hydrochlorothiazide 12.5mg Tablets IP	10's
676	1075	Teneligliptin Tablets IP 20mg	10's
677	1076	Tenofovir Disoproxil Fumarate Tablets IP 300 mg	10's
678	1081	Tizanidine Tablets I.P 2mg	10's
679	1087	Trihexyphenidyl Hydrochloride Tablets IP 2mg (Benzhexol Hydrochloride Tablets IP 2mg)	10's
680	1088	Trimetazidine Hydrochloride Modified Release Tablets 35 mg	10's
681	1091	Vecuronium Bromide Injection I.P 4mg	Vial
682	1097	Vitamin A Capsule IP 25000 IU	30's
683	1099	Metformin Hydrochloride 500mg and Voglibose 0.3mg Tablets	10's
684	1105	Zolpidem Tablets IP 10mg	10's
685	1106	Metoprolol Succinate 50mg (Extended Release) and Telmisartan 40mg Tablets	10's

क्र.सं.	औषधि कोड़	मद का जेनेरिक नाम	यूनिट आकार
686	1108	Sildenafil Tablets IP 100 mg	4's
687	1110	Clobazam Tablet IP 5mg	10's
688	1111	Gabapentin 400mg and Nortriptyline 10mg Tablets	10's
689	1112	Cinnarizine Tablets IP 25mg	10's
690	1114	Moxifloxacin Hydrochloride Eye Drops IP 0.5% w/v	5 ml
691	1123	Clomipramine Hydrochloride Sustained release Tablets 75mg	10's
692	1124	Fluvoxamine Maleate Tablets IP 100mg	10's
693	1125	Aripiprazole Tablets IP 5mg	10's
694	1129	Teneligliptin 20mg and Metformin Hydrochloride 500mg (Sustained Release) Tablets IP	10's
695	1130	Teneligliptin 20mg and Metformin Hydrochloride 1000mg (Sustained Release) Tablets IP	10's
696	1131	Natural Micronised Progesterone Capsules 200mg	10's
697	1135	Diacerein 50mg and Glucosamine Sulphate 750mg Tablets	10's
698	1149	Lisinopril Tablets IP 10mg	15's
699	1152	Carbamazepine Prolonged-release Tablets IP 200mg	10's
700	1154	Diethylcarbamazine Citrate Tablets IP 100mg	30's
701	1156	Metoprolol Succinate 25mg (Extended Release) and Amlodipine Besilate 5mg Tablets IP	7's
702	1157	Doxylamine Succinate 20mg and Pyridoxine Hydrochloride 20mg Tablets	10's
703	1162	Betamethasone Cream IP 0.1 % w/w	20 gm
704	1164	Nandrolone Decanoate Injection IP 50 mg per ml	2 ml
705	1166	Mefenamic Acid Tablets 250 mg	10's
706	1167	Mefenamic Acid Tablets 500 mg	10's
707	1168	Ketorolac Injection IP 30mg per ml	1 ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
708	1170	Acetylcysteine Injection 200 mg per ml	2 ml Ampoules
709	1178	5-Flurouracil Injection 500mg	10 ml
710	1181	Carboplatin Injection IP 150mg	15 ml Vial
711	1182	Carboplatin Injection IP 450mg	45 ml Vial
712	1183	Cyclophosphamide Injection IP 500 mg	VIAL
713	1186	Cyclosporin Capulses IP 25mg	5's
714	1187	Cyclosporine Capsules IP 100 mg	5's
715	1191	Glycopyrrolate Injection IP 0.2mg	1 ml
716	1199	Hydroxyurea Capsules IP 500mg	10's
717	1201	Ifosfamide Injection IP 1gm	VIAL
718	1203	Protamine Sulphate Injection IP 10mg per ml	5 ml Vial/Ampoule
719	1211	Docetaxel Injection IP 80 mg	VIAL
720	1212	Docetaxel Injection IP 120 mg	VIAL
721	1213	Erlotinib Tablets IP 150 mg	10's Bottle
722	1214	Gefitinib Tablets IP 250 mg	10's
723	1215	Pemetrexed Injection IP 100 mg	VIAL
724	1216	Pemetrexed Injection IP 500 mg	VIAL
725	1217	Temozolomide Capsules IP 100mg	5's in Bottle
726	1218	Temozolomide Capsules IP 250 mg	5's
727	1219	Amino Acid Solution for IV	200 ml Glass Bottle
728	1220	Oseltamivir Capsules IP 75mg	10's
729	1221	Thyroxine Sodium Tablets IP 50mcg	100's in Bottle
730	1222	Artemether 80mg and Lumefantrine 480mg Tablets	6's
731	1223	Carbonyl Iron 50mg, Folic Acid 0.5mg and Zinc 61.8mg Capsules	15's
732	1225	Orlistat Capsules 120 mg	10's
733	1226	Triamcinolone Acetonide Injection IP 40mg per ml	1 ml Vial
734	1227	Triamcinolone Tablets IP 4mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
735	1228	Gabapentin 300mg and Amitriptyline 10mg Tablets	10's
736	1231	Vitamin E Acetate 200mg and Levocarnitine 150mg Tablets	10's
737	1232	Noscapine Syrup 1.83mg per 5ml	50 ml
738	1236	Albendazole Tablets IP 400mg	1's
739	1238	Prazosin Hydrochloride Sustained Release Tablets 2.5 mg	30's
740	1240	Gliclazide 80mg and Metformin Hydrochloride 500mg Tablets	10's
741	1241	Cefaclor Dispersible Tablets 250 mg	10's
742	1246	Fluconazole Tablets IP 150 mg	1's
743	1248	Haematinic Syrup of Iron 32mg ,Folic Acid 0.5mg and Vitamin B12 7.5mcg	200 ml Bottle
744	1251	Vitamin B6 (Pyridoxine Hydrochloride) Tablets IP 100mg	10's
745	1252	Calcium Phosphate 82mg, Vitamin D3 200IU and Vitamin B12 2.5mcg Suspension	200 ml
746	1254	Diphenhydramine 13-15mg, Ammonium Chloride 135-150mg , Sodium Citrate 57-85mg, Menthol 0.9-2.6mg Cough Syrup	100 ml Bottle
747	1255	Acebrophylline 200mg (Sustained Release) and Montelukast 10mg Tablets	10's
748	1257	Allylestrenol Tablets 5 mg	10's
749	1261	Amiloride 2.5mg and Hydrochlorothiazide 25mg Tablet IP	10's
750	1263	Ampicillin Capsules IP 500 mg	10's
751	1281	Chlordiazepoxide Tablets IP 10 mg	10's
752	1283	Chlorthalidone Tablets IP 6.25 mg	10's
753	1284	Cilnidipine 10mg and Telmisartan 40mg Tablets	10's
754	1285	Cinitapride Tablets 1 mg	10's
755	1297	Ranitidine 150mg and Domperidone 10mg	15's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Tablets	
756	1298	Donepezil Tablets IP 5 mg	10's
757	1301	Drotaverine 80mg and Aceclofenac 100mg Tablets	10's
758	1302	Duloxetine Gastro-resistant Tablets IP 20 mg	10's
759	1306	Escitalopram Oxalate 5mg and Clonazepam 0.5mg Tablets IP	10's
760	1307	Ethinylestradiol 0.03mg and Desogestrel 0.15mg Tablets	21's
761	1308	Ethinylestradiol 0.03mg and Levonorgestrel 0.15mg Tablets IP	21's
762	1310	Faropenem Tablets 200mg	6's
763	1311	Fenofibrate Tablets IP 145 mg	10's
764	1312	Flavoxate Tablets IP 200 mg	15's
765	1315	Fluticasone Furoate Nasal Spray 27.5mcg	120 MDI
766	1319	Gabapentin Tablets IP 100 mg	10's
767	1328	Isoxsuprine Injection IP 5 mg	2 ml Vial
768	1341	Mebendazole Tablets IP 100 mg	6's
769	1342	Mebeverine Hydrochloride Tablets IP 200mg	10's
770	1344	Meropenem 1000mg and Sulbactam 500mg Injection	Vial & Wfi
771	1345	Meropenem Injection IP 500 mg	Vial & Wfi
772	1348	Methylprednisolone Tablets IP 4mg	10's
773	1353	Mirtazapine Tablets IP 7.5mg	10's
774	1354	Modafinil Tablets IP 200mg	10's
775	1359	Naproxen Tablets IP 250 mg	15's
776	1367	Olmesartan 20mg, Amlodipine 5mg and Hydrochlorothiazide 12.5mg Tablets	10's
777	1368	Olmesartan Medoxomil 20mg and Hydrochlorothiazide 12.5mg Tablets IP	10's
778	1375	Phenobarbitone Tablets IP 60 mg	30's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
779	1382	Prasugrel Tablets IP 10 mg	10's
780	1383	Pregabalin 75mg and Nortriptyline 10mg Tablets	10's
781	1384	Quetiapine Tablets IP 25 mg	10's
782	1392	Aspirin Gastro Resistant 75mg and Rosuvastatin 10mg Capsules IP	10's
783	1393	Rosuvastatin 10mg and Clopidogrel 75mg Capsules	10's
784	1396	Sertaconazole Nitrate Cream IP 2%w/w	15 gm
785	1409	Teicoplanin Injection IP 400mg	1 ml Vial
786	1410	Telmisartan 40mg, Amlodipine 5mg and Hydrochlorothiazide 12.5mg Tablets	10's
787	1411	Telmisartan 40mg and Chlorthalidone 6.25mg Tablets	10's
788	1414	Terlipressin Injection 1000 mcg (1 mg/10ml)	10 ml Vial
789	1417	Thiocolchicoside Capsules IP 4mg	10's
790	1418	Tigecycline Injection IP 50 mg	5 ml Vial
791	1427	Trypsin 48mg, Bromelain 90mg and Rutoside Trihydrate 100mg Tablets	10's
792	1431	Valethamate Injection 8 mg per ml (For IM/IV use)	1 ml Ampoule
793	1432	Tobramycin Eye Drops 0.3%w/v	5 ml Vial
794	1435	Capecitabine Tablets IP 500mg	10's
795	1437	Cefpodoxime Proxetil Oral Suspension IP 50mg	30 ml
796	1438	Metformin Hydrochloride 500mg (Sustained Release), Glimepiride 2mg and Voglibose 0.2mg Tablets	10's
797	1440	Janaushadhi Protein Powder 250g	1's Tin 250g
798	1441	Janaushadhi Nirmal (Nicotine Polacrilex Chewing Gum 2 mg))	1 x 9's (mono carton pack)
799	1442	Janaushadhi Urja (Glucose Powder (Orange Flavour) 300 g)	300 g Box

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
800	1443	Janaushadhi Urja (Glucose Powder (Orange Flavour) 100 g)	100 gm Tetra pack
801	1444	Janaushadhi Urja (Glucose Powder (Orange Flavour) 500g)	500g Screw-Cap jar with scoop
802	1445	Jan Pudina Soft Gel Capsules	10's
803	1446	Janushadhi Madhurak (Stevia Natural Sweetener)	100 gm Plastic Jar
804	1447	Janaushadhi Janani 250g	1's Tin 250g
805	1448	Lamotrigine Dispersible Tablets IP 100mg	10's
806	1449	Enzyme syrup mixed fruit flavour	200 ml
807	1450	Pyrantel Pamoate Oral Suspension IP 250mg per 5ml	10 ml
808	1451	Theophylline Prolonged-release Tablets IP 400 mg	10's
809	1452	Pyridoxine Hydrochloride Sustained release tablets 100mg	10's
810	1453	Levetiracetam Oral Solution IP 100mg	100 ml
811	1454	Terbutaline 1.25mg, Ambroxol 15mg, Guaiphenesin 50mg per 5ml Syrup with Menthol base	100 ml
812	1455	L-Arginine Granules 3g	5 gm
813	1456	Itraconazole Capsules 200 mg	4's
814	1457	Luliconazole Cream IP 1% w/w	10 gms tube
815	1458	Sodium Chloride Injection IP 0.9%w/v	500 ml IV Fluid Plastic Container
816	1459	Janaushadhi Poshan (Malt based food, 500gm)	1's Screw Cap Plastic Jar
2111	1460	Insulin Pen	1's
817	1461	Vildagliptin Tablets IP 50mg	15's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
818	1462	Vildagliptin 50mg and Metformin Hydrochloride 500mg Tablets IP	15's
819	1463	Vildagliptin 50mg and Metformin Hydrochloride 1000mg Tablets IP	15's
820	1464	Janaushadhi Protein Bar (35 gm)	1's Bar
821	1465	Janaushadhi Immunity Bar (10 gm)	1's Bar
822	1466	Janaushadhi Protein Powder (Vanilla) 250 gm	1's Tin 250g
823	1467	Janaushadhi Protein Powder (Kesar Pista) 250 gm	1's Tin 250g
824	1471	Janaushadhi Poshan (Malt based food with Cocoa, 500gm)	1's Screw Cap Plastic Jar
825	1472	Janaushadhi Janani (Vanilla) 250 gm	1's Tin 250g
826	1473	Hand Sanitizer 100 ml (Each pack contains: Ethanol 70% v/v and Chlorhexidine Gluconate 0.5% w/v)	100 ml
827	1474	Hand Sanitizer 500 ml (Each pack contains: Ethanol 70% v/v and Chlorhexidine Gluconate 0.5% w/v)	500 ml
828	1475	Hand Sanitizer 250 ml (Each pack contains: Ethanol 70% v/v and Chlorhexidine Gluconate 0.5% w/v)	250 ml
829	1476	Hydroxychloroquine Tablet IP 400 mg	10's
830	1479	Canagliflozin Tablets 100 mg	10's
831	1480	Metformin 500mg (Prolonged release) and Glimepiride 0.5mg Tablets IP	10's
832	1481	Metformin 1000mg (Prolonged release) and Glimepiride 1mg Tablets IP	10's
833	1482	Metformin 1000mg (Prolonged release) and Glimepiride 3mg Tablets IP	15's
834	1483	Metformin 1000mg (Prolonged release) and Glimepiride 4mg Tablets IP	15's
835	1485	Mesalazine Prolonged release Tablets IP 1200	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		mg	
836	1487	Selenium Sulphide Shampoo 2.5% w/v	120 ml
837	1488	Acarbose Tablets IP 25 mg	10's
838	1489	Acebrophylline 100mg and Acetylcysteine 600mg Tablets	10's
839	1490	Acebrophylline Sustained Release Tablets 200 mg	10's
840	1492	Aceclofenac 200mg (Sustained release) and Rabeprazole Sodium 20mg (Enteric-coated) Capsules	10's
841	1493	Aceclofenac 100mg, Paracetamol 325mg and Thiocolchicoside 4mg Tablets	10's
842	1495	Aceclofenac 100mg, Paracetamol 325mg and Tizanidine 2mg Tablets	10's
843	1496	Aciclovir Dispersible Tablets IP 400 mg	5's
844	1497	Acitretin Capsules IP 25 mg	10's
845	1498	Acotiamide Tablets 100mg	10's
846	1501	Amantadine Hydrochloride Capsules IP 100 mg	10's
847	1502	Amiodarone Tablets IP 100 mg	10's
848	1503	Amlodipine Besilate 5mg and Bisoprolol Fumarate 5mg Tablets	10's
849	1504	Amorolfine Cream 0.25% w/w	30 g
850	1505	Amoxycillin 400mg and Potassium Clavulanate 57mg Oral Suspension IP	30 ml
851	1506	Amoxycillin 80mg and Potassium Clavulanate 11.4mg Oral Suspension IP	10 ml
852	1508	Ampicillin 250mg and Cloxacillin 250mg Capsules	10's
853	1509	Ampicillin 250mg and Di-Cloxacillin 250mg Capsules	10's
854	1510	Anti-D (Rho) Immunoglobulin (Monoclonal) 300 mcg	1 ml Vial
855	1511	Antioxidant Capsules	30's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
856	1512	Apremilast Tablets IP 10mg	10's
857	1513	Apremilast Tablets IP 20mg	10's
858	1514	Apremilast Tablets IP 30mg	10's
859	1515	Atorvastatin 10mg and Aspirin 150mg Capsules	15's
860	1516	Atorvastatin 20mg and Clopidogrel 75mg Capsules	10's
861	1517	Atorvastatin 20mg, Clopidogrel 75mg and Aspirin 75mg Capsules	10's
862	1518	Azilsartan 40mg and Chlorthalidone 6.25mg Tablet	10's
863	1519	Azilsartan Medoxomil 40mg and Chlorthalidone 12.5mg Tablets	10's
864	1520	Azilsartan Medoxomil Tablets IP 40mg	10's
865	1521	Azithromycin Oral Suspension IP 200 mg	15 ml
866	1522	Beclomethasone 0.025%w/w and Clotrimazole 1%w/w Cream	20 g
867	1523	Beclomethasone 0.025%w/v and Clotrimazole 1%w/v Lotion	30 ml
868	1524	Bepotastine Besilate Tablets 10mg	10's
869	1525	Betahistine Tablets IP 16 mg	15's
870	1526	Betahistine Tablets IP 24 mg	15's
871	1527	Betamethasone Valerate 0.12%w/w, Gentamicin 0.1%w/w and Miconazole Nitrate 2%w/w Cream	20 g
872	1528	Bilastine Tablets 20 mg	10's
873	1529	Bimatoprost Ophthalmic Solution 0.01% w/v	3 ml
874	1530	Bimatoprost Ophthalmic Solution 0.03% w/v	3 ml
875	1531	Bisoprolol Fumarate Tablets 2.5 mg	10's
876	1533	Brimonidine Tartrate 0.2%w/v and Timolol Maleate 0.5%w/v Ophthalmic Solution	5 ml
877	1534	Brimonidine Tartrate Eye drops IP 0.1% w/v	5 ml
878	1536	Calcitriol 0.25mcg and Calcium 200mg Capsules	15's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
879	1537	Calcium and Vitamin D3 Capsules	10's
880	1538	Calcium Citrate Malate 250mg, Calcitriol 0.25mcg and Vitamin K2-7 50mcg Tablets	10's
881	1540	Calcium (from Coral Grains) 500mg and Vitamin D-3 500IU Tablets	10's
882	1541	Calcium 1250mg, Calcitriol 0.25mcg and Vitamin K2-7 45mcg Capsules	10's
883	1542	Calcium, Magnesium, zinc and Vitamin D-3 Oral Suspension	200 ml
884	1544	Coenzyme Q10 100mg, Lycopene 4000mcg, Selenium 70mcg and Omega-3 Fatty Acids (EPA 90mg and DHA 60mg) Capsules	10's
885	1545	Carboxymethylcellulose Eye drops IP 1% w/v	10 ml
886	1548	Cefixime Oral Suspension IP 100 mg per 5ml	30 ml
887	1549	Cefixime Oral Suspension IP 25 mg per ml	10 ml
888	1551	Cefoperazone 1g and Sulbactam 500mg Injection	1 Vial
889	1552	Cefoperazone 2g and Sulbactam 1g Injection	1 Vial
890	1553	Cefpodoxime Oral Suspension IP 100mg	30 ml
891	1554	Ceftriaxone 250mg and Tazobactam 31.25mg Injection	1 Vial & wfi
892	1555	Ceftriaxone Injection IP 2 g	1 Vial & wfi
893	1556	Cephalexin Extended Release Tablets 750mg	10's
894	1557	Cerebroprotein Hydrolysate Injection 30mg	1 vial
895	1559	Chloramphenicol Capsules IP 250 mg	10's
896	1560	Chloramphenicol Capsules IP 500 mg	10's
897	1562	Chlordiazepoxide 5mg and Amitriptyline Hydrochloride 12.5mg Tablets	10's
898	1564	Cholecalciferol Chewable Tablets 60000 IU	4'S
899	1565	Cilnidipine Tablets IP 10 mg	10's
900	1566	Cilnidipine Tablets IP 5 mg	10's
901	1567	Pantoprazole Gastro-resistant 40mg and Cinitapride Sustained release 3mg Capsules	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
902	1568	Cinnarizine Tablets IP 75mg	10's
903	1569	Ciprofloxacin 0.3% w/v and Dexamethasone 0.1% w/v Eye/Ear Drops	10 ml
904	1570	Citicoline 500mg and Piracetam 800mg Tablets	10's
905	1571	Clidinium Bromide 2.5mg, Chlordiazepoxide 5mg and Dicyclomine Hydrochloride 10mg Tablets	10's
906	1572	Clindamycin 1%w/w and Nicotinamide 4%w/w Gel	15 g
907	1574	Clobazam Tablets IP 10 mg	15's
908	1575	Clobetasol Propionate 0.05%w/w and Gentamicin 0.1%w/w Cream	25 g
909	1576	Clobetasol Propionate 0.05%w/w and Miconazole Nitrate 2%w/w Cream	15 g
910	1577	Clobetasol Propionate 0.05%w/w and Neomycin Sulphate 0.5%w/w Cream	10 g
911	1578	Clobetasol Propionate 0.05%w/w and Salicylic Acid 3%w/w Ointment	20g
912	1579	Clobetasol Propionate 0.05%w/w and Salicylic Acid 6%w/w Ointment	20g
913	1580	Clobetasol Propionate 0.05%w/w, Gentamicin 0.1%w/w and Miconazole Nitrate 2%w/w Cream	15 g
914	1581	Clopidogrel 75mg and Aspirin 150mg Capsules	15's
915	1582	Clotrimazole 1% w/v and Selenium Sulfide 2.5% w/v Suspension	75 ml
916	1583	Clotrimazole Mouth Paint 1% w/v	25 ml
917	1584	Coenzyme Q10 (Ubidecarenone) and L-Carnitine Tablets	10's
918	1585	Colistimethate Sodium for Injection IP 1 Million IU	Vial (10 ml)
919	1586	Colistimethate Sodium for Injection IP 4.5 Million IU	Vial (10 ml)
920	1587	Colistin Sulphate Oral Suspension IP 12.5 mg per 5ml	30 ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
921	1588	Collagen Peptide(Type I) 40mg, Sodium Hyaluronate 30mg, Chondroitin Sulfate 200mg and Vitamin C 35mg Tablets	10's
922	1590	Dabigatran Etxilate Mesilate Capsules 110 mg	10's
923	1591	Dabigatran Etxilate Mesilate Capsules 150 mg	10's
924	1592	Dapagliflozin Tablets 10 mg	10's
925	1593	Desloratadine 5mg and Montelukast 10mg Tablets	10's
926	1594	Diclofenac Diethylamine 1.16% w/w, Thiocholchicoside 0.125% w/w, Linseed Oil 3% w/w, Methylsalicylate 10% w/w and Menthol 5% w/w Gel	30 gm
927	1596	Diclofenac Potassium 50mg and Metaxalone 400mg Tablets	10's
928	1597	Diclofenac Prolonged release Tablets IP 75 mg	10's
929	1598	Pancreatin 170 mg (containing 15000 units of Amylase activity, 4000 units of Lipase activity, 15000 units of Protease activity) and Sodium Tauroglycocholate 65mg Digestive Enzyme Tablets	10's
930	1599	Diltiazem Hydrochloride Extended Release Capsules 120 mg	10's
931	1601	Diphenoxylate Hydrochloride 2.5mg and Atropine sulphate 0.025mg Tablet	10's
932	1602	Divalproex Tablets IP 500 mg	10's
933	1603	Dorzolamide 2% w/v and Timolol 0.5% w/v Eye Drops IP	5 ml
934	1604	Dorzolamide Eye Drops IP 2% w/v	5 ml
935	1605	Dosulepin (or Dothiepin) Tablets 25 mg	10's
936	1606	Dosulepine (or Dothiepin) Tablets IP 75mg	10's
937	1607	Drotaverine Hydrochloride Tablets IP 80 mg	15's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
938	1608	Efavirenz 600mg, Emtricitabine 200mg and Tenofovir Disoproxil Fumarate 300mg Tablets IP	30's
939	1609	Empagliflozin Tablets 10 mg	10's
940	1610	Empagliflozin Tablets 25 mg	10's
941	1611	Emtricitabine 200mg and Tenofovir Disoproxil Fumarate 300mg Tablets IP	30's
942	1612	Entecavir Tablets IP 0.5 mg	10's
943	1613	Eplerenone Tablets IP 25 mg	10's
944	1615	Erythromycin Estolate Tablets 500 mg	10's
945	1617	Etoricoxib 60mg and Paracetamol 325mg Tablets	10's
946	1618	Etoricoxib 60mg and Thiocolchicoside 4mg Tablets	10's
947	1620	Evening Primrose Oil 1000 mg	15's
948	1621	Evening Primrose Oil 500 mg	15's
949	1622	Ferrous Ascorbate 100mg, Folic Acid 1.5mg and Zinc Sulphate 22.5mg Tablets	10's
950	1623	Fexofenadine Hydrochloride Suspension (30mg/5ml)	100 ml
951	1624	Flupentixol 0.5mg and Melitracen 10mg Tablets	10's
952	1625	Fluticasone Propionate Cream IP 0.05%	10 g
953	1626	Formoterol Fumarate 6mcg and Budesonide 200mcg Inhaler	120 MD
954	1627	Formoterol Fumarate 6mcg and Budesonide 400mcg Inhaler	120 MD
955	1628	Formoterol Fumarate 12mcg and Budesonide 400mcg Powder for Inhalation IP	30's
956	1630	Formoterol Fumarate 6mcg and Budesonide 400mcg Powder for Inhalation IP	30's
957	1631	Formoterol Fumarate 20mcg and Budesonide 0.5mg Respirator Suspension	2 ml
958	1632	Formoterol Fumarate 20mcg and Budesonide 1mg Respirator Suspension	2 ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
959	1633	Formoterol Fumarate 6mcg and Fluticasone Propionate 250mcg Powder for Inhalation	30's
960	1635	Framycetin Skin Cream 1 %	30 g
961	1636	Fungal Diastase with Carminatives Syrup	200 ml
962	1637	Fungal Diastase 180mg, Papain 60mg and Activated Charcoal 75mg Tablets	10's
963	1638	Fusidic Acid 2% w/w and Betamethasone Valerate 0.1% w/w Cream	15 g
964	1639	Gabapentin 100 mg and Nortryptiline 10 mg Tablet	15's
965	1640	Gabapentin 300mg and Methylcobalamin 500mcg Tablet	10's
966	1643	Glargine 100 IU Pre-filled Disposable Pen	3ml Pre-filled Pen
967	1644	Glibenclamide 5 mg, Metformin 500 mg and Pioglitazone 15 mg Tablet	10's
968	1645	Gliclazide 60mg (Modified Release) and Metformin 500mg (Extended Release) Tablets	10's
969	1646	Metformin 500mg (Sustained Release), Glimepiride 2mg and Pioglitazone 15mg Tablets	10's
970	1647	Metformin 850mg (Prolonged release) and Glimepiride 3mg IP Tablets	10's
971	1650	Glucosamine 750mg and Chondroitin 100mg Tablets	10's
972	1657	Guaifenesin 50mg, Terbutaline 1.25 mg and Bromhexine 2 mg Expectorant	100 ml
973	1659	Human Normal Immunoglobulin for Intravenous use IP 5%	100 ml
974	1660	Human Normal Immunoglobulin IP 16.5% (For IM use)	2 ml vial
975	1661	Hydroxypropylmethylcellulose Eye Drop 0.3% w/v	10 ml
976	1662	Hydroxyzine Tablets IP 25mg	15's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
977	1663	Hyoscine Butylbromide 10mg and Mefenamic Acid 250mg Tablets	10's
978	1664	Ibuprofen 100mg and Paracetamol/Acetaminophen 162.5mg Oral Suspension	100 ml
979	1665	Indacaterol 110mcg and Glycopyrronium 50mcg powder for Inhalation	30 capsules and 1 inhaler
980	1668	Carbonyl Iron 100mg, Folic Acid 1.5mg and Vitamin B12 15mcg with Zinc Capsules	10's
981	1669	Isosorbide 20mg and Hydralazine 37.5mg Tablets	10's
982	1670	Isotretinoin Capsules IP 20mg	10's
983	1671	Ivabradine Tablets 5mg	15's
984	1672	Ketoconazole Soap 2%	75 gm Pack
985	1673	L-Methylfolate Calcium 2.8mg, Pyridoxal-5-Phosphate 25mg and Mecobalamin 2mg Tablets	10's
986	1674	L-Methylfolate 1mg, Pyridoxal-5 Phosphate 0.5mg & Methylcobalamin 1500mcg Tablets	10's
987	1675	L- Ornithine L-Aspartate Infusion 5gm per 10ml	10 ml
988	1676	Lactitol 10 gm and Ispaghula 3.5 gm Granules	180 gm
989	1678	L-carnitine 340mg, Ubidecarenone 50mg, Zinc 5mg, Lycopene 2.5mg and Astaxanthin 8mg Tablets	10's
990	1679	Lecithin Capsules 1000mg	10's
991	1680	Levetiracetam Tablets IP 1000 mg	10's
992	1681	Levetiracetam Tablets IP 250 mg	10's
993	1682	Levetiracetam Tablets IP 750 mg	10's
994	1683	Levocetirizine Dihydrochloride Tablets IP 10mg	15's
995	1684	Levodopa 100mg and Carbidopa 25mg Tablets IP	10's
996	1685	Levodropropizine 30mg and Chlorpheniramine Maleate 2mg Syrup	120 ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
997	1686	Levosalbutamol 100mcg and Beclomethasone 100mcg Rotacaps	60 s in container
998	1687	Levosalbutamol 100mcg and Beclomethasone 50mcg Rotacaps	200 MDI
999	1688	Levosalbutamol 100mcg and Beclomethasone 200mcg Rotacaps	30's
1000	1689	Levosalbutamol 1.25mg and Budesonide 0.5mg respules	2ml respules
1001	1690	Levosalbutamol 100mcg and Ipratropium 40mcg Rotacap	60 s in container
1002	1692	Levosalbutamol Respules 0.63mg per 2.5ml	2.5 ml
1003	1694	Linagliptin 2.5mg and Metformin 1000mg Tablets	10's
1004	1695	Linagliptin 2.5mg and Metformin 500mg Tablets	10's
1005	1696	Linagliptin Tablets 5mg	10's
1006	1701	Megaldrate 540mg, Simethicone 50mg and Oxetacaine 10mg Oral Suspension	170 ml
1007	1703	Metadoxine 500mg, Silymarin 140mg, L- Ornithin L- Aspartate 150mg Tablets	10's
1008	1704	Methylcobalamin 1500mcg with Alpha Lipoic Acid 100mg and B- Complex (Thiamine Mononitrate 10mg, Pyridoxine 3mg, Folic acid 1.5mg) Capsules	10's
1009	1706	Metoprolol 50mg (Extended Release) and Ramipril 5mg Tablet	10's
1010	1707	Metoprolol Succinate extended release capsules IP 50mg	10's
1011	1708	Metoprolol Succinate Prolonged release tablets IP 25mg	15's
1012	1709	Minoxidil Solution 5%	60 ml
1013	1710	Minoxidil 5% and Finasteride 0.1% Topical Solution	60 ml
1014	1711	Montelukast 4mg and Levocetirizine 2.5mg Syrup	60 ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1015	1712	Janaushadhi Mosquito Repellent Cream (N, N-Diethyl Benzamide 12% w/w Mosquito Repellent Cream)	50 gm
1016	1714	Naproxen 250 mg and Domperidone 10 mg Tablet	10's
1017	1715	Naproxen 500 mg and Domperidone 10 mg Tablet	10's
1018	1716	Nebivolol 5 mg and S- Amlodipine 2.5 mg Tablet	10's
1019	1717	Neomycin 3400IU, Polymyxin B Sulfates 5000IU and Bacitracin Zinc 400IU Ophthalmic Ointment	5 g
1020	1718	Nicorandil Tablet IP 10mg	10's
1021	1719	Nicorandil Tablet IP 5mg	10's
1022	1720	Nicoumalone/Acenocoumarol Tablets IP 1 mg	10's
1023	1721	Nicoumalone/Acenocoumarol Tablets IP 3 mg	10's
1024	1722	Nicoumalone/Acenocoumarol Tablets IP 4 mg	30's
1025	1723	Nifedipine Sustained Release Tablets IP 10mg	15's
1026	1725	Nimesulide 100 mg, Paracetamol 325 mg and Serratiopeptidase 15 mg Tablet	10's
1027	1730	Olmesartan 40mg, Amlodipine 5mg and Hydrochlorothiazide 12.5mg Tablets	10's
1028	1731	Olmesartan Medoxomil 20mg and Chlorthalidone 12.5mg Tablets	10's
1029	1732	Olmesartan Medoxomil 40mg and Chlorthalidone 12.5mg Tablets	10's
1030	1733	Omeprazole Gastro-resistant 20mg and Domperidone Sustained Release 30mg Capsules	15's
1031	1737	Oxaceprol Capsules 200mg	10's
1032	1739	Pancreatin Capsules 10000	10's
1033	1740	Pancreatin Capsules 25000	10's
1034	1741	Pantoprazole 20mg (Gastro-resistant) and Domperidone 10mg (Prolonged Release) Capsules IP	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1035	1742	Paracetamol Infusion IP 1 gm per 100 ml	100 ml
1036	1743	Paracetamol Drops 100 mg per ml	15 ml
1037	1744	Paracetamol 125 mg, Phenylephrine 2.5 mg and Chlorpheniramine 1 mg Drops	15 ml
1038	1745	Paracetamol 125 mg, Phenylephrine 5 mg and Chlorpheniramine 1 mg Suspension	60 ML
1039	1747	Paracetamol 162.5 mg and Tramadol 18.75 mg Tablet	10's
1040	1749	Paracetamol 250 mg, Phenylephrine 5 mg and Chlorpheniramine 2 mg Suspension	60 ML
1041	1751	Paracetamol 500mg and Caffeine 25mg Tablet IP	10's
1042	1752	Paracetamol 500mg and Chlorzoxazone 250mg Tablet	10's
1043	1753	Paracetamol 500 mg, Phenylephrine 10 mg and Chlorpheniramine 2 mg Tablet	10's
1044	1755	Paracetamol Suspension IP 120 mg	60 ml
1045	1758	Phenylephrine 5 mg, Chlorpheniramine 2 mg and Dextromethorphan 10 mg Syrup	100 ml
1046	1759	Phenylephrine 5 mg, Chlorpheniramine 2 mg and Dextromethorphan 15 mg Syrup	100 ml
1047	1760	Piracetam Tablet 800 mg	10's
1048	1761	Pirfenidone Tablets IP 200mg	10's
1049	1762	Calcium Polystyrene Sulphonate Powder 15g per sachet	15 gm
1050	1763	Prazosin Extended Release Tablets 5mg	10's
1051	1764	Pregabalin 75 mg and Methylcobalamin 1500 mcg and Nortriptyline 10 mg Tablets	10's
1052	1765	Pregabalin 75mg and Methylcobalamin 750mcg Capsule IP	10's
1053	1767	Probiotic Microbes Capsules 5mg	10's
1054	1769	Prucalopride Tablet 2 mg	10's
1055	1770	Prucalopride Tablets 1mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1056	1774	Racecadotril Capsule IP 100 mg	15's
1057	1775	Metoprolol Succinate 25mg (Extended release) and Ramipril 2.5mg Tablets	10's
1058	1777	Ranitidine Syrup IP 75 mg per 5ml	100 ml
1059	1778	Ranolazine Extended Release Tablets 500mg	10's
1060	1780	Rivaroxaban Tablets 10mg	30's
1061	1781	Rivaroxaban Tablets 20mg	14's
1062	1782	Rosehip Extract 275mg, Devil's Claw Extract (20%) 100mg and Boswellia serrata Extract (65%) 307.5mg Capsules	10's
1063	1783	Rosuvastatin 20mg and Fenofibrate 160mg Tablets IP	10's
1064	1784	Rosuvastatin Tablets IP 40mg	10's
1065	1785	Rosuvastatin 10mg, Aspirin 75mg and Clopidogrel 75mg Capsules	10's
1066	1786	Rosuvastatin 20mg, Aspirin 75mg and Clopidogrel 75mg Capsules	10's
1067	1787	S (-) Amlodipine Tablets IP 5mg	15's
1068	1789	S(-) Amlodipine 2.5mg and Atenolol 50mg Tablets	10's
1069	1790	Saccharomyces Boulardii Capsule 250mg	5's
1070	1791	Saccharomyces Boulardii Powder 250mg	1's Sachet
1071	1792	Sacubitril 24mg and Valsartan 26mg Tablets	10's
1072	1793	Sacubitril 49mg and Valsartan 51mg Tablets	10's
1073	1794	Salbutamol Rotacaps 200mcg	60 s in Container
1074	1795	Salicylic acid 1.15%w/w, Dithranol 1.15%w/w and Coal Tar 5.3%w/w Ointment	30 gm
1075	1796	Salmeterol 50mcg and Fluticasone Propionate 100mcg Powder for Inhalation IP	30's
1076	1797	Saroglitazar Tablets 4mg	10's
1077	1799	Saxagliptin Tablets 5mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1078	1801	Sitagliptin Phosphate 50mg & Metformin Hydrochloride 1000mg Tablets	10's
1079	1802	Sitagliptin Phosphate 50mg & Metformin Hydrochloride 500mg Tablets	10's
1080	1803	Sitagliptin Phosphate Tablets IP 100mg	10's
1081	1804	Sitagliptin Phosphate Tablets IP 50mg	10's
1082	1805	Sodium Valproate Oral solution IP 200mg per 5ml	200 ml Plastic Bottle
1083	1806	Sodium Valproate 200mg and Valproic acid 87mg Controlled Release Tablets	10's
1084	1807	Sodium Valproate 333mg and Valproic acid 145mg Controlled Release Tablets	10's
1085	1810	Tacrolimus Ointment 0.1% w/w	10 gm tube
1086	1811	Telmisartan 80mg and Amlodipine 5mg Tablets IP	10's
1087	1812	Telmisartan 80mg and Cilnidipine 10mg Tablets	10's
1088	1813	Telmisartan Tablets IP 80mg	10's
1089	1814	Telmisartan 40mg, Chlorthalidone 12.5mg and Amlodipine 5mg Tablets	10's
1090	1815	Telmisartan 40mg, Chlorthalidone 6.25mg and Amlodipine 5mg Tablets	10's
1091	1816	Telmisartan 40mg, Cilnidipine 10mg and Chlorthalidone 6.25mg Tablets	10's
1092	1817	Terbinafine Hydrochloride Cream IP 1% w/w	10 gm
1093	1818	Tetrabenazine Tablets 25mg	10's
1094	1819	Ticagrelor Tablets IP 90 mg	10's
1095	1821	Tiotropium Bromide Inhalation 9mcg per actuation	200 mdi
1096	1822	Tiotropium Powder for Inhalation IP 18mcg Rotacaps	15's in Monocarton
1097	1824	Tolvaptan Tablets 15mg	10's
1098	1825	Torsemide 10mg and Spironolactone 50mg	15's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Tablets	
1099	1827	Torsemide Tablets IP 40mg	15's
1100	1828	Torsemide Tablets IP 5mg	15's
1101	1829	Travoprost Ophthalmic Solution IP 0.004%w/v	2.5 ml
1102	1830	Trimetazidine Hydrochloride Controlled Release Capsules 60mg	10's
1103	1831	Trypsin 48mg, Bromelain 90mg, Rutoside Trihydrate 100mg and Diclofenac Sodium 50mg Tablets	10's
1104	1833	Ursodeoxycholic Acid Tablets IP 150mg	15's
1105	1834	Valacyclovir Tablets 1000mg	3's
1106	1837	Vildagliptin 50mg and Metformin Hydrochloride 850mg Tablets IP	15's
1107	1841	Vitamin D3 Oral Solution 60000 IU	5 ml
1108	1842	Vitamine B Complex injection (IM/IV) Use	2 ml
1109	1843	Voglibose 0.2mg, Glimepiride 1mg and Metformin Hydrochloride 500mg (Sustained Release) Tablets	10's
1110	1844	Voglibose 0.2mg, Glimepiride 2mg and Metformin Hydrochloride 1000mg (Sustained Release) Tablets	10's
1111	1845	Voglibose 0.3mg, Glimepiride 2mg and Metformin Hydrochloride 1000mg (Sustained Release) Tablets	10's
1112	1846	Zoledronic Acid Injection IP 4 mg per vial	4mg/vial
1113	1848	Etophyllin 84.7mg and Theophylline 25.3mg Injection per ml	2 ml
1114	1849	Vitamin-C Chewable Tablets 500mg	10's
1115	1850	Thyroxine Sodium Tablets IP 12.5mcg	100's Bottle
1116	1851	Thyroxine Sodium Tablets IP 25mcg	100's Bottle
1117	1852	Thyroxine Sodium Tablets IP 75mcg	100's Bottle
1118	1853	Thyroxine Sodium Tablets IP 125mcg	100's Bottle

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1119	1854	Alfuzosin Prolonged-release Tablets IP 10mg	10's
1120	1855	Alfuzosin 10mg and Dutasteride 0.5mg Tablets	10's
1121	1856	Disodium Hydrogen Citrate Syrup 1.53gm per 5ml	100ml Bottle
1122	1857	Citric Acid 334mg and Potassium Citrate 1100mg Syrup per 5ml	200ml Bottle
1123	1858	Darifenacin Prolonged Release Tablets IP 7.5mg	10's
1124	1860	Dutasteride Capsule IP 0.5 mg	10's
1125	1861	Finasteride Tablets IP 1mg	10's
1126	1862	Mirabegron Extended-release Tablets 25 mg	10's
1127	1863	Mirabegron Extended-release Tablets 50 mg	10's
1128	1864	Potassium Citrate 1100mg and Magnesium Citrate 375mg Oral Solution	200ml Bottle
1129	1865	Silodosin Capsules 4 mg	10's
1130	1866	Silodosin Capsules 8 mg	10's
1131	1867	Silodosin 4mg and Dutasteride 0.5mg Capsules	10's
1132	1868	Silodosin 8mg and Dutasteride 0.5mg Capsules	10's
1133	1869	Solifenacin Succinate Tablets IP 5 mg	10's
1134	1870	Solifenacin Succinate Tablets IP 10 mg	10's
1135	1871	Tamsulosin Hydrochloride 0.4mg and Tolterodine Tartrate 2mg Extended Release Capsules	10's
1136	1872	Tamsulosin Hydrochloride 0.4mg and Tolterodine Tartrate 4mg Extended Release Capsules	10's
1137	1873	Tolterodine Tartrate Extended Release Capsules 2mg	10's
1138	1874	Tolterodine Tartrate Extended Release Capsules 4 mg	10's
1139	1875	Azithromycin Eye Drops 1% w/v	3ml Drops
1140	1876	Betaxolol Eye Drops IP 0.5% w/v	5ml Drops
1141	1877	Brinzolamide Ophthalmic Suspension IP 1% w/v	5ml Drops
1142	1878	Bromfenac 0.09% w/v and Moxifloxacin 0.5% w/v	5ml Drops

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Eye Drops	
1143	1879	Chloramphenicol 0.5% w/v and Dexamethasone 0.1% w/v Eye/Ear Drops	5ml Drops
1144	1880	Epalrestat Sustained Release Tablets 150 mg	10's
1145	1881	Gatifloxacin 0.3% w/v and Dexamethasone 0.1% w/v Eye Drops	5ml Drops
1146	1882	Gatifloxacin 0.3 % w/v and Prednisolone 1% w/v Eye Drops	10ml Drops
1147	1883	Gentamicin 0.3% w/v and Dexamethasone 0.1% w/v Eye Drops	10ml Drops
1148	1884	Homatropine Hydrobromide Eye Drops IP 2% w/v	5ml Drops
1149	1886	Levofloxacin Eye Drops 0.5 % w/v	5ml Drops
1150	1887	Moxifloxacin 0.5% w/v and Dexamethasone 0.1% w/v Eye Drops	5ml Drops
1151	1888	Natamycin Ophthalmic Suspension IP 5% w/v	5ml Drops
1152	1889	Artesunate Injection IP 120mg	Vial with Diluent
1153	1890	Arteether Injection 75mg per ml	1ml Ampoule
1154	1892	Artesunate 200mg Tablets, Sulfadoxine 500mg and Pyrimethamine 25mg Tablets IP Combi kit	KIT
1155	1893	Primaquine Phosphate Tablets IP 7.5 mg	10's
1156	1894	Primaquine Phosphate Tablets IP 2.5 mg	10's
1157	1897	Quinine Sulphate Tablets IP 600 mg	10's
1158	1898	Agomelatine Tablets 25 mg	10's
1159	1899	Alprazolam 0.25mg and Propranolol Hydrochloride 20mg Tablets	10's
1160	1900	Alprazolam 0.25mg and Propranolol Hydrochloride 10mg Tablets	10's
1161	1901	Alprazolam 0.5mg and Sertraline Hydrochloride 25mg Tablets	10's
1162	1902	Alprazolam 0.5mg and Sertraline Hydrochloride	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		50mg Tablets	
1163	1903	Amisulpride Tablets IP 100 mg	10's
1164	1904	Amisulpride Tablets IP 200 mg	10's
1165	1905	Amitriptyline Hydrochloride Tablets IP 75 mg	10's
1166	1906	Amitriptyline Hydrochloride Tablets IP 50 mg	10's
1167	1907	Amitriptyline Hydrochloride Tablets IP 5 mg	10's
1168	1908	Amitriptyline Hydrochloride 25mg Chlordiazepoxide 10mg Tablets	10's
1169	1909	Amoxapine Tablets IP 50mg	10's
1170	1910	Amoxapine Tablets IP 100mg	10's
1171	1911	Aripiprazole Tablets IP 2.5 mg	10's
1172	1912	Aripiprazole Tablets IP 10 mg	10's
1173	1913	Aripiprazole Tablets IP 15 mg	10's
1174	1914	Aripiprazole Tablets IP 20 mg	10's
1175	1915	Aripiprazole Tablets IP 7.5 mg	10's
1176	1916	Aripiprazole Tablets IP 30 mg	10's
1177	1919	Bromocriptine Mesylate Tablets IP 1.25 mg	10's
1178	1920	Bupropion Prolonged-release Tablets IP 150 mg	10's
1179	1921	Chlordiazepoxide Tablets IP 25 mg	10's
1180	1922	Chlorpromazine Tablets IP 100 mg	10's
1181	1923	Chlorpromazine Tablets IP 50 mg	10's
1182	1924	Chlorpromazine Tablets IP 25 mg	10's
1183	1927	Cinnarizine 20mg and Dimenhydrinate 40mg Tablets	10's
1184	1928	Citalopram Tablets IP 20mg	10's
1185	1930	Citicoline Injection IP 250mg per ml	2ml Ampoule
1186	1931	Clonazepam Mouth Dissolving Tablets 0.25 mg	10's
1187	1932	Clomipramine Hydrochloride Tablets 10mg	10's
1188	1933	Clomipramine Hydrochloride Tablets 25mg	10's
1189	1934	Clomipramine Hydrochloride Tablets 50mg	10's
1190	1935	Clozapine Tablets IP 25 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1191	1936	Clozapine Tablets IP 50 mg	10's
1192	1937	Clozapine Tablets IP 100 mg	10's
1193	1938	Diazepam Tablets IP 2 mg	10's
1194	1939	Diazepam Tablets IP 10 mg	10's
1195	1940	Doxepin Capsules IP 10mg	10's
1196	1941	Doxepin Capsules IP 25mg	10's
1197	1942	Doxepin Capsules IP 75mg	10's
1198	1943	Duloxetine Gastro Resistant Tablets IP 30mg	10's
1199	1944	Escitalopram Tablets IP 5 mg	10's
1200	1945	Etizolam Tablets IP 0.25mg	10's
1201	1946	Lamotrigine Dispersible Tablets IP 25mg	10's
1202	1947	Lamotrigine Dispersible Tablets IP 50mg	10's
1203	1948	Levosulpiride Tablets 50 mg	10's
1204	1949	Levosulpiride Tablets 75 mg	10's
1205	1950	Mirtazapine Tablets IP 30 mg	10's
1206	1951	Rifaximin Tablets 200 mg	10's
1207	1952	Rifaximin Tablets 550 mg	10's
1208	1953	Olanzapine 5mg and Fluoxetine 20mg Tablets IP	10's
1209	1954	Phenytoin Injection IP 100mg per 2 ml	2ml Ampoule
1210	1955	Paroxetine Extended Release 12.5mg and Clonazepam 0.25mg Tablets	10's
1211	1957	Risperidone Tablets IP 1mg	10's
1212	1958	Risperidone Tablets IP 2 mg	10's
1213	1959	Eicosapentaenoic Acid 180mg and Docosahexaenoic Acid 120mg Soft Gelatin Capsule	30's Bottle
1214	1960	Aloe Vera 10% W/W and Vitamin E 1% W/W Moisturising Cream	60 gm Tube
1215	1961	Methylcobalamin Tablet 1500mcg	10's
1216	1962	Methylcobalamin Tablet 500mcg	10's
1217	1963	N-Acetylcysteine 150Mg And Taurine 500Mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Tablets	
1218	1964	Biphasic Insulin Lispro Injection IP 100IU per ml (25:75)	3ml Pre-Filled Cartridge
1219	1965	Insulin Aspart Injection IP 100IU per ml	10ml Vial
1220	1966	Repaglinide Tablet IP 0.5mg	10's
1221	1967	Repaglinide Tablet IP 1mg	10's
1222	1968	Repaglinide Tablet IP 2mg	10's
1223	1969	Repaglinide 1mg and Metformin Hydrochloride (Sustained-release) 500mg Tablets IP	10's
1224	1970	Repaglinide 2mg and Metformin Hydrochloride (Sustained-release) 500mg Tablets IP	10's
1225	1971	Amoxycillin 200Mg , Clavulanic Acid 28.5Mg And Lactic Acid Bacillus 60 Million Spore Dry syrup	30 ml Bottle
1226	1972	Amoxycillin 500mg, Clavulanic Acid 125mg and Lactic Acid Bacillus 60 Million Spores Tablets	10's
1227	1973	Amoxycillin 200Mg , Clavulanic Acid 28.5Mg And Lactic Acid Bacillus 30 Million Spore Dry syrup	30 ml Bottle
1228	1974	Amoxycillin 250mg, Cloxacillin 250mg And Lactic Acid Bacillus 100 Million Spore Capsules	6's
1229	1975	Amoxycillin 125Mg , Cloxacillin 125Mg And Lactic Acid Bacillus 60 Million Spore Tablets	10's
1230	1978	Cefdinir Capsule IP 300mg	10's
1231	1979	Cefdinir Oral Suspension IP 125mg per 5ml	30ml with Water for Reconstitution
1232	1980	Tolperisone Tablet 150mg	10's
1233	1981	Cefixime 50Mg And Clavulanic Acid 31.25 Mg Dry syrup	30ml with Water for Reconstitution
1234	1982	Cefixime 100Mg And Clavulanic Acid 62.5 Mg Tablets	10's
1235	1984	Cefprozil Oral Suspension 125mg per 5ml	30ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1236	1985	Cefprozil Oral Suspension 250mg per 5ml	30ml
1237	1986	Cefprozil Tablet 500 mg	6's
1238	1987	Cefprozil Tablet 250 mg	10's
1239	1989	Ceftazidime 250mg And Tazobactam 31.25mg Injection	Vial & Wfi
1240	1990	Ceftazidime 1000 mg And Tazobactam 125 mg Injection	Vial with WFI
1241	1991	Moxifloxacin 400mg and Cefixime 400mg Tablet	10's
1242	1992	Bacitracin 400 IU, Neomycin 3400 IU and Polymyxin B 5000 IU Ophthalmic Ointment	10 gm Tube
1243	1993	Glycolic Acid 1% w/w and Aloe Vera 5% w/w Face Wash	100gm Tube
1244	1994	Glycolic Acid 1% w/w, Aloe Vera 5% w/w and Salicylic Acid 2% w/w Facewash	60ml Flip top Lemitube
1245	1995	Selenium Sulphide Shampoo 1% w/w	60ml Flip top Jar
1246	1996	Aceclofenac 100Mg, Paracetamol 325Mg And Trypsin-Chymotrypsin 150000Au Tablets	10's
1247	1999	Carboprost Injection 125mcg	0.5ml Ampoule
1248	2000	Dinoprostone Gel 0.5 mg (Pre-filled syringe)	3gm Pre-filled Syringe
1249	2002	Ethinylestradiol 0.035 Mg And Cyproterone 2 Mg Tablet	21's Monopack
1250	2003	Calcium 500mg and Vitamin D3 500IU Tablets IP	10's
1251	2004	Ranolazine Extended Release Tablets 1000mg	10's
1252	2005	Potassium Nitrate Toothpaste 5% w/w	100gm
1253	2006	Sodium Bicarbonate Tablet 500 mg	10's
1254	2007	Sodium Bicarbonate Tablet 1000 mg	10's
1255	2008	Simethicone 40Mg , Dill Oil 0.005MI And Fennel Oil 0.0007MI Drops	30ml Oral Drops
1256	2009	Silymarin Tablet 140 mg	10's
1257	2010	Racecadotril Sachet IP 10mg	1gm Sachet

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1258	2011	Racecadotril Sachet IP 15mg	1gm Sachet
1259	2012	Racecadotril Sachet IP 30mg	3gm Sachet
1260	2014	Daclatasvir Tablets 60 mg	28's Bottle
1261	2015	Nebivolol 5mg and Telmisartan 40mg Tablets	10's
1262	2016	Minoxidil Tablets IP 10mg	10's
1263	2017	Ulipristal Acetate Tablets 5mg	10's
1264	2018	Mesalazine Prolonged release Tablets IP 500mg	10's
1265	2020	Desmopressin Tablets 0.1 mg	15's in bottle
1266	2022	Ropinirole Tablets IP 1 mg	10's
1267	2023	Ropinirole Tablets IP 2 mg	10's
1268	2024	Ropinirole Tablets IP 4 mg	10's
1269	2025	Bimatoprost 0.03% w/v and Timolol 0.5% w/v Ophthalmic Solution	5ml Drops
1270	2026	Etoposide Capsules IP 50 mg	8's
1271	2027	Mesalazine Delayed release Tablets 800 mg	10's
1272	2028	Tacrolimus Capsule IP 2 mg	10's
1273	2029	Tacrolimus Capsule IP 1 mg	10's
1274	2030	Tacrolimus Capsule IP 0.25 mg	10's
1275	2031	Sofosbuvir 400mg and Velpatasvir 100mg Tablets	28's Bottle
1276	2032	Atazanavir 300mg and Ritonavir 100mg Tablets IP	30's Bottle
1277	2033	Sodium Hyaluronate Eye Drops 0.1% w/v	10ml Drops
1278	2034	Voriconazole Tablets IP 200mg	4's
1279	2035	Potassium Citrate 1100 mg and Magnesium Citrate 375 mg and Pyridoxine Hydrochloride 20mg Syrup per 5ml	200ml
1280	2037	Esomeprazole Gastro-Resistance Tablets IP 20mg	10's
1281	2038	Pantoprazole Gastro-Resistance Tablets IP 20mg	10's
1282	2040	L-Ornithine L-Aspartate 150mg and Pancreatin	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		100mg Tablets	
1283	2041	Tadalafil 10Mg And Dapoxetine 30 Mg Tablets	4's
1284	2043	Domperidone 10mg and Paracetamol 325mg Tablets	10's
1285	2044	Levonorgestrel Tablet IP 1.5 mg	1's in Monopack
1286	2045	Ferrous Asparto Glycinate 100 mg, L-Methylfolate Calcium 300mcg, Methylcobalamin 500mcg Tablet	10's
1287	2046	Riboflavin 10Mg,Folic Acid 1.5Mg, Niacinamide 100Mg & Lactic Acid Bacillus 60 Million Spores Tablets	10's
1288	2047	Cholecalciferol Soft Gelatin Capsule 60000 IU	4's
1289	2048	Methotrexate Tablets IP 2.5mg	10's
1290	2049	Divalproex Prolonged release Tablets IP 500mg	10's
1291	2050	Amlodipine Tablet IP 10mg	10's
1292	2051	L-Carnitine-L-Tartrate 1000Mg, Co-Enzyme Q10 60Mg, Zinc Oxide (As Elemental Zinc) 12.5Mg, Lycopene 2500Mcg Tablets	10's
1293	2052	Atorvastatin 10mg And Cholecalciferol 1000 IU Tablet	10's
1294	2053	Telmisartan 40mg and Atorvastatin 10mg Tablet	10's
1295	2054	Mecobalamin 1500 mcg, Alpha Lipoic Acid 100mg, Inositol 100mg, Folic Acid 1.5mg, Chromium Picolinate 200mcg, Selenium Dioxide 55mcg and Benfotiamine 150 mg Soft gel Capsule	10's
1296	2055	Halobetasol Propionate Ointment 0.05% w/w	15gm Lemi Tube
1297	2056	Chlorhexidine Gluconate 1% w/w, Metronidazole 1% w/w and Lidocaine 2% w/w dental Gel	15 gm Lami Tube

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1298	2058	Ofloxacin 0.3% w/v, Dexamethasone 0.1% w/v, Benzalkonium Chloride (As Preservative) 0.005% w/v Eye Drops	5ml Drops
1299	2059	Povidone Iodine Gargle 2% w/v	100ml Bottle
1300	2060	Paracetamol Tablets IP 1000 Mg	10's
1301	2061	Ketorolac Tromethamine Dispersible Tablet 10 mg	10's
1302	2065	Lopinavir and Ritonavir Tablets IP (200mg + 50mg)	60's in Bottle
1303	2066	Lignocaine Hydrochloride Injection IP (20ml)	30 ml Vial
1304	2072	Atorvastatin 10mg, Aspirin 75mg and Clopidogrel 75mg Capsules	10's
1305	2073	Atorvastatin 20mg and Aspirin 150mg Capsules IP	10's
1306	2074	Atorvastatin 20mg and Aspirin 75mg Capsules IP	10's
1307	2076	Atorvastatin Tablets IP 5mg	10's
1308	2077	Benzoyl Peroxide Gel IP 2.5% w/w	20gm Tube
1309	2078	Bifonazole IP 1% w/w Cream	30gm Lami Tube
1310	2079	Bisacodyl Suppositories IP 10mg	5's
1311	2080	Bisoprolol 5mg and Hydrochlorothiazide 12.5mg Tablets	10's
1312	2081	Calcipotriol 0.005% and Clobetasol Propionate 0.05 % Ointment	15gm Lami-tube
1313	2082	Calcium Dobesilate Monohydrate Capsules 500mg	10's
1314	2083	Calcium Citrate Malate 250mg , Vitamin D3 100IU and Folic Acid 50mcg Tablets	10's
1315	2084	Carbamazepine Prolonged release Tablets IP 400mg	10's
1316	2085	Carbidopa 10mg and Levodopa 100mg Tablets IP	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1317	2086	Carica papaya leaf Extract 1100mg, Goat Milk 250mg and Tinospora Cordifolia 250mg Extract Tablets	10's
1318	2087	Papaya Leaf Extract 1100mg Tablets	15's
1319	2088	Carvedilol Phosphate Extended Release Tablets 10mg	10's
1320	2089	Carvedilol Phosphate Extended Release Tablets 20mg	10's
1321	2090	Carvedilol Tablets IP 12.5 mg	10's
1322	2091	Cilnidipine 10mg and Chlorthalidone 12.5mg Tablets	10's
1323	2092	Metoprolol Succinate (extended release) 25mg and Cilnidipine 10mg Tablets	10's
1324	2093	Metoprolol Succinate (extended release) 50mg and Cilnidipine 10mg Tablets	10's
1325	2094	Cinnarizine 20mg and Domperidone 15mg Tablet	10's
1326	2095	Clotrimazole 1% w/v and Lignocaine Hydrochloride 2% w/v Ear Drops	10ml Drops
1327	2097	Combipack of Clarithromycin 500mg Tablets IP, Esomeprazole 40mg Tablets IP (Gastro resistant) and Amoxycillin 750mg Tablets IP	Combipack of 6 Tablets in Mono Carton
1328	2098	Dabigatran Etxilate Mesilate Capsules 75 mg	10's
1329	2099	Dapagliflozin 10mg and Metformin Hydrochloride (Extended Release) 1000mg Tablets	10's
1330	2100	Dapagliflozin 10mg and Metformin Hydrochloride (Extended Release) 500mg Tablets	10's
1331	2101	Dapagliflozin Tablets 5mg	10's
1332	2102	Desloratadine Tablets 5mg	10's
1333	2103	Diclofenac Sodium Suppositories 100mg	5's
1334	2104	Divalproex Sodium Extended Release Tablets IP 250 mg	10's
1335	2105	Dosulepin (Dothiepin) Tablets IP 50mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1336	2106	Doxofylline (Sustained-release) 400mg and Montelukast 10mg Tablets	10's
1337	2107	Etizolam 0.5mg and Propranolol Hydrochloride 20mg Tablets	10's
1338	2108	Frusemide 20mg and Spironolactone 25mg Tablets	10's
1339	2109	Glucosamine Tablets USP 500mg	30's in Bottle
1340	2110	Isosorbide Mononitrate Sustained release Tablets 50mg	10's
1341	2111	Isotretinoin Capsules IP 10mg	10's
1342	2112	Ketorolac Tromethamine Ophthalmic Solution 0.4% w/v	5ml Drops
1343	2113	Lacosamide Tablets 100mg	10's
1344	2114	Methotrexate Tablets IP 10mg	10's
1345	2115	Methotrexate Tablets IP 5mg	10's
1346	2116	Methylprednisolone Tablets IP 16mg	10's
1347	2117	Metoprolol Succinate (Extended-release) 50mg, Telmisartan 40mg and Chlorthalidone 12.5mg Tablets	10's
1348	2118	Metoprolol Succinate Extended Release Tablets IP 12.5mg	10's
1349	2119	Miconazole Nitrate Cream IP 2% w/w	15gm Tube
1350	2120	Mometasone Aqueous Nasal Spray IP 0.05%w/v (nasal suspension in a pressurise container)	120 MDI
1351	2122	Mycophenolate Sodium Gastro-resistant Tablets 360mg	10's
1352	2123	Metformin Hydrochloride (sustained-release) 500mg and Myo-Inositol 600mg Tablets	10's
1353	2124	Nitroglycerin Controlled Release Tablets 6.4 mg	30's in Bottle
1354	2125	Nortriptyline Tablets IP 10mg	10's
1355	2126	Ondansetron Orally disintegrating Tablets IP 8mg	10's
1356	2127	Oxcarbazepine Tablets IP 150mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1357	2128	Paracetamol 650mg and Caffeine 50mg Tablets IP	10's
1358	2129	Pirfenidone Tablets IP 400mg	10's
1359	2130	Potassium Magnesium Citrate 978mg, D-Mannose 300mg with Cranberry extract 200mg Sachet	5gm Sachet
1360	2131	Prednisolone Sodium Phosphate Eye Drops IP 1%w/v	10ml Drops
1361	2132	Pregabalin (Sustained release) 75mg and Methylcobalamin 1500mcg Tablets	10's
1362	2133	Pregabalin Tablets IP 150mg	10's
1363	2134	Ribavirin Capsules USP 200mg	4's
1364	2135	Spirolactone 50mg and Torasemide 20mg Tablets	10's
1365	2136	Sumatriptan 85mg and Naproxen 500mg Tablets	2's
1366	2137	Telmisartan 40mg, Cilnidipine 10mg and Chlorthalidone 12.5mg Tablets	10's
1367	2138	Torsemide Tablets IP 100mg	10's
1368	2139	Valsartan Tablets IP 40 mg	10's
1369	2140	Verapamil Tablets IP 40mg	10's
1370	2141	Warfarin Tablets IP 1mg	10's
1371	2142	Warfarin Tablets IP 2mg	10's
1372	2143	Zinc Sulphate Dispersible Tablets IP 20mg	10's
1373	2144	Pyridostigmine Bromide Tablets IP 60mg	10's
1374	2145	Budesonide Powder for Inhalation IP 400mcg (Rotacaps)	30's
1375	2146	Combikit of Eplerenone Tablets 25mg and Torsemide Tablets IP 10mg	Combikit of 20 Tablets in Mono Carton
1376	2147	Estradiol Tablets 2mg	28's
1377	2148	Atorvastatin Tablets IP 80mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1378	2149	Pre & Pro-Biotic Capsules (Bacillus Mesentericus - 2M, Clostridium Butyricum - 4M, Lactobacillus Sporogenes - 100M, Streptococcus Faecalis - 60M)	10's
1379	2150	Beclomethasone Dipropionate Inhalation IP 200mcg	200 MDI
1380	2151	Beclomethasone Dipropionate Inhalation IP 100mcg	200 MDI
1381	2152	Beclomethasone Dipropionate 100mcg Rotacaps IP	30's in Plastic container
1382	2153	Beclomethasone Dipropionate Rotacaps 200mcg	30's in Plastic container with monocarton
1383	2154	Beclomethasone Dipropionate Rotacaps 400mcg	30's in Plastic container with monocarton
1384	2155	Benidipine Hydrochloride Tablets 4mg	10's
1385	2156	Bilastine 20mg Montelukast 10mg Tablets	10's
1386	2158	Calcium Pantothenate 100mg Tablets IP	10's
1387	2159	Cefpodoxime 200mg and Ofloxacin 200mg Tablets	10's
1388	2160	Clindamycin 100mg, Clotrimazole 100mg and Tinidazole 100mg Soft Gelatin Capsule (For Vaginal Use)	7's
1389	2161	Diethylcarbamazine 150mg Tablets	10's
1390	2162	Eberconazole Cream 1% w/w	30g Lemitube
1391	2163	Enalapril Maleate Tablets IP 2.5mg	10's
1392	2164	Esomeprazole Magnesium 40mg (Enteric Coated) and Itopride Hydrochloride 150mg (Sustained Release) Capsules.	10's
1393	2165	Evogliptin 5mg and Metformin Hydrochloride Sustained Release 1000mg Tablets	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1394	2166	Evogliptin 5mg and Metformin Hydrochloride Sustained Release 500mg Tablets	10's
1395	2167	Evogliptin Tartarate 5mg Tablets	10's
1396	2168	Fenofibrate Capsules IP 200mg	10's
1397	2169	Flupirtine Maleate Capsules 100mg	10's
1398	2170	Glimepiride IP 0.5mg Tablets	10's
1399	2171	Glucosamine Sulphate 1500mg Tablets	10's
1400	2172	Di-Hydralazine Hydrochloride 25mg Tablets USP	10's
1401	2173	Ibandronic Acid Tablets 150mg	1's
1402	2174	Ilaprazole Tablets 10mg	10's
1403	2175	Iron Sucrose Injection	1's
1404	2176	Labetalol IP 200mg Tablets	10's
1405	2177	Lornoxicam 8mg and Paracetamol 325mg Tablets	10's
1406	2178	Meloxicam 7.5mg Tablets BP	10's
1407	2179	Meloxicam 15mg Tablets BP	10's
1408	2180	Mesalamine Delayed Release Tablets 400mg	10's
1409	2181	Metformin Hydrchloride 500mg (Sustained-release) and Glimipride 3mg Tablet IP	10's
1410	2182	Metformin Hydrchloride 500mg (Sustained-release) and Glimipride 4mg Tablet IP	10's
1411	2183	Metolazone 2.5mg Tablets IP	10's
1412	2184	Moxifloxacin 0.5 %w/v and Prednisolone Acetate 1%w/v Eye Drops	5ml Drops
1413	2185	Moxonidine Tablets 0.2mg	10's
1414	2186	Oxcarbazepine Tablets IP 450mg	10's
1415	2187	Oxcarbazepine Tablets IP 600 mg	10's
1416	2188	Paroxetine Prolonged-release Tablets IP 25mg	10's
1417	2189	Paroxetine Prolonged-release Tablets IP 12.5mg	10's
1418	2190	Pramipexole Dihydrochloride Tablets 0.25mg	10's
1419	2191	Progesterone 100mg/2ml Injection IP	2ml Ampoule in

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
			Mono blister
1420	2192	Ramipril Tablets IP 10mg	10's
1421	2193	Remogliflozin Etabonate 100mg and Vildagliptin 50mg Tablets	10's
1422	2194	Remogliflozin Etabonate 100mg and Metformin Hydrochloride 1000mg Tablets	10's
1423	2195	Remogliflozin Etabonate 100mg Tablets	10's
1424	2196	Remogliflozin Etabonate Tablets 100mg and Metformin Hydrochloride 500mg Tablets	10's
1425	2197	Risperidone Tablets IP 3 mg	10's
1426	2198	Ropinirole Tablets IP 0.5mg	10's
1427	2199	Ropinirole Tablets 0.25mg	10's
1428	2200	Selegiline Hydrochloride 5mg Tablets	10's
1429	2201	Sevelamer Carbonate Tablets 400mg	10's
1430	2202	Propranolol Hydrochloride 40mg Sustained Release) and Flunarizine Dihydrochloride 10mg Tablets	10's
1431	2203	Telmisartan 80mg, Amlodipine 5mg and Hydrochlorothiazide 12.5mg Tablets	10's
1432	2204	Tenofovir Alafenamide Tablets IP 25mg	30's in Bottle
1433	2205	Verapamil Hydrochloride Prolonged Release 120mg Tablets IP	15's
1434	2206	Vitamin E Capsules 600mg	10's
1435	2207	Metformin Hydrochloride 500mg (Sustained Release), Voglibose 0.3mg and Glimepiride 1mg and Tablets	10's
1436	2209	Ziprasidone 20mg Capsules	10's
1437	2210	Perindopril Erbumine 8mg Tablets	10's
1438	2211	Perindopril Erbumine 4mg and Indapamide 1.25mg Tablets	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1439	2212	Micronized Purified flavanoid Fraction Tablets (MPFF Diosmin 450mg and Hesperidin 50mg Tablets)	10's
1440	2213	Ziprasidone 40mg Capsules	10's
1441	2216	Guaifenesin 50mg, Terbutaline 1.25 mg and Ambroxol 30 mg Syrup per 5ml (Suger free)	100 ml
1442	2217	Guaifenesin 100mg, Terbutaline 1.25 mg and Ambroxol 15mg Syrup per 5ml (Suger free)	100 ml
1443	2218	Sacubitril 97mg and Valsartan 103mg Tablets	7's
1444	2219	Hydroxyprogesterone Injection 250mg	1ml ampoule in Mono blister pack
1445	2220	Hydroxyprogesterone Injection IP 500mg	2ml Ampoule in Mono blister
1446	2221	Alpha Ketoanalouge and Essential Amino Acid Tablets	10's
1447	2222	Allopurinol Tablets IP 300 mg	10's
1448	2223	Amisulpride Tablets IP 300mg	10's
1449	2224	Acarbose 50mg and Metformin Hydrochloride 500mg Tablets	10's
1450	2225	Acetylcysteine Effervescent Tablets 600mg	10's
1451	2226	Alendronate Sodium Tablets USP 70mg	4's
1452	2227	Amlodipine 5 mg, Losartan Potassium 50 mg & Hydrochlorothiazide 12.5 mg Tablets	10's
1453	2228	Amlodipine 5mg and Perindopril 4mg Tablets	10's
1454	2229	Amorphous Hydrogel Wound Dressing with Colloidal Silver	10gm Lami Tube
1455	2238	Protein Powder (100% Whey Protein) 1 kg (2.2 lbs) Jar	1 kg (2.2 lbs) Jar
1456	2239	Cereal Based Foods Products (for Baby above 6 months)	300g Mono Carton
1457	2240	Diabetes Care Protein Powder	400g Jar

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1458	2241	Renal care protein powder (Low Protein)	400g Jar
1459	2242	Renal care protein powder for dialysis patients (High Protein)	400g Jar
1460	2243	Oral Rehydration Salt (Liquid form)	200ml Tetra Pack
1461	2244	Janushadhi Madhurak (Stevia Natural Sweetener (Liquid))	30ml Drops in Mono Carton
1462	2245	Janushadhi Madhurak (Stevia Natural Sweetener (Tablets/Pellets))	100's
1463	2246	Janaushadhi Women Protein (Chocolate) 250g	250g Jar
1464	2247	Janaushadhi Women Protein (Vanilla) 250 gm	250g Jar
1465	2248	Janaushadhi Poshan (Malt based food with Cocoa, 30gm)	30g Sachet
1466	2249	Abacavir 600mg, Dolutegravir 50mg and Lamivudine 300mg Tablets	30's Bottle
1467	2250	Abacavir 600mg and Lamivudine 300mg Tablets	30's Bottle
1468	2251	Recombinant Human Tissue type Plasminogen Activator Injection 20mg (Alteplase)	Vial with WFI and Transfer canula in Mono Carton
1469	2252	Recombinant Human Tissue type Plasminogen Activator Injection 50mg (Alteplase)	Vial with WFI and Transfer canula in Mono Carton
1470	2253	Bisacodyl Suppositories IP 5mg	5's
1471	2254	Caffeine Citrate Injection 20mg/ml	2ml vial
1472	2255	Colchicine Tablets 0.5mg	10's
1473	2256	Midazolam Injection 10mg	10ml vial
1474	2257	Rituximab 100mg/10ml Injection	10ml vial
1475	2258	Rituximab 500mg/50ml Injection	50ml vial
1476	2259	Salicylic Acid 1% w/v Foaming Facewash	60ml Lami Tube

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1477	2260	Salicylic Acid 3% powder	150gm bottle
1478	2261	Salicylic Acid 2% w/v Foaming Facewash	60ml Lami Tube
1479	2262	Somatotropin 4 IU (Recombinant Human Growth Hormone) Powder for Injection	Vial with WFI in Mono Carton
1480	2263	Thiamine Hydrochloride Injection IP 100mg/ml	2ml vial
1481	2264	Mecobalamin 1500mcg, Folic Acid 0.7mg and Niacinamide 100mg Injection (Painless)	2ml vial
1482	2265	Multivitamin Syrup Chocolate Flavour	200ml Bottle
1483	2266	Nicotine 2mg Oral Disintegrating Strips	12's in Mono Carton
1484	2267	Nicotine Oral Disintegrating Strips 4mg	12's in Mono Carton
1485	2268	Ondansetron 4mg Oral Disintegrating Strips	12's in Mono Carton
1486	2269	Ondansetron 8mg Oral Disintegrating Strips	12's in Mono Carton
1487	2270	Sildenafil 50mg Oral Disintegrating Strips	5's in Mono Carton
1488	2271	Vitamin D3 60000 IU Oral Disintegrating Strips	10's in Mono Carton
1489	2272	Dapagliflozin 5mg and Sitagliptin 50mg Tablets	10's
1490	2273	Dapagliflozin 10mg and Sitagliptin 100mg Tablets	10's
1491	2274	Pregabalin 75mg and Duloxetine (Delayed Release) 30mg Capsules	10's
1492	2275	Pregabalin 75mg and Duloxetine (Delayed Release) 20mg Capsules	10's
1493	2276	Pregabalin 50mg and Duloxetine (Delayed Release) 20mg Capsules	10's
1494	2277	Bempedoic Acid Tablets 180mg	10's
1495	2278	Vitamin C Effervescent Tablets (Vitamin C 1000mg, Vitamin D3 400 IU, Zinc 10mg)	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1496	2279	Nandrolone Decanoate Injection IP 50mg/ml	1ml Ampoule in Mono Carton
1497	2280	Dextromethorphan Hydrobromide Lozenges 5mg	10's
1498	2281	Vitamin A 600mcg, Vitamin C 500mg, Vitamin D3 1000 IU and Zinc 50mg Chewable Tablets	10's
1499	2282	Para Aminobenzoic Acid100mg, Calcium Pant 100mg, Niacinamide12mg, L-Arginine50mg L-Cysteine50mg, DL-Methionine40mg, L-Lysine20mg, Zinc25mg, Inositol 10mg, Biotin10mg, Ferrous10mg, Copper2mg Tablets	10's
1500	2283	Abiraterone Acetate Tablets 250mg	120's bottle
1501	2284	Acamprosate Calcium Tablets 333mg	6's
1502	2285	Myo-Inositol 1000mg, L-Methyl Folate 100mcg, Vitamin D3 1000 IU, Acetylcysteine 600mg, L-Arginine 100mg Tablets	10's
1503	2286	Adapalene 0.1% w/w and Benzoyl Peroxide 2.5% w/w Gel	15gm Lami Tube
1504	2287	Alogliptin 25mg Tablets	10's
1505	2288	Armodafinil 50mg Tablets	10's
1506	2289	Armodafinil 150mg Tablets	10's
1507	2290	Baclofen 20mg Extended Release (Gastric Retentive System) Tablets	10's
1508	2291	Benazepril 5mg Tablets	10's
1509	2292	Benidipine 8mg Tablets	10's
1510	2293	Bosentan 62.5mg Tablets	10's
1511	2294	Brinzolamide 10mg and Brimonidine 2mg Ophthalmic Suspension 5ml	5ml in Mono Carton
1512	2295	Brivaracetam Tablets IP 50mg	10's
1513	2296	Calcitriol 0.25mcg, Calcium Carbonate 500mg, Vitamin K27 45mcg, Methylcobalamin 1500mcg, Zinc 7.5mg, Magnesium 50mg and L-Methylfolate 800mcg Capsules	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1514	2297	Calcium (Calcium Carbonate) 1250mg, Vitamin D3 2000 IU, Mecobalamin (Vitamin B12) 1500mcg, L-Methylfolate Calcium (Vitamin B9) 1mg, Pyridoxal-5-Phosphate (Vitamin B6) 20mg Tablets	10's
1515	2298	Calcium Citrate 1000mg, Magnesium 100mg, Zinc 4mg and Vitamin D3 200 IU Tablets	10's
1516	2299	Nadifloxacin 1% w/w and Clobetasol Propionate 0.05% 10 gm skin cream	10gm Lami Tube
1517	2301	Dapoxetine Tablets IP 30mg	4's
1518	2302	Dasatinib 50mg Tablets	60's Bottle
1519	2303	Deflazacort 30mg and Tamsulosin 0.4mg Tablets	10's
1520	2304	Desvenlafaxine Extended Release 50mg and Clonazepam 0.5mg Tablets	10's
1521	2305	Desvenlafaxine Extended Release 100mg and Clonazepam 0.5mg Tablets	10's
1522	2306	Desvenlafaxine Extended Release Tablets 50mg	10's
1523	2307	Desvenlafaxine Extended Release Tablets 100mg	10's
1524	2308	Dexlansoprazole MR Capsules 60mg	10's
1525	2309	Paradichlorobenzene (2% w/v), Chlorbutol (5% w/v), Turpentine Oil (15% w/v) and Lidocaine (2% w/v) Ear drop	10ml Drop bottle in Mono Carton
1526	2310	Donepezil 5mg and Memantine 5mg Tablets	10's
1527	2311	Donepezil 5mg and Memantine 10mg Tablets	10's
1528	2312	Empagliflozin 10mg and Linagliptin 5mg Tablets	10's
1529	2313	Etizolam 0.5mg and Propranolol Hydrochloride 40mg Tablets	10's
1530	2314	Flurbiprofen 0.03% w/v Eye Drop 5ml	5ml Drop bottle in Mono Carton
1531	2316	Flupentixole 0.5mg and Nortriptyline 10mg Tablets	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1532	2317	Fluromethalone 0.1% w/v Eye Drop 5ml	5ml Drop bottle in Mono Carton
1533	2318	Tannic Acid Glycerin 27% w/v, Potassium Iodide 0.05% w/v, Iodine 0.03% w/v, Menthol 0.05% w/v and Thymol 0.033% w/v with Glycerine Mouth Paint	20ml Bottle in Mono Carton
1534	2319	Ketorolac (0.5% W/V) and Moxifloxacin (0.5% W/V) Eye Drops	5ml Drop bottle in Mono Carton
1535	2320	Lactic Acid 1.2% W/V Intimate Hygiene Wash	90ml in Mono Carton
1536	2321	Lapatinib Tablets IP 250mg	30's Bottle
1537	2322	Lidocaine (3% W/W), Calcium Dobesilate (0.25% W/W), Hydrocortisone (0.25% W/W), Phenylephrine (0.1% W/W), Zinc Oxide (5% W/W), Troxerutin (2% W/W) Cream	30gm Lami Tube
1538	2323	Lithium Carbonate Tablets IP 300mg	10's
1539	2324	L-Methylfoate Calcium 0.5mg, Vit K2 10mcg, Vit D 400 IU, Methylcobalamin 1500mcg, Pyridoxal-5-Phosphate 1.5mg, Lycopene 5000mcg, Calcium Citrate Malate 250mg Tablets	10's
1540	2325	Lorazepam Tablets IP 3mg	10's
1541	2326	Lutein 10mg, Astaxanthin 2mg, Zeaxanthin 2mg, Omega 3 Fatty Acid 500mg Capsules	10's
1542	2327	Omega 3 Fatty Acid 500mg, EPA 150mg, DHA 100mg, Bilberry Extract 50mg, Lutein 20% & Zeaxanthin 4%- 25mg, Beta carotene 4.8mg, Vitamin D3 10mcg Capsules	30's Bottle
1543	2328	Methylcobalamin 1500mcg, Vitamin B6 (Pyridoxine) 5mg Benfotiamine 50mg, Alpha Lipoic Acid 200mg, Folic Acid 5mg and Biotin 5mg Capsules	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1544	2329	Midazolam 0.5mg Nasal Spray	5ml bottle with nasal atomizer in Mono Carton
1545	2330	Modafinil 100mg Tablets	10's
1546	2331	Nadifloxacin 1% w/w cream	10gm Lami Tube
1547	2332	Nicoumalone (Acenocoumarol) 2mg Tablets	10's
1548	2333	Nintedanib Soft gelatin Capsules 150mg	10's
1549	2334	Nitazoxanide 500mg Tablets	10's
1550	2335	Obeticholic Acid 10mg Tablets	10's
1551	2336	Obeticholic Acid 5mg Tablets	10's
1552	2337	Olopatadine Hydrochloride 0.4% w/v and Ketorolac 0.1 % w/v Ophthalmic Solution	5ml Drop bottle in Mono Carton
1553	2338	Oxybutynin Chloride 2.5mg Tablets	10's
1554	2339	Polyethylene Glycol 400- 0.4% w/v and Propylene Glycol 0.3% w/v Ophthalmic solution	10ml Drop bottle in Mono Carton
1555	2340	Pomalidomide 2mg Capsules	21's in bottle
1556	2341	Pramipexole 0.75mg Tablets	10's
1557	2342	Pramipexole 1.5mg Tablets	10's
1558	2343	Procyclidine 2.5mg Tablets	10's
1559	2344	Procyclidine 5mg Tablets	10's
1560	2345	Pyridoxine-3mg, Niacinamide-50mg, Folic Acid-1.5mg, Lactic Acid Bacillus 4 million spores Capsules	10's
1561	2347	S-Adenosyl L-Methionine 200mg Tablets	10's
1562	2348	S-Adenosyl L- Methionine 400mg Tablets	10's
1563	2349	Sevelamer 800mg Tablets	10's
1564	2350	Tapentadol 100mg Extended Release Tablets	10's
1565	2351	Tapentadol 50mg Tablets	10's
1566	2352	Teneligliptin 20mg and Pioglitazone 15mg Tablets	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1567	2353	Topiramate 100mg Tablets	10's
1568	2354	Topiramate 50mg Tablets	10's
1569	2355	Trazodone Hydrochloride 50mg Tablets	10's
1570	2356	Valacyclovir Tablets 500mg	3's in Mono Carton
1571	2357	Venlafaxine Prolonged Release Capsules 37.5mg	10's
1572	2358	Venlafaxine Prolonged Release Capsules 75mg	10's
1573	2359	Venlafaxine Prolonged Release Capsules 150mg	10's
1574	2360	Vildagliptin 100mg Extended Release Tablets	10's
1575	2361	Zonisamide 50mg Capsules	10's
1576	2362	Zonisamide 100mg Capsules	10's
1577	2363	Sitagliptin 100mg and Metformin 1000mg Extended Release Tablets	10's
1578	2364	Sitagliptin 50mg and Metformin 500mg Extended Release Tablets	10's
1579	2365	Ketoconazole Shampoo 2 % w/v (30ml Pouch)	30ml Pouch
1580	2366	Melatonin 5mg Tablets	15's
1581	2367	Methimazole 10mg Tablets	10's
1582	2368	Cilnidipine 10mg and Olmesartan Medoxomil 20mg Tablets	10's
1583	2369	Cilnidipine 10mg and Olmesartan Medoxomil 40mg Tablets	10's
1584	2370	Nebivolol 5mg and Cilnidipine 10mg Tablets	10's
1585	2371	Nebivolol 2.5mg and Cilnidipine 10mg Tablets	10's
1586	2372	Oxcarbazepine Tablets IP 300mg	15's
1587	2374	Shilajit Capsule 500 mg	60's in Bottle
1588	2375	Triphala Tablets 500 mg	60's in Bottle
1589	2376	Ashwagandha Tablets 250 mg	60's in Bottle
1590	2377	Madhu (Makshik) 100g	100g Glass Bottle

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1591	2378	Madhu (Makshik) 250g	250g Glass Bottle
1592	2379	Madhu (Makshik) 500g	500g Glass Bottle
1593	2380	Chyawanprash Special 500g Jar	500g Jar
1594	2381	Chyawanprash Special 1Kg Jar	1kg Jar
1595	2382	Aceclofenac 200mg and Cyclobenzaprine 15mg Sustained Release Tablets	10's
1596	2383	Aceclofenac 100mg and Tizanidine 2mg Tablets	10's
1597	2384	Amorolfine Nail Lacquer 5.0% w/w	2.5ml in Bottle
1598	2385	Apixaban Tablets 2.5mg	10's
1599	2386	Apixaban Tablets 5mg	10's
1600	2387	Atorvastatin (10mg) + Aspirin (75mg) + Ramipril (5mg) Capsule	10's
1601	2388	Atorvastatin (10mg) + Fenofibrate (160mg) + Ezetimibe (10mg) Tablets	10's
1602	2389	Atorvastatin 10mg + Ezetimibe 10mg Tablets	10's
1603	2390	Atorvastatin 20mg + Ezetimibe 10mg Tablets	10's
1604	2391	Azelaic acid 10% w/w and Benzoic acid 0.2% w/w (as preservative) Cream	15gm Lami-Tube in Monopack
1605	2392	Azelinidipine Tablets IP 16mg	10's
1606	2393	Azelinidipine 8mg + Telmisartan 40mg Tablets	10's
1607	2394	Azelinidipine Tablets IP 8mg	10's
1608	2395	Baricitinib Tablets 4mg	7's
1609	2396	Benedipine (4mg) + Telmisartan (40mg) + Chlorthalidone (6.25mg) Tablets	10's
1610	2397	Bethanechol Chloride 25mg Tablets	10's
1611	2398	Bortezomib 2mg powder for Injection	Vial with WFI
1612	2399	Bortezomib 2.5mg powder for Injection	Vial with WFI
1613	2400	Caffeine (30mg) + Diphenhydramine (25mg) + Paracetamol (500mg) + Phenylephrine (5mg)	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Tablets	
1614	2401	Carbimazole Tablets IP 20mg	100's in Amber Coloured Glass Bottle
1615	2402	Cefadroxil Oral Suspension IP 125mg per 5ml (dry syrup)	30ml
1616	2403	Ceftazidime 2gm and Avibactam 0.5gm for Concentrate for Solution for Infusion	Vial with WFI
1617	2404	Ciclopirox Olamine Cream 1% w/v	50 gm Lami Tube in Mono Carton
1618	2405	Ciclopirox Olamine Nail Lacquer 8% w/v	2.5ml with applicator
1619	2406	Clopidogrel 150mg Tablets	10's
1620	2407	Conjugated Estrogens 0.625mg Tablets	28's
1621	2408	Crizotinib Capsules 250mg	10's Bottle
1622	2409	Dapagliflozin 10mg+ Vildagliptin (Sustained release)100mg Tablets	10's
1623	2410	Dapagliflozin 5mg+ Vildagliptin (Sustained release)100mg Tablets	10's
1624	2411	Dasatinib Tablets 20mg	60's Bottle in Monopack
1625	2412	Dasatinib Tablets 50mg	60's Bottle in Monopack
1626	2413	Dasatinib Tablets 70mg	60's Bottle in Monopack
1627	2414	Diclofenac Diethylamine 1.16% w/w, Sesame Oil 2.50% w/w, Linseed Oil 0.50% w/w, Methylsalicylate 10% w/w and Menthol 5% w/w Gel	30gm Lami-Tube in Monopack
1628	2415	Dolutegravir Tablets 50mg	30's Bottle

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1629	2416	Eltrombopag Tablets 25mg	7's
1630	2417	Eltrombopag Tablets 50mg	7's
1631	2418	Ezetimibe Tablets IP 10mg	10's
1632	2419	Ezetimibe Tablets IP 5mg	10's
1633	2420	Faropenem (200mg) + Clavulanic Acid (125mg) Tablets	6's
1634	2421	Fusidic Acid 2%w/w and Hydrocortisone Acetate Cream 1% w/w	15gm Lami-Tube in Monopack
1635	2422	Glycolic Acid 2% w/v, Salicylic acid 1% w/v, Niacinamide 0.5%w/v, Licorice Extract 1% w/v, Vitamin E 0.2% w/v and Aloe Vera 1% w/v Face Wash	100ml Flip-top Bottle
1636	2423	Hydrocortisone Acetate Cream IP 1% w/w	15 g
1637	2424	Itraconazole (1% w/w) Gel	15 g
1638	2425	Ivermectin Cream 1% w/w	15 g
1639	2426	Leflunomide 10mg Tablets	10's
1640	2427	Lenalidomide Capsules 25mg	30's in PET bottle in Mono Carton
1641	2428	Lenalidomide Capsules 5mg	30's in PET bottle in Mono Carton
1642	2429	Levodopa 200mg and Carbidopa 50mg Prolonged Release Tablets IP	10's
1643	2430	Levosalmbutamol 50mcg and Beclomethasone 50mcg Inhaler	200 MDI
1644	2431	Lincomycin 250mg Capsules	10's
1645	2432	Lincomycin 500mg Capsules	10's
1646	2433	Luliconazole Cream IP 1% w/w 30gm	30gm Lami-Tube in Monopack

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1647	2434	Macitentan Tablets 10mg	10's
1648	2435	Mebendazole Oral Suspension 100mg per ml	30ml
1649	2436	Mebeverine (135mg) + Chlordiazepoxide (5mg) Tablets	10's
1650	2437	Methotrexate Tablets IP 15mg	10's
1651	2438	Methotrexate Tablets IP 20mg	10's
1652	2439	Metoclopramide Hydrochloride Syrup IP 5mg per 5ml	60ml
1653	2440	Metoprolol Extended Release Tablets IP 100mg	10's
1654	2441	Metronidazole (1% w/w) + Povidone Iodine (5% w/w) Ointment	20 g
1655	2442	Midodrine Hydrochloride Tablets 10mg	10's
1656	2443	Midodrine Hydrochloride Tablets 2.5mg	10's
1657	2444	Midodrine Hydrochloride Tablets 5mg	10's
1658	2445	Nebivolol 2.5mg + Amlodipine 2.5mg Tablets	10's
1659	2446	Nebivolol 5mg + Amlodipine 5mg Tablets	10's
1660	2447	Nintedanib Soft Gelatin Capsules 100mg	10's
1661	2448	Olmesartan Medoxomil Tablets IP 10mg	10's
1662	2449	Oral Rehydration Salts IP (WHO Formula) Orange Flavour Sachet, 21g	1's Sachet
1663	2450	Ozenoxacin Cream 1% w/w	10gm Lami-Tube in Monopack
1664	2451	Ozenoxacin Lotion 2% w/w	10ml in Monopack
1665	2452	Pazopanib Tablets 200mg	30's bottle in Monopack
1666	2453	Pazopanib Tablets 400mg	30's bottle in Monopack
1667	2454	Penicillin G Tablets 400000 IU	10's
1668	2455	Penicillin G Tablets 800000 IU	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1669	2456	Pepsin (12.50g) + Alpha-amylase (18.75mg) Capsules	10's
1670	2457	Propranolol Tablets IP 20mg	10's
1671	2458	Quetiapine Tablets IP 50mg	10's
1672	2459	Ramipril 2.5mg and Hydrochlorothiazide 12.5mg Tablets	10's
1673	2460	Ramipril Tablets IP 1.25mg	10's
1674	2461	Remogliflozin Etabonate 100mg and Teneligliptin 10mg Tablets	10's
1675	2462	Remogliflozin Etabonate 100mg, Vildagliptin 50mg and Metformin Hydrochloride 500mg Tablets	10's
1676	2463	Repaglinide 0.5mg and Voglibose 0.2mg Tablets IP	10's
1677	2464	Repaglinide 0.5mg and Voglibose 0.3mg Tablets IP	10's
1678	2465	Repaglinide 1mg and Voglibose 0.2mg Tablets IP	10's
1679	2466	Repaglinide 1mg and Voglibose 0.3mg Tablets IP	10's
1680	2467	Salmeterol 50mcg and Fluticasone 500mcg Rotacaps	30's in Monocarton
1681	2468	Sorafenib Tablets 200mg	120's Bottle
1682	2469	Sunitinib Capsules 12.5mg	28's Bottle
1683	2470	Sunitinib Capsules 25mg	28's Bottle
1684	2471	Telmisartan 40mg + Cilnidipine 10mg + Metoprolol ER 25 Tablets	10's
1685	2472	Telmisartan 40mg + Cilnidipine 10mg + Metoprolol ER 50 Tablets	10's
1686	2473	Telmisartan 40mg + Metoprolol ER 25mg + Chlorthalidon 12.5mg Tablets	10's
1687	2474	Temozolomide Capsules IP 20mg	5's in bottle
1688	2475	Teneligliptin 20mg and Dapagliflozin 10mg Tablets	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1689	2476	Teneligliptin 20mg and Dapagliflozin 5mg Tablets	10's
1690	2477	Thalidomide Capsules 100mg	10's
1691	2478	Thalidomide Capsules 200mg	10's
1692	2479	Thalidomide Capsules 50mg	10's
1693	2480	Thyroxine Sodium Tablets IP 150mcg	120's in Bottle
1694	2481	Ticagrelor Tablets IP 60mg	10's
1695	2482	Topiroxostat Tablets 20mg	10's
1696	2483	Topiroxostat Tablets 40mg	10's
1697	2484	Topiroxostat Tablets 60mg	10's
1698	2485	Torsemide 10mg + Spironolactone 25mg Tablets	10's
1699	2486	Travoprost 40mcg and Timolol 5mg Eye Drops	2.5ml
1700	2487	Vortioxetine Tablets 10mg	10's
1701	2488	Vortioxetine Tablets 20mg	10's
1702	2489	Vortioxetine Tablets 5mg	10's
1703	2490	Amlodipine Tablets IP 2.5mg	15's
1704	2491	Cetirizine Tablets IP 5mg	10's
1705	2492	Metoprolol Succinate 25mg (Extended Release) and Amlodipine Besilate 2.5mg Tablets IP	10's
1706	2493	Povidone- Iodine Solution IP 10 % w/v	100 ml Bottle
1707	2494	Rosuvastatin 20mg and Aspirin 75mg Capsules	10's
1708	2495	Telmisartan 80mg and Chlorthalidone 12.5mg Tablets	10's
1709	2496	Pantoprazole 40mg and Domperidone 10mg Capsules	10's
1710	2497	Dapagliflozin 5mg and Metformin Hydrochloride (Extended Release) 500mg Tablets	10's
1711	2498	Clozapine tablets IP 200mg	10's
1712	2499	Aceclofenac 1.00% w/w, Menthol 5.00% w/w Spray	100ml
1713	2500	Aceclofenac 1.5% w/w gel, 30g	30g

क्र.सं.	औषधि कोड़	मद का जेनेरिक नाम	यूनिट आकार
1714	2501	Ambrisentan Tablets 10mg	10's
1715	2502	Ambrisentan Tablets 5mg	10's
1716	2503	Janaushadhi Antiseptic Bandage Spray (Cetrimide 0.10% w/w with Lidocaine 1.0% w/w Spray)	50ml
1717	2504	Azilsartan Medoxomil Tablets 20mg	10's
1718	2505	Azilsartan Medoxomil Tablets 80mg	10's
1719	2506	Benzoic acid 6% w/w and Salicylic acid 3% w/w IP Ointment	15g in Mono-carton
1720	2507	Betamethasone Sodium Phosphate 0.1% w/v and Neomycin Sulphate 0.5% w/v Eye/Ear Drops	5ml in Mono-carton
1721	2508	Betamethasone Sodium Phosphate 0.1% w/v and Ofloxacin 0.3% w/v Eye/Ear Drops	10ml in Mono-carton
1722	2509	Bilastine 10mg and Montelukast 4mg Orodispersible Tablets	10's
1723	2510	Janaushadhi Burn Relief Spray (Lidocaine 3% w/w and Benzethonium 0.20% w/w Spray)	50ml
1724	2511	Calamine 8% w/w, Aloe Vera Gel 10% w/w, Light Liquid Paraffin 10% w/w Lotion	100ml
1725	2512	Calcium aspartate (500mg), Calcium Orotate (500mg), Calcitriol (0.25mcg), Minerals and Vitamins Tablets	10's
1726	2513	Calcium Citrate and Vitamin D3 Chewable Tablets	30's in container
1727	2514	Cefixime 200 mg, Cloxacillin 500 mg (ER) and Lactic Acid Bacillus Tablets	10's
1728	2515	Chlorhexidine Gluconate 0.2% w/v, Sodium Fluoride 0.05% w/v and Zinc Chloride 0.09% w/v Mouthwash (Sugar Free)	150ml
1729	2516	Chloroxylenol 4.80% w/v, Terpineol 9% v/v, Absolute Alcohol 13.10% v/v Liquid	60ml

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1730	2517	Citicoline Oral Drops 100ml per ml	Citicoline Oral Drops 100mg per ml
1731	2518	Clotrimazole Vaginal Gel 2% w/w	30g in Mono-carton with Applicator
1732	2519	Combi kit of Torasemide 20mg Tablets and Eplerenone 25mg Tablets	20's in Combikit
1733	2520	Combipack of Ambrisentan 5mg and Tadalafil 20mg Tablets	20's in Combikit
1734	2521	Dapagliflozin 10mg and Sitagliptin 50mg Tablets	10's
1735	2522	Dapagliflozin 10mg, Sitagliptin 100mg and Metformin Hydrochloride (Extended Release) 1000mg Tablets	10's
1736	2523	Dapagliflozin 10mg, Sitagliptin 100mg and Metformin Hydrochloride (Extended Release) 500mg Tablets	10's
1737	2524	Dapagliflozin 5mg and Metformin Hydrochloride (Extended Release) 1000mg Tablets	10's
1738	2525	Dapagliflozin 5mg and Sitagliptin 100mg Tablets	10's
1739	2526	Deferasirox Dispersible Tablets 180mg	10's
1740	2527	Deferasirox Dispersible Tablets 250mg	30's
1741	2528	Deferasirox Dispersible Tablets 360mg	10's
1742	2529	Deferasirox Dispersible Tablets 400mg	10's
1743	2530	Deferasirox Dispersible Tablets 500mg	30's
1744	2531	Deferiprone Capsules 250mg	50's
1745	2532	Deferiprone Capsules 500mg	50's
1746	2533	Deflazacort oral Suspension 6mg per 5ml	30ml in Mono-carton with measuring cap

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1747	2534	Denosumab (r-DNA origin) 60mg/ml in Pre-filled Syringe	1ml Pre-filled Syringe in Mono-carton
1748	2535	Diclofenac 200mg Transdermal patch	10's in Mono-carton
1749	2536	Diclofenac Diethylamine 1.16% w/w, Sesame oil 2.5% w/w, Linseed oil 0.5% w/w, Methyl Salicylate 10% w/w & Menthol 5% w/w Gel	30g in Mono-carton
1750	2537	Diclofenac Sodium 2% w/v, Methyl Salicylate 10% w/v, Menthol 5%, Absolute alcohol 10% v/v Spray	50ml
1751	2538	Diclofenac Sodium 50mg and Thiocolchicoside 4mg Tablets	10's
1752	2539	Diclofenac Sodium 50mg and Thiocolchicoside 8mg Tablets	10's
1753	2540	Drotaverine Hydrochloride Injection 40mg per 2ml	2ml Ampoule
1754	2541	Duloxetine Hydrochloride (Delayed Release) 20mg and Mecobalamin 1.5mg Capsules	10's
1755	2542	Duloxetine Hydrochloride (Delayed Release) 30mg and Mecobalamin 1.5mg Capsules	10's
1756	2543	Ebastine 10mg and Phenylephrine 10mg Tablets	10's
1757	2544	Efonidipine Hydrochloride Ethanolate 20mg Tablets	10's
1758	2545	Efonidipine Hydrochloride Ethanolate 40mg Tablets	10's
1759	2546	Empagliflozin 25mg and Linagliptin 5mg Tablets	10's
1760	2547	Entacapone Tablets IP 200mg	10's
1761	2548	Eplerenone 50mg Tablets	10's
1762	2549	Etizolam 0.5mg and Escitalopram Oxalate 10mg Tablets	10's
1763	2550	Etizolam 0.5mg and Escitalopram Oxalate 5mg Tablets	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1764	2551	Etizolam Controlled release Tablets IP 1.5mg	10's
1765	2552	Etoricoxib 60mg and Pregabalin 75mg (SR) Tablets	10's
1766	2553	Feracrylum 1% w/w Gel	15g in Mono-carton
1767	2554	Feracrylum 3% w/w, Centbucridine 0.5% w/w Gel	20g in Mono-carton
1768	2555	Ferric Carboxymaltose Injection 50mg/ml	10ml Vial
1769	2556	Fluconazole Dusting Powder 2% w/w	30g
1770	2557	Fluocinolone acetonide 0.01% w/w, Miconazole 2% w/w and Neomycin 0.5% w/w ointment, 10g	15g
1771	2558	Janaushadhi Footcare Cream (Urea 10% w/w, Lactic acid 10% w/w, Propylene Glycol 10% w/w, Light Liquid Paraffin 10% w/w)	50g
1772	2559	Frusemide 40mg and Amiloride 5mg Tablets	10's
1773	2560	Frusemide 40mg and Potassium Chloride 600mg (CR) Tablets	10's
1774	2561	Gabapentin 200mg and Nortriptyline 10mg Tablets	10's
1775	2562	Gabapentin 6% w/w, Lignocaine 5% w/w and Baclofen 2% w/w gel	30g
1776	2563	Hydroquinone 2% w/w, Tretinoin 0.05% w/w and Fluocinolone acetonide 0.01% w/w Cream	20g
1777	2564	Hydroquinone 4% w/w, Tretinoin 0.05% w/w and Fluocinolone acetonide 0.01% w/w cream, 20g	15g in Mono-carton
1778	2565	Hydroxyzine Hydrochloride Drops 6mg per ml	15ml in Mono-carton with screw dropper
1779	2566	Hydroxyzine Hydrochloride Syrup 10mg per 5ml	100ml with measuring cap
1780	2567	Ibuprofen Oral Suspension 100mg/5ml	100ml
1781	2568	Iguratimod Tablets 25mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1782	2569	Ilaprazole (gastro-resistant) 10mg and Domperidone (Prolonged release) 30mg capsules	10's
1783	2570	Imeglimin Hydrochloride Tablets 1000mg	10's
1784	2571	Imeglimin Hydrochloride Tablets 500mg	10's
1785	2572	Indacaterol 150mcg and Mometasone Furoate 160mcg Powder for Inhalation	15's in Bottle with Mono-carton
1786	2573	Indacaterol 150mcg and Mometasone Furoate 320mcg Powder for Inhalation	15's in Bottle with Mono-carton
1787	2574	Indacaterol 150mcg and Mometasone Furoate 80mcg Powder for Inhalation	15's in Bottle with Mono-carton
1788	2575	Ipratropium Bromide Inhaler 20mcg	200 MDI
1789	2576	Itraconazole Dusting Powder 1% w/w	30g
1790	2577	Ivermectin 1.5mg and Albendazole 200mg Oral Suspension	10ml in Mono-carton
1791	2578	Ketoconazole 2% w/v and Zinc Pyrithione 1% w/v Shampoo	100ml
1792	2579	Ketoconazole Dusting Powder 2% w/w	30g
1793	2580	Ketoprofen 2.5% Gel	30g in Mono-carton
1794	2581	L-Arginine 3g and Proanthocyanidin 75 mg Granules (Sugar Free)	6.5g Sachet
1795	2582	Latanoprost 50mcg and Timolol Maleate 5mg Ophthalmic solution	2.5ml in Mono-carton
1796	2583	Leucovorin Calcium Tablets IP 15mg	10's
1797	2584	Levetiracetam Prolonged Release Tablets IP 1000mg	10's
1798	2585	Levocetirizine Dihydrochloride 5mg, Montelukast 10mg and Ambroxol Hydrochloride (SR) 75mg Tablets	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1799	2586	Levocloperastine 20mg and Chlorpheniramine Maleate 4mg per 5ml Oral suspension.	100ml with measuring cap in Mono-carton
1800	2587	Levocloperastine Oral Suspension 20mg per 5ml	100ml
1801	2588	Levodopa 100mg , Carbidopa 25mg and Entacapone 200mg Tablets IP	10's
1802	2589	Levodopa 150mg , Carbidopa 37.5mg and Entacapone 200mg Tablets IP	10's
1803	2590	Levodopa 50mg, Carbidopa 12.5mg and Entacapone 200mg Tablets IP	10's
1804	2591	Lignocaine (Lidocaine) Hydrochloride 1.5% w/w and Nifedipine 0.3% w/w Cream	30g
1805	2592	Lignocaine (Lidocaine) Hydrochloride 2.5% w/w and Prilocaine 2.5% w/w Gel	30g
1806	2594	Lignocaine 4% w/w, Metronidazole 1% w/w and Sucralfate 7% w/w Cream	20g
1807	2595	Linagliptin 2.5mg and Dapagliflozin 10mg Tablets	10's
1808	2596	Linagliptin 2.5mg and Dapagliflozin 5mg Tablets	10's
1809	2597	Linagliptin 2.5mg and Metformin 850mg Tablets	10's
1810	2598	Linagliptin 5mg and Dapagliflozin 10mg Tablets	10's
1811	2599	Linagliptin 5mg and Dapagliflozin 5mg Tablets	10's
1812	2601	Lobeglitazone Sulfate Tablets 0.5mg	10's
1813	2602	Methotrexate Injection IP 25mg/ml	1ml Ampoule
1814	2603	Methotrexate Injection IP 50mg/2ml	2ml Ampoule
1815	2604	Metronidazole 2% w/w and Mupirocin 2% w/w Ointment	5g
1816	2605	Miconazole Nitrate 20mg, Mometasone Furoate 1mg and Nadifloxacin 10 mg cream	10g
1817	2606	Molnupiravir Capsules 200mg	10's
1818	2607	Montelukast Sodium 10mg and Ebastine 10mg Tablets	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1819	2608	Janaushadhi Mouth Ulcer Gel (Choline Salicylate 8.7% w/w, Lignocaine Hydrochloride 2% w/w & Benzalkonium Chloride 0.01% w/w)	10g
1820	2609	Naftifine Hydrochloride Cream 2% w/w	20g in Mono-carton
1821	2610	Neomycin Sulphate 3400 Units, Polymyxin B Sulfate 5000 units and Bacitracin Zinc 400 Units Powder	10g
1822	2611	Neostigmine Methylsulphate Injection IP 0.5mg/ml	5ml Ampoule
1823	2612	Neostigmine Methylsulphate Injection IP 2.5mg/ml	1ml Ampoule
1824	2613	Nitrofurantoin 50mg Tablets	10's
1825	2614	Nitrofurantoin Sustained Release Tablets 100mg	15's
1826	2615	Norethisterone Acetate Controlled Release Tablets 10mg	10's
1827	2616	Ofloxacin 100mg and Metronidazole 200mg per 5ml Oral Suspension	60ml in Mono-carton with measuring cap
1828	2617	Janaushadhi Pain Relief Spray (Wintergreen Tel 20% w/w, karpura 10% w/w, turpentine Oil 10% w/w, Nilgiri ka Tel 6% w/w, Pudina ka Phool 4% w/w, Lavang ka Tel 1% w/w, Cinnamon Oil 0.5% w/w)	50ml
1829	2618	Panitumumab 100mg Infusion	5ml Vial
1830	2619	Panitumumab 400mg Infusion	20ml Vial
1831	2620	Papain 10mg, Fungal Diastase (Alpha Amylase 1:800) 20mg, Caraway oil 2mg, Anise Oil 2mg and Dil oil 2mg Oral Drops	15ml in Mono-carton with screw dropper
1832	2621	Papain 60mg and Fungal Diastase (Alpha Amylase 1:800) 75mg Syrup	200ml in Mono-carton

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1833	2622	Potassium Nitrate 5% w/w and Sodium Monofluoro Phosphate 0.7% w/w Toothpaste Gel (Fresh-Mint Flavour)	100g
1834	2623	Povidone Iodine IP 5% w/w Spray	50ml
1835	2624	Quetiapine Prolonged release Tablets IP 300mg	10's
1836	2625	Rasagiline Tablets 0.5mg	10's
1837	2626	Rasagiline Tablets 1mg	10's
1838	2627	Selexipag Tablets 200mcg	10's
1839	2628	Selexipag Tablets 400mcg	10's
1840	2629	Sertaconazole Dusting Powder 2% w/w	30g
1841	2630	Sildenafil Tablets IP 20mg	10's
1842	2631	Sirolimus Tablets 1mg	10's
1843	2632	Sitagliptin 100mg and Metformin 500mg Extended Release Tablets	10's
1844	2633	Strontium chloride hexahydrate 10% w/w Toothpaste	100g
1845	2634	Surgical Spirit IP (Methyl Salicylate 0.5% v/v, Diethyl Pthalate 2% v/v & Castor Oil 2.5% v/v)	100ml
1846	2635	Telmisartan 40mg and Bisoprolol Fumarate 2.5mg Tablets	10's
1847	2636	Telmisartan 40mg and Bisoprolol Fumarate 5mg Tablets	10's
1848	2637	Teneligliptin 20mg, Metformin Hydrochloride 1000mg (Sustained Release) and Pioglitazone 15mg Tablets IP	10's
1849	2638	Teneligliptin 20mg, Metformin Hydrochloride 500mg (Sustained Release) and Pioglitazone 15mg Tablets IP	10's
1850	2639	Terbinafine Hydrochloride Dusting Powder 1% w/w	30g

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1851	2640	Throat Spray (Chamomile extract, peppermint oil, Sage oil, Pine Needle oil, Bergamot oil, Cineole oil, Methyl salicylate, Ethyl Alcohol, Propylene Glycol, Glycerin, Citric acid, Polysorbate 80, water)	50ml in Mono-carton
1852	2641	Tobramycin 0.3% w/v and Fluoromethalone 0.1% w/v Ophthalmic Solution IP	5ml in Mono-carton
1853	2642	Tofacitinib 2.0% w/w Ointment	20g
1854	2643	Tofacitinib Extended Release Tablets 11mg	10's
1855	2644	Tofacitinib Extended Release Tablets 22mg	10's
1856	2645	Tofacitinib Tablets 10mg	10's
1857	2646	Tofacitinib Tablets 5mg	10's
1858	2647	Tolperisone Hydrochloride 150mg and Diclofenac Sodium 50mg Tablets	10's
1859	2648	Torasemide 10mg and Amiloride 5mg Tablets	10's
1860	2649	Tramadol Hydrochloride (IR) 50mg and Diclofenac Sodium (SR) 75mg Tablets	10's
1861	2650	Tranylcypromine Tablets 10mg	10's
1862	2651	Triclofos oral Solution IP	30ml in Mono-carton
1863	2652	Tulobuterol Transdermal patch 0.5mg	14's in Mono-carton
1864	2653	Vildagliptin 100mg and Metformin Hydrochloride (sustained release) 1000mg Tablets	10's
1865	2654	Vildagliptin 100mg and Metformin Hydrochloride (sustained release) 500mg Tablets	10's
1866	2655	Vildagliptin 50mg and Metformin Hydrochloride (sustained release) 1000mg Tablets	15's
1867	2656	Vildagliptin 50mg and Metformin Hydrochloride (sustained release) 500mg Tablets	15's
1868	2657	Acyclovir Dispersible Tablets IP 200 mg	5's
1869	2658	Amisulpride Tablets IP 25 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1870	2659	Amisulpride Sustained Release Tablets 100 mg	10's
1871	2660	Amisulpride Sustained Release Tablets 200 mg	10's
1872	2661	Amisulpride Sustained Release Tablets 300 mg	10's
1873	2662	Amisulpride Sustained Release Tablets 400 mg	10's
1874	2663	Budesonide 160 mcg and Formoterol 4.5mcg Inhalation Powder	60 doses in MDI inhaler
1875	2664	Cabozantinib Tablets 20 mg	30's bottle
1876	2665	Cabozantinib Tablets 40 mg	30's bottle
1877	2666	Cabozantinib Tablets 60 mg	30's bottle
1878	2667	Cariprazine Capsules 1.5 mg	10's
1879	2668	Cariprazine Capsules 3 mg	10's
1880	2669	Cariprazine Capsules 4.5 mg	10's
1881	2670	Cariprazine Capsules 6 mg	10's
1882	2671	Cefazolin Sodium Injection IP 250 mg	Vial with WFI
1883	2672	Cefazolin Sodium Injection IP 500 mg	Vial with WFI
1884	2673	Cefazolin Sodium Injection IP 1g	Vial with WFI
1885	2674	Clindamycin Phosphate Gel 1%w/w	20gm Tube
1886	2675	Cyclobenzaprine Extended-release Capsules 15mg	10's
1887	2676	Gliclazide 60 mg (Extended Release) and Metformin Hydrochloride 1000 mg (Extended Release) Tablets	10's
1888	2677	Dapagliflozin 10mg, Vildagliptin 100mg (SR) and Metformin Hydrochloride 1000mg (SR) Tablets	15's
1889	2678	Dapagliflozin 10mg, Vildagliptin 100mg (SR) and Metformin Hydrochloride 500mg (SR) Tablets	15's
1890	2679	Desloratadine Tablets 10 mg	10's
1891	2680	Dexchlorpheniramine Maleate Sustained Release Tablets 6mg	10's
1892	2681	Dexchlorpheniramine Maleate Tablets IP 2mg	10's
1893	2682	Donepezil Hydrochloride Orally Disintegrating	10's in mono-

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
		Strips 10 mg	carton
1894	2683	Donepezil Hydrochloride Orally Disintegrating Strips 5 mg	10's in mono-carton
1895	2684	Everolimus Tablets 0.25 mg	10's
1896	2685	Everolimus Tablets 0.5 mg	10's
1897	2686	Everolimus Tablets 5 mg	10's
1898	2687	Everolimus Tablets 10 mg	10's
1899	2688	Feracrylum mouth wash/Gargle 1% w/v (Mint Flavour)	50ml
1900	2689	Feracrylum Sterile Antiseptic Solution 1% w/v	100ml
1901	2690	Fluocinonide Topical Gel 0.05%w/w	15gm Tube
1902	2691	Hydrochlorothiazide Tablets IP 25 mg	10's
1903	2692	Hydrocortisone Tablets 10mg	10's
1904	2693	Hydrocortisone Tablets 5mg	10's
1905	2694	Inosine Pranobex Tablets 500 mg	10's
1906	2695	Itraconazole Capsules 130mg	10's
1907	2696	Itraconazole Capsules 65mg	10's
1908	2697	Itraconazole Eye drops 1% w/v	5ml Drops
1909	2698	Levocetirizine Orally Disintegrating Strips 2.5 mg	10's in mono-carton
1910	2699	Levocetirizine Orally Disintegrating Strips 5 mg	10's in mono-carton
1911	2700	Linagliptin 5mg and Metformin Hydrochloride 1000mg Tablets	15's
1912	2701	Lurasidone Hydrochloride Tablets 20 mg	10's
1913	2702	Lurasidone Hydrochloride Tablets 40 mg	10's
1914	2703	Lurasidone Hydrochloride Tablets 80 mg	10's
1915	2704	Maraviroc Tablets 150 mg	60's in bottle
1916	2705	Mecobalamin Orally Disintegrating Strips 1500 mcg	10's in mono-carton
1917	2706	Metformin Hydrochloride Tablets IP 250 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1918	2707	Metoprolol Tartrate 50mg and Hydrochlorothiazide 12.5 mg Tablets	10's
1919	2708	Montelukast Sodium 4mg and Fexofenadine 60mg per 5ml Suspension	60ml Bottle
1920	2709	Omeprazole 20mg Powder for Oral suspension (Sodium bicarbonate as buffer)	10 sachet in monocarton
1921	2710	N-Acetylcysteine 600 mg And Pyridoxine Hydrochloride 50 mg Tablets	10's
1922	2711	Naproxen 500 mg Delayed Release and Esomeprazole 20mg Tablet	10's
1923	2712	Nebivolol Hydrochloride Tablets IP 10 mg	10's
1924	2713	Nifedipine Extended Release Tablets IP 30 mg	10's
1925	2714	Nifedipine Extended Release Tablets IP 60 mg	10's
1926	2715	Octreotide long acting release Injection 20mg (Lyophilised)	Vial
1927	2716	Octreotide long acting release Injection 30mg (Lyophilised)	Vial
1928	2717	Octreotide injection 50 mcg	1ml Ampoule
1929	2718	Octreotide injection 100mcg	1ml Ampoule
1930	2719	Olaparib Tablet 100 mg	30's in bottle
1931	2720	Olaparib Tablet 150 mg	30's in bottle
1932	2721	Olmesartan 40mg and Amlodipine 5mg Tablets	10's
1933	2722	Olmesartan Medoxomil 20mg, Cilnidipine 10mg and Chlorthalidone 12.5mg Tablets	10's
1934	2723	Olmesartan Medoxomil 20mg, Cilnidipine 10mg and Chlorthalidone 6.25mg Tablets	10's
1935	2724	Olmesartan Medoxomil 40mg, Cilnidipine 10mg and Chlorthalidone 12.5mg Tablets	10's
1936	2725	Oseltamivir Phosphate Capsules IP 30mg	10's
1937	2726	Pancreatin Capsules 40000	10's
1938	2727	Pilocarpine Tablets 5mg	10's
1939	2728	Rebamipide Tablets 100 mg	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1940	2729	Risperidone 2mg Trihexyphenidyl 2 mg Tablets (mouth Dissolving)	10's
1941	2730	Risperidone 3mg Trihexyphenidyl 2 mg Tablets	10's
1942	2731	Rivaroxaban Tablet 15 mg	14's
1943	2732	Rivaroxaban Tablet 2.5 mg	14's
1944	2733	Rivastigmine Capsules 1.5mg	10's
1945	2734	Rivastigmine Capsules 3mg	10's
1946	2735	Rivastigmine Capsules 4.5 mg	10's
1947	2736	Rivastigmine Capsules 6 mg	10's
1948	2737	Rivastigmine Transdermal Patch 9mg (4.6mg/24 hour)	30's in monocarton
1949	2738	Rivastigmine Transdermal Patch 18mg (9.5mg/24 hour)	30's in monocarton
1950	2739	Rivastigmine Transdermal Patch 27mg (13.3mg/24 hour)	30's in monocarton
1951	2740	Rizatriptan Benzoate Orally Disintegrating Strips 5 mg	5's in Mono-carton
1952	2741	Rizatriptan Benzoate Orally Disintegrating Strips 10 mg	5's in Mono-carton
1953	2742	Romiplostim Powder and Solvent for solution for Injection 250mcg per 0.5 vial	Vial
1954	2743	Romiplostim Powder and Solvent for solution for Injection 500mcg per vial	Vial
1955	2744	Latanoprost Eye Drops IP 0.005% w/v (50mcg per ml)	3ml Drop
1956	2745	Sildenafil Orally Disintegrating Strips 100 mg	5's in mono-carton
1957	2746	Sitagliptin 50mg, Glimepiride 1mg and Metformin Hydrochloride 1000mg Tablets	10's
1958	2747	Sitagliptin 50mg, Glimepiride 2mg and Metformin Hydrochloride 1000mg Tablets	10's
1959	2748	Spironolactone Tablets IP 50 mg	15's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1960	2749	Spironolactone Tablets IP 100mg	15's
1961	2750	Tadalafil Oral Disintegrating Strips 10 mg	1's
1962	2751	Tadalafil Oral Disintegrating Strips 20 mg	1's
1963	2752	Tadalafil Tablets IP 2.5 mg	10's
1964	2753	Tadalafil Tablets IP 5 mg	10's
1965	2754	Tadalafil Tablets IP 10 mg	4's
1966	2755	Teneligliptin 20mg, Dapagliflozin 10mg and Metformin Hydrochloride (Sustained Release) 1000mg Tablets	10's
1967	2756	Teneligliptin 20mg, Dapagliflozin 10mg and Metformin Hydrochloride (Sustained Release) 500mg Tablets	10's
1968	2757	Thyroxine Sodium Tablets IP 62.5mcg	100's Bottle
1969	2758	Torsemide 20 mg and Spironolactone 25 mg Tablets	15's
1970	2759	Torsemide 5 mg and Spironolactone 50 mg Tablets	15's
1971	2760	Trazodone Hydrochloride Tablets IP 100 mg	10's
1972	2761	Trazodone Hydrochloride Tablets IP 25 mg	10's
1973	2762	Trientine Hydrochloride Capsules 250 mg	100's in Bottle
1974	2763	Ubidecarenone (Co-enzyme Q10) Capsules 100 mg	10's
1975	2764	Ubidecarenone (Co-enzyme Q10) Capsules 300 mg	10's
1976	2765	Vancomycin Hydrochloride for Intravenous Infusion IP 1000 mg	Vial
1977	2766	Vancomycin Hydrochloride Capsules IP 250mg	10's
1978	2767	Vasopressin injection IP 20IU	1ml Ampoule
1979	2768	Vildagliptin 50mg and Dapagliflozin 5mg Tablets	15's
1980	2769	Vincristine Injection 1mg	1ml Vial
1981	2770	Zolpidem Tablets IP 5mg	10's
1982	2771	Fluconazole Tablets IP 50 mg	4's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
1983	2772	Fluconazole Tablets IP 200 mg	4's
1984	2773	Fluconazole Tablets IP 400 mg	1's
1985	2774	Fluconazole Injection 2mg per ml	100ml Bottle
1986	2775	Janaushadhi Urja (Glucose Powder (Orange Flavour) 1kg)	1kg Screw-Cap jar with scoop
1987	2776	Janaushadhi Urja (Glucose Powder 500g)	500g Screw-Cap jar with scoop
1988	2777	Janaushadhi Urja (Glucose Powder 1kg)	1kg Screw-Cap jar with scoop
1989	2778	Janaushadhi Onco-Care Protein Powder	500g HDPE Container
1990	2779	Janaushadhi Poshan (Malt based food with Cocoa, 1000gm)	1000g HDPE Container
1991	2780	Janaushadhi Poshan (Malt based food, 1000gm)	1000g HDPE Container
1992	2781	Janaushadhi Ragi Malt based food (500gm)	500g HDPE Container
1993	2782	Janaushadhi Ragi Malt based food (1000gm)	1000g HDPE Container
1994	2783	Janaushadhi Ragi Sticks (Chocolate)	Screw-cap plastic container
1995	2784	Janaushadhi Energy Drink (Orange Flavour)	200ml Tetra Pack
1996	2785	Abiraterone Acetate Tablets 500mg	60's bottle
1997	2786	Amlodipine + Enalapril Tablet (5/5 Mg)	10's
1998	2787	Amlodipine + Indapamide Tablet (5/1.5 Mg)	10's
1999	2789	Atenolol + Chlorthalidone Tablet (25/12.5 Mg)	10's
2000	2790	Atenolol + Chlorthalidone Tablet (50/12.5 Mg)	10's
2001	2791	Atenolol + Indapamide Tablet (50/2.5 Mg)	10's
2002	2792	Atenolol + Losartan Tablet (50/50 Mg)	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
2003	2793	Atenolol + Nifedipine Tablet (50/20 Mg)	10's
2004	2794	Atomoxetine Tablet (10 Mg)	10's
2005	2795	Azelaic Acid 20% Cream	15GM
2006	2796	Benidipine + Telmisartan Tablet (4/40 Mg)	15's
2007	2797	Benzoyl Peroxide 5% Soap	75GM
2008	2798	Benzoyl Peroxide Gel 5%	15GM
2009	2799	Buspirone Tablet (10 Mg)	10's
2010	2800	Buspirone Tablet (5 Mg)	10's
2011	2801	Carbetocin Injection 100mcg /ml	1ML
2012	2802	Clonazepam + Propranolol Tablet (0.25/10 Mg)	10's
2013	2803	Clonazepam + Propranolol Tablet (0.25/20 Mg)	10's
2014	2804	Clonazepam + Propranolol Tablet (0.5/20 Mg)	10's
2015	2805	Combo pack of Vitamin C Injection IP and Vitamin B12, Folic acid and Niacinamide injection	1's
2016	2806	Enzalutamide Tablet 40Mg	28's in Bottle
2017	2807	Filgrastim injection 300mcg	1ML Vial
2018	2808	Flecainide Tablets 100Mg	10's
2019	2809	Flecainide Tablets 50Mg	10's
2020	2810	Fluoxetine 10 Mg Tablet	10's
2021	2811	Fluoxetine Capsules 60Mg	10's
2022	2812	Gliclazide + Pioglitazone + Metformin Tablet (30/15/500 Mg)	10's
2023	2813	Gliclazide + Pioglitazone + Metformin Tablet (60/15/500 Mg)	10's
2024	2814	Glycolic Acid Cream 12%	30GM
2025	2815	Glycolic Acid Cream 6%	30GM
2026	2816	Glycopyrrolate Tablet 1Mg	10's
2027	2817	Glycopyrrolate Tablet 2Mg	10's
2028	2818	Halobetasol & Fusidic Acid Cream 0.05/2%	10GM
2029	2819	Human Papillomavirus Quadrivalent (Types 6, 11, 16, And 18) Vaccine, Recombinant	0.5 ml in 1 prefilled

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
			syringe
2030	2820	Ibrutinib Capsule 140 Mg	30's in Bottle
2031	2821	Imipramine + Diazepam Tablet (25/2 Mg)	10's
2032	2822	Imipramine + Diazepam Tablet (25/5 Mg)	10's
2033	2823	Testosterone Enanthate Injection 250mg per 1 ml	1 ML
2034	2824	Lenvatinib Capsules IP 4Mg	10's bottle
2035	2825	Levetiracetam Tablets IP 500 Mg XR	10's
2036	2826	Losartan + Chlorthalidone Tablet (25/6.25 Mg)	10's
2037	2827	Losartan + S- Amlodipine Tablet (50/2.5 Mg)	10's
2038	2828	Melatonin + Zolpidem Tablet (3/10 Mg)	10's
2039	2829	Melatonin + Zolpidem Tablet (3/5 Mg)	10's
2040	2830	Methylphenidate Tablet 10Mg	10's
2041	2831	Methylphenidate Tablet 18Mg	10's
2042	2832	Methylphenidate Tablet 20Mg	10's
2043	2833	Methylphenidate Tablet 5Mg	10's
2044	2834	Metoprolol + Chlorthalidone Tablet (25/6.25 Mg)	10's
2045	2835	Metoprolol + Chlorthalidone Tablet (50/12.5 Mg)	10's
2046	2836	Metoprolol + Chlorthalidone Tablet (50/6.25 Mg)	10's
2047	2837	Minoxidil 5Mg Tablet	10's
2048	2838	Naltrexone 50Mg Tablets	10's
2049	2839	Nimodipine Tablet (30 Mg)	10's
2050	2840	Olmesartan + Amlodipine + Chlorthalidone Tablet (40/5/12.5 Mg)	10's
2051	2841	Olmesartan + Metoprolol Tablet (20/25 Mg)	10's
2052	2842	Olmesartan + Metoprolol Tablet (20/50 Mg)	10's
2053	2843	Opipramol Dihydrochloride Tablets (50 Mg)	10's
2054	2844	Opipramol Tablet (50 Mg)	10's
2055	2845	Orlistat Capsules 60Mg	10's
2056	2846	Perampanel Tablet (2 Mg)	10's
2057	2847	Perampanel Tablet (4 Mg)	10's
2058	2848	Pioglitazone + Glimepiride Tablet (15/2 Mg)	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
2059	2849	Polmacoxib 2 Mg Capsules	10's
2060	2850	Rosuvastatin + Cholecalciferol Tablet (10 Mg/1000 IU)	10's
2061	2851	Rosuvastatin + Ezetimibe Tablet (10/ 10Mg)	10's
2062	2852	Rosuvastatin + Ezetimibe Tablet (20/ 10Mg)	10's
2063	2853	Rosuvastatin 20Mg And Clopidogrel 75Mg Capsules	10's
2064	2854	Safinamide Tablet (50 Mg)	10's
2065	2855	S-Amlodipine + Hydrochlorothiazide Tablet (2.5/12.5 Mg)	10's
2066	2856	Sitagliptin + Pioglitazone + Metformin Tablet (100/15/500 Mg)	10's
2067	2857	S-Metoprolol + S-Amlodipine Tablet (25/2.5 Mg)	10's
2068	2858	S-Metoprolol + S-Amlodipine Tablet (25/5 Mg)	10's
2069	2859	S-Metoprolol + Telmisartan Tablet (25/ 20Mg)	10's
2070	2860	Telmisartan + Indapamide Tablet (40/1.5 Mg)	10's
2071	2861	Telmisartan + Rosuvastatin Tablet (40/10 Mg)	10's
2072	2862	Telmisartan + S- Amlodipine Tablet (40/2.5 Mg)	15's
2073	2863	Telmisartan + S- Amlodipine Tablet (40/5 Mg)	15's
2074	2864	Tianeptine Tablet (12.5 Mg)	10's
2075	2865	Tofisopam Tablet (50 Mg)	10's
2076	2866	Trifluoperazine + Trihexyphenidyl Tablet (2.5/1 Mg)	10's
2077	2867	Trifluoperazine + Trihexyphenidyl Tablet (5/2 Mg)	10's
2078	2868	Voglibose + Metformin + Gliclazide Tablet (0.2/500/80 Mg)	10's
2079	2869	Voglibose + Metformin + Gliclazide Tablet (0.3/500/80 Mg)	15's
2080	2870	Cefepime 250 Mg Inection	1.0 Injection in 1 vial
2081	2871	Cefepime 1000Mg and Tazobactam 125Mg Injection	1.0 Injection in 1 vial

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
2082	2872	Ciclesonide (200Mcg) + Formoterol (6Mcg) + Tiotropium (9Mcg) Inhaler	200 MDI in 1 packet
2083	2873	Dolutegravir (50 Mg) + Emtricitabine (200 Mg) + Tenofovir Alafenamide (25 Mg) Tablets	30's in Bottle
2084	2874	Dolutegravir (50Mg) + Lamivudine (300Mg) + Tenofovir Disoproxil Fumarate (300Mg) Tablets	30's in Bottle
2085	2875	Ketoprofen 30 Mg Patch	7's pack
2086	2876	Lamivudine 100 Mg Tablets	10's
2087	2877	Levetiracetam (100Mg) Injection	5.0 ml in 1 vial
2088	2878	Levetiracetam 500 Mg Injection	5.0 ml in 1 vial
2089	2879	Magnesium Sulphate Injection 50%	2 ml/ 1 Vial
2090	2880	Minocycline (100Mg) Modified Release Capsule	10's
2091	2881	Minocycline (45Mg) Extended Release Tablet	10's
2092	2882	Minocycline (50Mg) Tablet	10's
2093	2883	Minocycline (65Mg) Extended Release Tablet	10's
2094	2884	Minocycline 100 Mg Tab	10's
2095	2885	Mosapride (5Mg) + Dimethicone (125Mg) Chewable Tablet	10's
2096	2886	Mosapride Citrate 5 Mg Tablet	10's
2097	2887	Nifedipine 5Mg Capsule	10's
2098	2888	Olopatadine 5 Mg Tab	10's
2099	2889	Pantoprazole (40 Mg) + Mosapride (15 Mg) Tablet	10's
2100	2890	Phenobarbitone 200mg/1ml Injection	10 ml /vial
2101	2891	Phenobarbitone Sodium 20mg per 5ml Syrup	100 ml
2102	2892	Prednisolone (15Mg/5Ml) Syrup	60 ml / 1 Bottle
2103	2893	Prednisolone Dispersible Tablet (20Mg)	15's
2104	2894	Prednisolone Tablet (40Mg)	10's
2105	2895	Rabeprazole (20 Mg) + Mosapride (15Mg) Tablet	10's
2106	2896	Rupatadine (10Mg) + Montelukast (10Mg) Tablet	10's
2107	2897	Rupatadine 10 Mg Tab	10's

क्र.सं.	औषधि कोड	मद का जेनेरिक नाम	यूनिट आकार
2108	2898	Sumatriptan 50 Mg Tablets	10's
2109	2899	Terazosin (1Mg) Tab	10's
2110	2900	Terazosin (2Mg) Tab	10's

INTEGRATION OF AYUSH SYSTEMS IN PRIMARY HEALTHCARE

1194. SHRI G. LAKSHMINARAYANA:

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

- (a) whether AYUSH systems have been systematically integrated into primary healthcare facilities under the National AYUSH Mission and allied programmes and if so, the details thereof;
- (b) the details of AYUSH services co-located with Primary Health Centres (PHCs), Community Health Centres (CHCs) and Health and Wellness Centres (HWCs), including infrastructure created, patient footfall, therapies provided and availability of trained practitioners, State/UT-wise;
- (c) whether any clinical validation studies, outcome-based assessments, or cost-effectiveness evaluations have been conducted to assess such integration and if so, the details and findings thereof;
- (d) the key challenges faced in standardising AYUSH treatment protocols alongside allopathic care including regulatory, manpower, training capacity and funding constraints; and
- (e) the steps taken/proposed to be taken by the Government to strengthen evidence-based integration of AYUSH System and to scale up AYUSH services across the country?

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

(a) and (b): Government of India has adopted a strategy to integrate Ayush systems with the primary healthcare facilities through the co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs). This approach enables patients to choose from different systems of medicine under a single-window service delivery mechanism. 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.

Mainstreaming of Ayush has been taken up in 13,094 Ayush facilities, co-located under NHM (6206 PHCs, 3133 CHCs, 472 DHs, 3037 health facilities above Sub- Center (SC) but below block level and 246 health facilities other than CHC at or above block level but below district level), as an initiative towards strengthening evidence-based integration of Ayush System and to scale up Ayush services across the country (as per NHM-MIS as on 30.06.2025). In addition to this Ayush doctors are also deployed for various allied programs like Rashtriya Bal Swasthya Karyakram (RBSK), National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) etc. and their services are being used as per

the felt need. Further, State/UT-wise details of approved and functional Ayushman Arogya Mandir (Ayush) supported under National Ayush Mission are given in the enclosed **Statement**. Further, public health being State subject, the data of patient footfall, therapies provided and availability of trained practitioners are being maintained by respective State/UT Governments.

(c): No such study has been conducted.

(d): Regarding Ayush treatment protocols, Ayush vertical under Directorate General of Health Services (DGHS) in collaboration with the Central Health Education Bureau (CHEB) conducted the Modular Training Programme for Master Trainers from States and UTs in October 2025 to support nationwide implementation after release of Standard treatment Guidelines (STGs) on Metabolic Disorders. The States/UTs have been advised to conduct the capacity building in a cascading manner.

(e): In addition to the co-located strategy of Ayush unit at Public Health Facilities, Ministry of Ayush is adopting a rational approach along with multiple initiatives, for the promotion and institutional expansion of each Ayush system of medicine according to its respective strengths, with a view to facilitating their integration with modern medicine. Some of the major initiatives are as follows:

1. The Ayush Vertical under Directorate General of Health Services (DGHS), established by the Ministry of Ayush and Ministry of Health and Family Welfare (MoHFW), serves as a dedicated institutional mechanism for planning, monitoring, and supervising Ayush-specific public health programs. This vertical provides technical support to both

Ministries in developing strategies for public health, healthcare, Ayush education, and training.

2. Ministry of Ayush and MoHFW have jointly established Integrated Ayush Departments in Central Government Hospitals to promote integrative healthcare. As part of this initiative, the Department of Integrative Medicine has been set up and is operational at Vardhman Mahavir Medical College & Safdarjung Hospital and Lady Hardinge Medical College, New Delhi.
3. National Commission for Indian System of Medicine (NCISM) has developed the Ayush Module - Internship Electives for MBBS in Ayurveda, Unani and Siddha system of medicine. As per regulation 10 (7) of National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Ayurveda Education) Regulations-2022, the proportion of modern advances in Syllabus for Ayurveda teaching content shall be up to 40 percent. Homoeopathy Education Board under National Commission for Homeopathy (NCH) has taken various new initiatives like early clinical exposure, introduction of electives, faculty development program, foundation program, finishing program at the end of internship, inclusion of new subjects like pharmacology and psychology to sensitize the students about different systems of medicine.
4. Research councils and National Institutes under the Ministry of Ayush, have taken integrated research initiatives for integration of Ayush with

contemporary medical system.

STATEMENT

State/UT-wise details of approved and functional Ayushman Arogya Mandir (Ayush) supported under National Ayush Mission:

Sl. No.	Name of States/UTs	Approved AAM (Ayush)	Functional AAM (Ayush)
1	Andaman & Nicobar Island	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	761	761
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	24	24
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

CARGO OWNERS

1196. SHRI B. K. PARTHASARATHI:

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

- (a) whether the Government maintains the data regarding the number of cargo owners operating in India, if so, the details thereof, State-wise;
- (b) the number of cargo owners registered and approved for receiving incentives under the JalVahak Scheme indicating the incentive disbursed to beneficiaries till date;
- (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, if so, the details thereof;
- (e) the details of feedback obtained from cargo owners under both components of the scheme;
- (f) the criteria adopted for selecting waterways and routes covered under the JalVahak Scheme; and
- (g) whether the assessment of the performance of the scheme has been completed, if so, the details thereof?

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

(a) and (b): The data for all cargo owners operating in India is not available. The number of cargo owners registered and approved for receiving incentives under the Jalvahak Scheme are 10 and 6 respectively. However, no incentive has been disbursed till date as none of the above mentioned entities has submitted any claim for cargo movement.

(c): Two schedule services namely Kolkata/Haldia to Varanasi and Kolkata/Haldia to Pandu are operating under the Jalvahak Scheme and five vessels are operating for these scheduled services.

(d): Details of vessel utilisation capacity and the average cost incurred per trip for these scheduled are given in the enclosed **Statement**.

(e): Feedback received from cargo owners, namely, Tata Steel, Ultratech Cement, Birla White Cement and stone aggregators on scheduled services is

encouraging. However, there is no feedback on incentive to cargo owners as no claim for movement has been made

(f): The Jalvahak Scheme is applicable to National Waterway (NW-1), National Waterway-2 (NW-2) and National Waterway-16 (NW-16) and the routes covered under the Scheme are (i) Haldia/Kolkata – Patna/Varanasi (ii) Haldia/Kolkata – Guwahati – via IBP Route and (iii) Haldia/Kolkata – Karimganj/Badarpur via IBP Route.

(g): During last one year, performance of scheduled services on NW-1 and NW-2 has demonstrated a steady growth in cargo volume as well as improved cost efficiency. As per actual performance data, total cargo carried is 15883 MT against annual target of 11400 MT and achievement is 139% of the targeted cargo volume.

STATEMENT

Details of vessel utilisation capacity and the average cost incurred per trip for these scheduled

Voyage No.	Vessel Name	Voyage period	Vessel Capacity (MT)	Cargo (MT)	Total Waterway Distance (KM)	Route	Total Expenditure
1.	MV Ram Prasad Bismil with DB Kalpana Chawla and DB APJ Abdul Kalam	28.06.2025 to 04.09.2025	2000 MT	1500 MT	1305 KM	NW-1 to NW-2 (Haldia to Pandu)	Rs. 36,97,870/-
2.	MV Trisul with DB Ajay and DB Dikhu	18.02.2025 to 25.04.2025	2000 MT	1000 MT	1375 KM	NW-2 to NW-1 (Pandu to Kolkata)	Rs. 25,47,058/-
3.	MV Trisul with DB Ajay and DB	16.05.2025 to	2000 MT	1500 MT	1375 KM	NW-1 to NW-2	Rs. 34,32,856/-

	Dikhu	08.07.2025				(Kolkata to Pandu)	
4.	MV Trisul with DB Ajay and DB Dikhu	02.08.2025 to 14.09.2025.	2000 MT	1486.9 MT	1375 KM	NW-2 to NW-1 (Pandu to Kolkata)	Rs. 12,53,945/-
5.	MV V VGiri	17.05.2025 to 12.07.2025	300 MT	217 MT (as per IWAI records of scheduled services)	1375 KM	NW-1 to NW-2 (Kolkata to Pandu)	Rs. 19,45,870/-
6.	MV HomiBhabha	31.03.2025 to 30.08.2025	300 MT	294 MT	1030 KM (350 KM plus 680 KM)	a.NW-1 (Patna to Varanasi) b. NW-1 (Varanasi to Sahibganj)	Rs. 40,33,912/-
7.	MV HomiBhabha	05.12.2024 to 11.01.2025	300 MT	201.7 MT	1165 KM	NW-1 (Kolkata to Varanasi)	Rs. 17,69,806/-
8.	MV HomiBhabha	12.01.2025 to 15.02.2025	300 MT	90.06 MT	1165 KM	NW-1 (Varanasi to Kolkata)	Rs. 12,36,623/-
9.	MV HomiBhabha	16.02.2025 to 30.03.2025	300 MT	154.91 MT	1095 KM (Kol-Hal- Pat)	NW-1 (Patna to Kolkata)	Rs. 37,23,897/-
10.	MV AAI	12.12.2024 to 12.01.2025	2000 MT	1000 MT	815 KM	NW-1 (Haldia to Gaighat)	Rs. 19,65,415/-
11.	MV Trisul with DB Ajay and DB Dikhu	15.12.2024 to 08.01.2025	2000 MT	1514 MT	1375 KM	NW-1 to NW-2 (Kolkata to Pandu)	Rs. 27,39,324/-

INTEGRATION OF TRADITIONAL AND MODERN MEDICINE

1197. SHRI V. K. SREEKANDAN:

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

- (a) whether it is a fact that traditional medicine is likely to be integrated with modern medicine into phases;
- (b) if so, the details thereof;
- (c) whether it is also a fact that the Government is taking rational approach for each system of medicine contributing according to its strengths;
- (d) whether it is also a fact that the Government has any plan for complete merger of modern and traditional medicines; and
- (e) if so, the details thereof?

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

(a) to (c): 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. Further, Ministry of Ayush is adopting a rational

approach along with multiple initiatives, for the promotion and institutional expansion of each Ayush system of medicine according to its respective strengths, with a view to facilitating their integration with modern medicine.

Some of the major initiatives are as follows:

- i. The Ayush Vertical under Directorate General of Health Services (DGHS), established by the Ministry of Ayush and Ministry of Health and Family Welfare (MoH&FW), serves as a dedicated institutional mechanism for planning, monitoring, and supervising Ayush-specific public health programs. This vertical provides technical support to both Ministries in developing strategies for public health, healthcare, Ayush education, and training.
- ii. Ministry of Ayush and MoH&FW have jointly established Integrated Ayush Departments in Central Government Hospitals to promote integrative healthcare. As part of this initiative, the Department of Integrative Medicine has been set up and is operational at Vardhman Mahavir Medical College & Safdarjung Hospital and Lady Hardinge Medical College, New Delhi.
- iii. National Commission for Indian System of Medicine (NCISM) has developed the Ayush Module - Internship Electives for MBBS for Ayurveda, Unani and Siddha system of medicine. As per regulation 10 (7) of National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Ayurveda Education) Regulations-2022, the proportion of modern advances in Syllabus for Ayurveda teaching content

shall be up to 40 per cent. Homoeopathy Education Board under National Commission for Homeopathy (NCH) has taken various new initiatives like early clinical exposure, introduction of electives, faculty development program, foundation program, finishing program at end of internship, inclusion of new subjects like pharmacology and psychology to sensitize the students about different systems of medicine.

iv. Details of initiatives taken by the Research Councils and National Institutes under the Ministry of Ayush for integration of Ayush with contemporary medical system are given in the enclosed **Statement**.

(d): No.

(e): Question does not arise.

STATEMENT

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

Sl. No	Research councils / National Institutes	Details of initiatives Institute
1.	Central Council for Research in Ayurvedic Sciences (CCRAS)	CCRAS has undertaken research studies such as 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), Feasibility of introducing the Indian System of Medicine. (Ayurveda) in the National Reproductive and Child Health services at the Primary Health Care (PHC) level in Himachal Pradesh and Integration of Ayush systems in the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) and

		Feasibility of introducing Ayurveda Intervention in Reproductive and Child Health (RCH) in PHCs of the 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). Further, Indian Council of Medical Research (ICMR) and CCRAS has taken an initiative to set up Ayush-ICMR Advanced Centre for Integrative Health Research (AI-ACIHR), at AIIMS to conduct research on identified areas focusing on integrative healthcare under Extra Mural research Scheme of ICMR.
2.	Central Council for Research in Unani Medicine (CCRUM)	CCRUM has established four re-location centers at Dr. RML Hospital, Dr. DDU Hospital, Safdarjung Hospital, New Delhi and J.J. Hospital at Mumbai. Collaborative projects with modern academic/ research Institutions have also been undertaken by the Council to integrate and promote Unani Medicine.
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 is a part of the ICMR Task Force on Multi-centric Study project on Heart Failure across the country.
6.	All India Institute of Ayurveda (AIIA)	AIIA, New Delhi, integrative medical services are available under Centre for Integrative Ayush Therapy (Unani, Siddha & Homeopathy), Centre for Integrative Cancer Therapy, Centre for Integrative Dentistry, Centre for Integrative Critical Care & Emergency Medicine, Centre for Integrative Orthopedics, Centre for Integrative Dietetics and Nutrition and Causality OPD Section. Integrated services are also provided through Satellite Clinical Services Units established at Integrative Medical Services Unit at Safdarjung Hospital, New Delhi, Integrative Medical Services Unit AIIMS Jhajjar and Centre for Integrative Oncology at National Cancer Institute - AIIMS, Jhajjar. Further, a Centre for Integrative Oncology (CIO) has been established at AIIA, New Delhi as a joint venture of AIIA and Indian Council of Medical Research National Institute of Cancer Prevention and Research (NICPR-ICMR). Ayush

		Journal of Integrative Oncology (AJIO) is being published from Centre for Integrative Oncology (CIO) at AIIA. This Institute also has an International Collaborative Centre for global promotion and research in Ayurveda.
7.	The Institute of Teaching Research in Ayurveda (ITRA)	ITRA conducts integrative research with the modern medical system.
8.	National Institute of Siddha (NIS)	To promote integrated research in the Siddha system of medicine and provide Siddha treatment to the patients visiting Chettinad Hospital and Research Institute (CHRI), NIS inaugurated an upgraded Siddha specialty OPD at Kelambakkam jointly with Chettinad Academy of Research Education (CARE). NIS has been conducting a Specialty Integrative Traditional Siddha Medicine OPD (SISMO) at Centre for Integrative Medicine Research, Manipal Academy of Higher Education (MAHE), Manipal, Karnataka. Further, NIS started a Siddha Integrated Cancer Care Centre(S-IC Care Centre) to provide integrated treatment to cancer patients.
9.	Morarji Desai National Institute of Yoga (MDNIY)	MDNIY is running 4 Yoga Centres at Govt. Therapy Modern Medicine Hospital in Delhi and preventive Health Care units of Yoga in 20 CGHS Dispensaries in Delhi NCR. Further, MDNIY is a WHO Collaborating Centre for Medicine (Yoga) Traditional for 4 th consecutive terms from 2013.

EMIGRANT WORKERS WELFARE AND DIASPORA ENGAGEMENT

1198. SHRI ARUN NEHRU:

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

- (a) the number of grievances received from Tamil workers in Malaysia and Singapore regarding wage theft and poor working conditions in FY 2025-26;
- (b) whether the Indian High Commissions in these countries have a dedicated 24x7 helpline in the Tamil language, if so, the details thereof;
- (c) the status of the Pravasi Bharatiya Bima Yojana claims settled for families in Perambalur;
- (d) whether the Government is negotiating a Social Security Agreement with Gulf countries to protect blue-collar workers, if so, the details thereof; and
- (e) the details of the 'Know India Programme' participants from the Tamil diaspora?

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): As per available information, the number of grievances received from Tamil workers regarding wage theft and poor working conditions:

• Singapore	Nil
• Malaysia (01.04.25 to 21.01.2026)	559

(b): The Indian High Commissions in Malaysia and Singapore have dedicated 24X7 helplines as per the following details:

Singapore helpline - +65-91729803

Malaysia helpline - +60 12 602 0360

(c): The Pravasi Bharatiya Bima Yojana (PBBY) is a mandatory insurance scheme for Emigration Check Required (ECR) category workers going to ECR

countries for overseas employment. The Scheme was comprehensively revamped and has become effective from August 1, 2017. The scheme now provides for global coverage irrespective of employer and location and has facility for online renewal. The revised scheme is simpler and more beneficial for emigrant workers, provides an insurance cover of 10 lakhs in case of accidental death or permanent disability and some other benefits at a nominal insurance premium of Rs. 275/ Rs. 375 for a period of two/three years. The scheme is aimed at ensuring an expeditious settlement of claims. District level records for status of PBBY claims are not available.

(d): There are no ongoing Social Security Agreement negotiations with Gulf Countries.

(e): As per available records, so far 141 participants from Tamil Diaspora have participated in the Know India Programme.

भिवंडी, महाराष्ट्र में सरकारी मेडिकल कॉलेज

1199. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे:

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

(क) क्या सरकार इस बात से अवगत है कि महाराष्ट्र के भिवंडी जैसे औद्योगिक और शहरी क्षेत्र में क्षेत्र के गरीब और कामकाजी वर्ग को राहत देने और क्षेत्र के मौजूदा सरकारी अस्पतालों पर बोझ कम करने के लिए एक सरकारी मेडिकल कॉलेज की आवश्यकता है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और भिवंडी जैसे घनी आबादी वाले क्षेत्र को मेडिकल कॉलेज से वंचित रखने के क्या कारण हैं;

(ग) क्या सरकार ने भिवंडी में सरकारी मेडिकल कॉलेज स्थापित करने के लिए महाराष्ट्र सरकार के किसी प्रस्ताव को स्वीकार किया है; और

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

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

(क) से (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय अल्पसेवित क्षेत्रों और आकांक्षी जिलों के लिए, जहाँ कोई सरकारी या निजी मेडिकल कॉलेज मौजूद नहीं है, प्राथमिकता के साथ 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' हेतु एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है। केंद्र और राज्य सरकारों के बीच निधि साझाकरण प्रणाली पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 के अनुपात में और अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के तहत, महाराष्ट्र में 2 मेडिकल कॉलेज (चरण-I में गोंडिया और चरण-III में नंदुरबार) सहित प्रस्तावित सभी 157 सरकारी मेडिकल कॉलेजों को तीन चरणों में पहले ही मंजूरी मिल चुकी है। ये दोनों मेडिकल कॉलेज कार्यशील हैं। हालांकि, महाराष्ट्र सरकार की ओर से भिवंडी में मेडिकल कॉलेज स्थापित करने का कोई प्रस्ताव प्राप्त नहीं हुआ है।

AVAILABILITY OF FERTILIZERS

1201. SHRI KUNDURU RAGHUVeer:

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

(a) whether the Government has reviewed the adequacy of fertilizers availability, particularly urea, DAP and complex fertilizers, during peak sowing seasons across the country, if so, the details thereof, State-wise;

- (b) whether any instances of shortages, delayed supply or uneven distribution have been reported during the last three agricultural seasons, if so, the details thereof, year-wise;
- (c) the steps taken to ensure timely availability of fertilizers at notified prices, especially for small and marginal farmers;
- (d) whether the Government monitors diversion, hoarding or black-marketing of subsidised fertilizers, if so, the details thereof; and
- (e) the measures, being taken to strengthen supply chain planning, buffer stocking and real-time monitoring to avoid distress to farmers?

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

(a) to (e): Following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.
- (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

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

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

(v) The distribution of fertilizers within the State at district level is done by the concerned State government.

Further, the availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate across the States during the last three seasons i.e. Kharif 2024, Rabi 2024-25, and Kharif 2025 season. The state-wise information regarding requirement, availability and sales of these fertilizers during the said seasons are given in the enclosed **Statement-I**.

Moreover, with a view to ensuring the availability of Urea to farmers at affordable prices, Urea is supplied under the Urea Subsidy Scheme at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of Urea is Rs. 242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of Urea at farm gate and net market realization by the urea units is given as subsidy to the Urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied Urea at the subsidized rate.

Further, for Phosphatic and Potassic (P&K) fertilizers, the Government has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010. Under NBS

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

Besides, to make DAP available at affordable price of Rs. 1,350 per 50 kg bag, special provisions like Rs. 3,500 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 Rabi 2025-26 season to keep the prices of fertilizers stable.

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

Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. Accordingly, the information regarding enforcement measures taken by the States, as informed by them, from 01.04.2025 to 30.01.2026, to curb these malpractices are given in the enclosed **Statement-II**.

STATEMENT- I

STATE WISE REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE KHARIF 2025

fig. in LMT

		Urea			DAP			MOP			NPK		
S.No	State	Require ment	Availabili ty	DBT Sales	Require ment	Availabili ty	DBT Sales	Require ment	Availabili ty	DBT Sales	Require ment	Availabi lity	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	6.22	8.71	7.50	2.60	3.43	2.56	0.70	1.33	0.87	6.30	9.35	6.45
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	1.70	2.68	2.34	0.28	0.52	0.27	0.21	0.41	0.27	0.23	0.36	0.19
5	Bihar	10.32	12.47	10.74	2.20	3.62	1.91	0.50	1.09	0.40	2.50	4.74	2.31
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	7.12	7.87	7.25	3.10	2.52	2.13	0.60	0.84	0.68	1.80	2.48	2.19
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	0.11	0.12	0.10	0.02	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.03	0.02	0.02
12	Gujarat	11.12	11.83	10.04	3.40	3.18	2.41	0.45	0.71	0.39	2.95	5.93	4.34
13	Haryana	10.07	13.33	11.31	2.83	3.60	2.76	0.28	0.53	0.29	0.37	0.95	0.58
14	Himachal Pradesh	0.33	0.55	0.36	0.01	0.04	0.03	0.00	0.02	0.01	0.15	0.20	0.11
15	Jammu and	0.78	1.25	0.91	0.22	0.25	0.21	0.08	0.15	0.12	0.01	0.02	0.02

	kashmir												
16	Jharkhand	1.70	2.23	1.91	0.55	0.71	0.46	0.05	0.06	0.03	0.35	0.75	0.51
17	Karnataka	11.17	12.63	11.07	4.00	4.77	3.60	1.30	2.08	1.48	9.90	17.46	13.68
18	Kerala	0.52	0.73	0.59	0.12	0.18	0.11	0.40	0.57	0.47	0.69	0.89	0.64
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	17.42	21.24	18.26	7.50	7.41	5.47	0.50	0.81	0.49	5.00	8.79	6.07
21	Maharashtra	15.52	19.11	15.72	4.60	4.66	3.10	1.20	2.39	1.59	18.00	25.29	18.79
22	Manipur	0.11	0.13	0.12	0.02	0.03	0.02	0.01	0.02	0.00	0.01	0.01	0.01
23	Meghalaya	0.02	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.07	0.10	0.09	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	4.30	5.86	5.30	2.00	2.32	1.96	0.60	0.69	0.53	2.40	3.30	2.75
27	Puducherry	0.07	0.08	0.07	0.01	0.01	0.01	0.01	0.01	0.01	0.04	0.05	0.04
28	Punjab	14.92	19.19	15.94	2.85	3.86	2.36	0.50	0.70	0.32	0.50	1.27	0.66
29	Rajasthan	10.52	14.36	11.20	5.10	5.04	4.04	0.10	0.17	0.08	1.50	2.43	1.39
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	4.37	6.07	5.06	1.40	2.01	1.29	0.80	1.33	0.96	4.11	5.50	3.91
32	Telangana	9.80	10.28	9.79	2.40	2.88	2.38	0.55	0.81	0.44	10.00	11.19	8.97
33	Tripura	0.08	0.16	0.09	0.02	0.03	0.02	0.01	0.03	0.01	0.03	0.02	0.01
34	Uttarakhand	1.00	1.35	1.16	0.15	0.38	0.23	0.02	0.07	0.02	0.15	0.13	0.09
35	Uttar Pradesh	39.92	48.93	40.24	10.00	12.45	7.70	1.25	1.64	0.65	5.00	8.36	3.64
36	West Bengal	6.10	9.18	6.00	1.60	2.46	1.28	1.00	1.59	0.81	4.10	7.58	4.13
	All India	185.39	230.51	193.21	56.99	66.38	46.33	11.13	18.08	10.94	76.11	117.09	81.49

**STATE WISE REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS
DURING THE RABI 2024-25**

fig. in LMT

S.No	State	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	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	9.40	12.37	9.38	2.00	2.77	2.33	0.80	1.69	1.02	9.00	12.35	9.91
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	1.65	2.54	2.17	0.25	0.44	0.36	0.28	0.52	0.29	0.35	0.44	0.29
5	Bihar	13.00	17.21	15.19	3.00	4.59	4.05	1.15	2.21	1.51	4.00	5.30	3.92
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	2.40	4.84	2.87	0.70	1.34	0.94	0.15	0.55	0.18	0.60	1.00	0.55
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	0.24	0.21	0.00	0.03	0.03	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	0.00	0.01	0.01	0.01
12	Gujarat	13.75	15.09	13.50	2.75	3.22	2.81	0.64	0.91	0.66	4.00	6.11	4.49
13	Haryana	11.20	15.28	12.59	2.60	2.89	2.74	0.30	0.49	0.21	1.20	0.97	0.68
14	Himachal Pradesh	0.37	0.47	0.31	0.01	0.02	0.02	0.03	0.04	0.02	0.21	0.28	0.19
15	Jammu and kashmir	0.70	1.30	0.61	0.25	0.41	0.25	0.13	0.20	0.07	0.02	0.02	0.00
16	Jharkhand	1.00	2.09	1.70	0.25	0.45	0.41	0.03	0.03	0.02	0.30	0.58	0.35

17	Karnataka	6.50	11.05	7.62	1.74	2.74	1.99	0.65	1.83	0.98	6.30	13.16	8.73
18	Kerala	0.57	0.85	0.63	0.07	0.11	0.10	0.40	0.68	0.45	0.60	0.88	0.65
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	20.00	24.89	20.52	8.00	6.97	5.90	0.60	1.15	0.64	6.00	7.18	5.04
21	Maharashtra	10.00	17.20	10.88	2.50	3.32	2.51	1.00	2.31	1.10	12.00	19.34	10.45
22	Manipur	0.10	0.06	0.03	0.01	0.01	0.01	0.02	0.01	0.01	0.02	0.01	0.00
23	Meghalaya	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.01	0.15	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	1.85	3.42	1.92	0.70	1.04	0.77	0.25	0.55	0.21	0.75	1.62	0.86
27	Puducherry	0.09	0.09	0.08	0.01	0.01	0.01	0.01	0.02	0.01	0.04	0.07	0.05
28	Punjab	15.00	19.47	15.30	4.50	4.24	3.86	0.50	0.73	0.37	1.50	1.29	0.97
29	Rajasthan	15.00	18.85	15.82	3.00	3.52	3.33	0.10	0.20	0.12	1.50	2.05	1.56
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	6.00	8.17	6.49	1.30	1.95	1.54	1.20	1.82	1.21	6.00	6.62	4.95
32	Telangana	9.80	12.47	10.43	1.50	1.74	1.46	0.70	0.95	0.66	7.00	8.86	6.42
33	Tripura	0.10	0.17	0.10	0.01	0.02	0.01	0.02	0.05	0.03	0.01	0.03	0.02
34	Uttarakhand	1.03	1.31	1.02	0.15	0.37	0.25	0.05	0.07	0.02	0.20	0.18	0.11
35	Uttar Pradesh	39.00	52.73	40.18	15.00	14.51	12.49	1.25	2.01	1.28	8.50	9.40	7.08
36	West Bengal	8.20	12.50	9.13	1.75	2.46	1.99	1.70	2.52	1.69	7.00	9.95	6.96
	All India	186.89	254.85	198.81	52.05	59.18	50.17	11.95	21.55	12.76	77.10	107.72	74.26

STATE WISE REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE KHARIF 2024													
fig. in LMT													
S.No	State	UREA			DAP			MOP			NPKS		
		Requireme nt	Availability	DBT Sales	Requireme nt	Availability	DBT Sales	Requireme nt	Availability	DBT Sales	Requireme nt	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	6.50	8.72	6.32	2.30	2.54	2.01	0.70	1.11	0.69	7.00	9.84	5.88
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	1.63	2.60	1.93	0.36	0.40	0.26	0.19	0.36	0.28	0.20	0.34	0.19
5	Bihar	9.87	14.01	10.41	2.50	2.58	1.78	0.35	0.78	0.33	2.00	4.06	2.12
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	6.50	8.63	7.20	3.40	3.13	2.89	0.58	0.84	0.59	1.20	2.20	1.80
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	0.08	0.22	0.18	0.01	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.03	0.02	0.02
12	Gujarat	11.85	13.13	10.73	3.50	3.22	2.61	0.35	0.64	0.26	3.00	5.68	3.86
13	Haryana	10.30	14.04	10.05	3.20	3.14	2.60	0.30	0.56	0.26	0.50	0.77	0.34
14	Himachal Pradesh	0.34	0.46	0.35	0.01	0.02	0.01	0.01	0.02	0.01	0.16	0.19	0.13
15	Jammu and kashmir	0.78	1.13	0.75	0.24	0.28	0.17	0.09	0.10	0.07	0.02	0.01	0.00
16	Jharkhand	1.65	2.63	2.02	0.65	0.55	0.42	0.03	0.04	0.02	0.35	0.66	0.50
17	Karnataka	10.75	15.13	11.55	3.90	4.38	3.87	1.30	1.89	1.24	9.90	17.06	12.17
18	Kerala	0.54	0.73	0.52	0.10	0.13	0.10	0.42	0.50	0.38	0.77	0.96	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	15.38	23.06	17.57	8.57	6.78	5.75	0.45	1.05	0.44	2.50	7.09	4.73
21	Maharashtra	13.73	21.67	15.54	5.00	4.63	3.96	1.30	2.23	1.13	18.00	24.98	18.34
22	Manipur	0.16	0.13	0.10	0.02	0.01	0.01	0.02	0.01	0.01	0.00	0.01	0.01
23	Meghalaya	0.02	0.03	0.03	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.07	0.11	0.10	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	4.20	6.01	4.75	2.16	2.02	1.79	0.60	0.71	0.55	2.00	3.05	2.42

27	Puducherry	0.08	0.08	0.07	0.01	0.01	0.01	0.01	0.01	0.00	0.04	0.06	0.03
28	Punjab	11.50	21.02	17.27	3.60	3.74	2.75	0.50	0.69	0.34	1.00	1.03	0.44
29	Rajasthan	11.20	14.94	10.58	5.50	4.11	3.57	0.11	0.15	0.08	0.75	1.66	0.99
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
31	Tamil Nadu	4.91	6.35	4.43	1.40	1.46	1.01	1.04	1.11	0.74	4.54	5.57	3.54
32	Telangana	10.40	12.89	9.66	2.40	2.53	2.17	0.60	0.74	0.48	10.00	11.22	8.55
33	Tripura	0.08	0.19	0.07	0.03	0.01	0.01	0.01	0.06	0.01	0.03	0.03	0.02
34	Uttarakhand	1.00	1.54	1.29	0.15	0.29	0.16	0.03	0.07	0.01	0.20	0.14	0.09
35	Uttar Pradesh	38.00	52.50	39.00	9.05	10.43	7.02	0.47	1.53	0.48	6.00	6.80	3.42
36	West Bengal	5.60	10.13	6.64	1.80	1.62	1.13	0.80	1.41	0.89	4.00	8.20	5.28
	All India	177.12	252.10	189.12	59.87	58.08	46.12	10.26	16.60	9.27	74.19	111.66	75.46

STATEMENT-II

**Action taken by the State Governments to check black marketing, hoarding, quality check, diversion etc during the period
from 01.04.2025 to 30.01.2026**

		Black Marketing			Hoarding			Sub Standard Quality			Diversi on			Convict ion with details*	Toata l		
States	No. of Inspecti ons /raids	Show cause notice issued	No. of licenses cancell ed/su spende d	FIR register ed	Show cause notice issued	No. of licenses cancell ed/su spende d	FIR register ed	Show cause notice issued	No. of licenses cancell ed/su spende d	FIR register ed	Show cause notice issued	No. of licenses cancell ed/su spende d	FIR register ed		Sho w cau se noti ce issu ed	No. of licens es cancell ed/su spende d	FIR registe red
Andhra Pradesh	20746	80	10	9	193	11	19	346	0	0	19	4	12	NIL	638	25	40
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Assam	4723	12	6	1	59	0	0	46	1	0	27	0	0	NIL	144	7	1
Bihar	22961	1241	782	116	7	0	0	5	0	0	0	0	0	NIL	1253	782	116
Chhattisgarh	6916	295	13	4	29	1	0	145	5	0	24	0	0	NIL	493	19	4
Dadar & Nagar	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Delhi	345	0	0	1	0	0	0	3	0	0	0	3	0	NIL	3	3	1
Goa	619	544	180	6	10	0	0	32	1	0	16	0	0	NIL	602	181	6
Gujarat	16055	46	3	1	15	0	0	117	2	0	9	4	11	NIL	187	9	12
Haryana	5139	65	15	10	24	20	5	51	12	6	13	5	6	NIL	153	52	27
Himachal	15	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0

Pradesh																	
Jammu & Kashmir	4725	143	44	2	32	3	0	66	2	0	8	0	0	NIL	249	49	2
Jharkhand	759	57	20	11	32	4	0	2	0	0	1	1	0	NIL	92	25	11
Karnataka	8708	368	25	1	243	5	0	244	14	2	96	6	8	NIL	951	50	11
Kerala	1585	0	0	0	0	0	0	50	0	0	4	0	4	NIL	54	0	4
Madhya Pradesh	6089	0	0	91	0	0	0	739	44	4	723	160	15	NIL	1462	204	110
Maharashtra	48866	16	0	16	0	0	0	1567	1354	44	1	73	2	NIL	1584	142 7	62
Manipur	3	0	0	0	0	0	0	0	0	0	1	0	0	NIL	1	0	0
Meghalaya	685	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Mizoram	35	1	0	0	0	0	0	0	0	0	4	0	0	NIL	5	0	0
Nagaland	77	14	0	14	0	0	0	101	0	0	2	64	1	NIL	117	64	15
Odisha	7601	4	3	2	0	0	0	55	1	1	2077	110	4	NIL	2136	114	7
Puducherry	51	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Punjab	6441	37	1	1	20	0	1	293	92	3	5	0	5	NIL	355	93	10
Rajasthan	11905	652	118	47	74	40	34	506	1	2	27	22	27	NIL	1259	181	110
Tamilnadu	21086	14	0	4	6	8	0	33	25	0	112	17	1	NIL	165	50	5
Telangana	130333	5	9	3	4	2	0	128	0	0	4	0	5	NIL	141	11	8
Tripura	796	0	0	0	9	0	0	0	0	0	0	0	0	NIL	9	0	0
Uttar Pradesh	39887	2341	290 1	179	164	139	11	164	151	20	88	7	14	3	2757	319 8	224
Uttarakhand	495	0	0	0	0	0	0	0	0	0	43	0	0	NIL	43	0	0
West Bengal	50267	0	0	0	0	0	0	286	0	0	0	0	0	NIL	286	0	0
Total	417913	5935	413 0	519	921	233	70	4979	1705	82	3304	476	115	3	1513 9	654 4	786

REVIEW OF FOOD SAFETY AND LABELLING FRAMEWORK

1202. SHRI K. E. PRAKASH:

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

- (a) whether the Government has undertaken or proposes to undertake any policy-level review of the existing food safety and labelling framework in view of the rapid growth and consumption of pre-prepared packaged meal kits requiring minimal final cooking and if so, the details thereof;
- (b) whether the Food Safety and Standards Authority of India (FSSAI) has examined the need for updated policy definitions, classifications, or guidelines specific to such pre-prepared meal kits, distinct from conventional packaged foods and if so, the details thereof;
- (c) the nature of policy interventions, regulatory amendments, or new frameworks being considered to ensure adequate ingredient disclosure, nutritional transparency and consumer information for these products; and
- (d) the timelines envisaged, if any, for finalising and notifying such policy measures?

THE MINISTER 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 Act, 2006 is a shared responsibility between the Central and State Governments.

The provisions for general requirements as stipulated under Food Safety and Standards (Labelling and Display) Regulations, 2020 are applicable for pre-prepared packaged meal kits. The food safety standards are made based on the scientific opinion provided by independent risk assessment bodies i.e. Scientific Panels and Scientific Committee and are harmonized with internationally accepted Codex standards. Further, the standards are also reviewed time to time on the basis of the available scientific evidence and recognized global best practices.

VISA FREE ACCESS

1203. SHRI JAGADISH CHANDRA BARMA BASUNIA:

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

- (a) whether it is true that the number of countries to which Indians had visa free access had fallen from 2024 to 2025, if so, the details thereof; (b) the details of the countries to which Indians lost visa free access and the reasons thereof;
- (c) the details of the countries which are provided visa free entry into India; and
- (d) whether any country has recently been removed from the list to which India gives visa free access, 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 present, 27 countries provide visa-free entry and 47 countries provide visa-on-arrival facility to Indian ordinary passport holders. Apart from this, India has visa-waiver agreements with 106 countries for holders of Diplomatic/Official passports and another 34 countries for holders of Diplomatic passports only. The lists are available on Ministry of External Affairs' website at <https://www.mea.gov.in/VFFIN.htm> and <https://www.mea.gov.in/bvwa-menu.htm>. There are no major changes in visa-free access for Indian citizens from 2024 to 2025. However, in 2025, Iran suspended its one-way tourist visa facility for Indian nationals holding ordinary passports from 19.11.2025. Indian nationals are now required to obtain a visa to enter or transit through the territory of Iran.

Allowing visa-free entry to foreigners is a sovereign decision of the receiving nation that depends on various factors including bilateral relations and principle of reciprocity. However, visa related matters, particularly visa policies intended to improve ease of travel for Indian citizens are taken up by the Government through bilateral mechanisms, including during Consular Dialogues with foreign countries and during High-Level visits.

(c): The facility of visa-free entry in India is available to citizens of Nepal and Bhutan (except when Nepali/Bhutani citizens enter India from China, Macau, Hong Kong or Pakistan; Indian visa is required in such cases), and to Maldivian

nationals. Citizen of Maldives visiting India for a short period up to 90 days, are exempt from the requirement of visa for tourism, medical treatment (including treatment under Ayush systems) and business purposes.

(d): India has not suspended visa-free access to citizens of any country recently.

नए एम्स की स्थापना

1204. श्री श्यामकुमार दौलत बर्वे:

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

(क) क्या देश में प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत नए एम्स संस्थानों की स्थापना, सुपर-स्पेशियलिटी ब्लॉकों की स्थापना और सरकारी चिकित्सा कॉलेजों (जीएमसी) के उन्नयन से संबंधित परियोजनाएं सरकार द्वारा कार्यान्वित की जा रही हैं;

(ख) यदि हाँ, तो इस संबंध में अब तक हासिल की गई प्रगति की राज्य-वार वर्तमान स्थिति क्या है;

(ग) उक्त योजना के तहत स्थापित प्रत्येक एम्स, प्रत्येक सुपर-स्पेशियलिटी ब्लॉक और प्रत्येक उन्नत राजकीय चिकित्सा महाविद्यालय में शैक्षणिक और गैर-शैक्षणिक श्रेणियों में रिक्त पदों की संस्थान-वार और राज्य/संघ राज्यक्षेत्र-वार कुल संख्या कितनी है;

(घ) क्या सरकार द्वारा इन संस्थानों में रिक्त पदों को समयबद्ध तरीके से भरने के लिए कोई ठोस कार्ययोजना तैयार की गई है, और

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

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

(क) और (ख): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत 22 अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना और 75 राजकीय चिकित्सा

महाविद्यालयों/संस्थानों (जीएमसी) के उन्नयन को मंजूरी दी गई है। ब्यौरा संलग्न **विवरण-I** और **विवरण-II** में दिए गए हैं।

(ग) से (ड): पदों का सृजन और भर्ती एक सतत प्रक्रिया है। पीएमएसएसवाई के अंतर्गत विभिन्न एम्स में स्वीकृत, भरे हुए और रिक्त संकाय एवं गैर-संकाय पदों का ब्यौरा संलग्न **विवरण-III** में दिया गया है।

पीएमएसएसवाई के तहत एम्स में रिक्त स्वीकृत संकाय और गैर-संकाय पदों को शीघ्रता से भरने के लिए निम्नलिखित उपाय किए गए हैं:

- i. संकाय भर्ती के लिए एम्स अधिनियम, 1956 के प्रावधान के अनुसार स्थायी चयन समिति (एसएससी) का गठन किया गया है।
- ii. राष्ट्रीय महत्व के संस्थानों (आईएनआई) और राजकीय चिकित्सा महाविद्यालयों (जीएमसी) के 70 वर्ष की आयु तक के, सेवानिवृत्त संकाय सदस्यों को प्रोफेसर, अतिरिक्त प्रोफेसर और एसोसिएट प्रोफेसर स्तर पर संविदा आधार पर नियुक्त करने का प्रावधान किया गया है।
- iii. विजिटिंग फैकल्टी योजना के तहत भारत के सरकारी संस्थानों या विदेशों के शैक्षणिक संस्थानों के प्रोफेसर, अतिरिक्त प्रोफेसर और एसोसिएट प्रोफेसर एम्स में शिक्षण उद्देश्यों के लिए विजिटिंग फैकल्टी के रूप में कार्य करते हैं।
- iv. विभिन्न एम्स में नर्सिंग अधिकारियों की भर्ती के लिए एम्स, दिल्ली द्वारा नर्सिंग अधिकारी भर्ती सामान्य पात्रता परीक्षा (एनओआरसीईटी) आयोजित की जाती है।
- v. विभिन्न एम्स में समूह ख और ग के गैर-संकाय पदों की भर्ती के लिए एम्स दिल्ली द्वारा सामान्य भर्ती परीक्षा (सीआईटी) आयोजित की जाती है।
- vi. जूनियर रेजिडेंट (अकादमिक) के चयन के लिए राष्ट्रीय महत्व के संस्थान की संयुक्त प्रवेश परीक्षा (आईएनआई-सीईटी) और सीनियर रेजिडेंट (अकादमिक) के चयन के लिए राष्ट्रीय महत्व के संस्थान की सुपर स्पेशलिटी (आईएनआई -एसएस) परीक्षा का आयोजन एम्स दिल्ली द्वारा वर्ष में दो बार किया जाता है।

योजना के तहत स्वीकृत उन्नयन परियोजनाओं के संबंध में, राज्य/संघ राज्य क्षेत्र सरकारों के साथ हस्ताक्षरित समझौता ज्ञापन (एमओयू) के अनुसार, संबंधित राज्य/संघ राज्य क्षेत्र सरकार सुपर स्पेशलिटी ब्लॉक के संचालन के लिए पदों के सृजन और कार्मिकों की तैनाती के लिए उत्तरदायी है।

विवरण-I

पीएमएसएसवाई के तहत एम्स का ब्यौरा

क्रम संख्या	राज्य/संघ राज्य क्षेत्र	एम्स का स्थान	स्थिति
1	आंध्र प्रदेश	एम्स, मंगलागिरी	कार्यशील
2	असम	एम्स, गुवाहाटी	कार्यशील
3	बिहार	एम्स, दरभंगा	निवेश-पूर्व कार्य प्रगति पर है।
4		एम्स, पटना	कार्यशील
5	छत्तीसगढ़	एम्स, रायपुर	कार्यशील
6	गुजरात	एम्स, राजकोट	कार्यशील
7	हरियाणा	एम्स, माजरा (रेवाड़ी)	निर्माणाधीन
8	हिमाचल प्रदेश	एम्स, बिलासपुर	कार्यशील
9	जम्मू और कश्मीर	एम्स, विजयपुर, जम्मू	कार्यशील
10		एम्स, अवंतीपोरा, कश्मीर	निर्माणाधीन
11	झारखंड	एम्स, देवघर	कार्यशील
12	मध्य प्रदेश	एम्स, भोपाल	कार्यशील
13	महाराष्ट्र	एम्स, नागपुर	कार्यशील
14	ओडिशा	एम्स, भुवनेश्वर	कार्यशील
15	पंजाब	एम्स, बठिंडा	कार्यशील
16	राजस्थान	एम्स, जोधपुर	कार्यशील
17	तमिलनाडु	एम्स, मदुरै	निर्माणाधीन
18	तेलंगाना	एम्स, बीबीनगर	कार्यशील

क्रम संख्या	राज्य/संघ राज्य क्षेत्र	एम्स का स्थान	स्थिति
19	उत्तर प्रदेश	एम्स, रायबरेली	कार्यशील
20		एम्स, गोरखपुर	कार्यशील
21	उत्तराखंड	एम्स, ऋषिकेश	कार्यशील
22	पश्चिम बंगाल	एम्स, कल्याणी	कार्यशील

विवरण- II

पीएमएसएसवाई के तहत उन्नयन हेतु अनुमोदित राजकीय चिकित्सा महाविद्यालय/संस्थान(जीएमसी)

क्रम संख्या	राज्य	संख्या	जीएमसी/संस्था का नाम	अनुमत अवसंरचना	स्थिति (%)
1	आंध्र प्रदेश	1	श्री वेंकटेश्वर आयुर्विज्ञान संस्थान, तिरुपति	उपकरणों की खरीद	पूर्ण
		2	सिद्धार्थ चिकित्सा महाविद्यालय, विजयवाड़ा	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		3	राजकीय चिकित्सा महाविद्यालय, अनंतपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
2	असम	4	गुवाहाटी चिकित्सा महाविद्यालय, गुवाहाटी	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		5	असम चिकित्सा महाविद्यालय, डिब्रूगढ़	सुपर स्पेशलिटी ब्लॉक	पूर्ण
3	बिहार	6	श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		7	दरभंगा चिकित्सा महाविद्यालय और अस्पताल, दरभंगा	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		8	पटना चिकित्सा महाविद्यालय और	सुपर स्पेशलिटी ब्लॉक	95%

क्रम संख्या	राज्य	संख्या	जीएमसी/संस्था का नाम	अनुमत अवसंरचना	स्थिति (%)
			अस्पताल, पटना		
		9	सरकारी चिकित्सा महाविद्यालय, भागलपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		10	सरकारी चिकित्सा महाविद्यालय, गया	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		11	आईजीआईएमएस, पटना	क्षेत्रीय नेत्र विज्ञान संस्थान	पूर्ण
4	छत्तीसगढ़	12	सरकारी चिकित्सा महाविद्यालय, बिलासपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		13	सरकारी चिकित्सा महाविद्यालय, जगदलपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
5	दिल्ली	14	यूसीएमएस-जीटीबी अस्पताल	-	डीपीआर तैयार किया जा रहा है।
6	गोवा	15	गोवा चिकित्सा महाविद्यालय, पणजी	सुपर स्पेशलिटी ब्लॉक	पूर्ण
7	गुजरात	16	बी.जे. चिकित्सा महाविद्यालय, अहमदाबाद	चिकित्सा उपकरण की खरीद	पूर्ण
		17	राजकीय चिकित्सा महाविद्यालय, राजकोट	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		18	सरकारी चिकित्सा महाविद्यालय, सूरत	सुपर स्पेशलिटी ब्लॉक	78.5%
		19	सरकारी चिकित्सा महाविद्यालय, भावनगर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
8	हरियाणा	20	पंडित बीडी शर्मा स्नातकोत्तर संस्थान	सर्विस ब्लॉक और ओटी	पूर्ण

क्रम संख्या	राज्य	संख्या	जीएमसी/संस्था का नाम	अनुमत अवसंरचना	स्थिति (%)
			आयुर्विज्ञान, रोहतक	कॉम्प्लेक्स	
9	हिमाचल प्रदेश	21	सरकारी चिकित्सा महाविद्यालय, टांडा	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		22	इंदिरा गांधी राजकीय चिकित्सा महाविद्यालय, शिमला	सुपर स्पेशलिटी ब्लॉक	पूर्ण
10	जम्मू और कश्मीर	23	सरकारी चिकित्सा महाविद्यालय, जम्मू	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		24	सरकारी चिकित्सा महाविद्यालय, श्रीनगर	अभिघात विज्ञान संस्थान	पूर्ण
11	झारखंड	25	राजेंद्र आयुर्विज्ञान संस्थान (आरआईएमएस), रांची	सुपर स्पेशलिटी और ऑन्कोलॉजी ब्लॉक	पूर्ण
		26	पाटलिपुत्र चिकित्सा महाविद्यालय, धनबाद	सुपर स्पेशलिटी ब्लॉक	पूर्ण
12	कर्नाटक	27	बैंगलोर चिकित्सा महाविद्यालय, बैंगलोर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		28	विजयनगर आयुर्विज्ञान संस्थान, बेल्लारी	अभिघात परिचर्या ब्लॉक	पूर्ण
		29	कर्नाटक आयुर्विज्ञान संस्थान, हुबली	सुपर स्पेशलिटी ब्लॉक	पूर्ण
13	केरल	30	चिकित्सा महाविद्यालय, तिरुवनंतपुरम	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		31	कोझिकोड चिकित्सा महाविद्यालय	अभिघात परिचर्या केंद्र के साथ सुपर स्पेशलिटी ब्लॉक	पूर्ण
		32	टीडी चिकित्सा महाविद्यालय, अलप्पुझा	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		33	एससीटीआईएमएसटी,	सुपर स्पेशलिटी	पूर्ण

क्रम संख्या	राज्य	संख्या	जीएमसी/संस्था का नाम	अनुमत अवसंरचना	स्थिति (%)
			त्रिवेन्द्रम	ब्लॉक	
14	मध्य प्रदेश	34	राजकीय चिकित्सा महाविद्यालय, रीवा	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		35	नेताजी सुभाष चंद्र बोस चिकित्सा महाविद्यालय, जबलपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		36	जीआर चिकित्सा महाविद्यालय, ग्वालियर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		37	सरकारी चिकित्सा महाविद्यालय, इंदौर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
15	महाराष्ट्र	38	ग्रंट चिकित्सा महाविद्यालय और सर जेजे ग्रुप ऑफ हॉस्पिटल्स, मुंबई	चिकित्सा उपकरण की खरीद	पूर्ण
		39	सरकारी चिकित्सा महाविद्यालय, नागपुर	चिकित्सा उपकरण की खरीद	पूर्ण
		40	राजकीय चिकित्सा महाविद्यालय, औरंगाबाद	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		41	राजकीय चिकित्सा महाविद्यालय, लातूर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		42	राजकीय चिकित्सा महाविद्यालय, आकोला	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		43	श्री वसंतराव नाइक राजकीय चिकित्सा महाविद्यालय, यवतमाल	सुपर स्पेशलिटी ब्लॉक	पूर्ण
16	ओडिशा	44	एमकेसीजी चिकित्सा महाविद्यालय, बरहामपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		45	वीएसएस चिकित्सा महाविद्यालय, बुर्ला	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		46	एससीएम चिकित्सा महाविद्यालय और	सुपर स्पेशलिटी ब्लॉक	एससीबीएमसीएच, कटक से स्थान बदल

क्रम संख्या	राज्य	संख्या	जीएमसी/संस्था का नाम	अनुमत अवसंरचना	स्थिति (%)
			अस्पताल, कटक		कर धरणीधर चिकित्सा महाविद्यालय एवं अस्पताल, क्योङ्गर किया गया।
17	पंजाब	47	सरकारी चिकित्सा महाविद्यालय, अमृतसर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		48	राजकीय चिकित्सा महाविद्यालय, पटियाला	सुपर स्पेशलिटी ब्लॉक	पूर्ण
18	राजस्थान	49	एसपी चिकित्सा महाविद्यालय, बीकानेर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		50	आरएनटी चिकित्सा महाविद्यालय, उदयपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		51	राजकीय चिकित्सा महाविद्यालय, कोटा	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		52	राजकीय चिकित्सा महाविद्यालय, जयपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
19	तमिलनाडु	53	राजकीय चिकित्सा महाविद्यालय, सलेम	सुपर स्पेशलिटी ब्लॉक और सदमा केंद्र	पूर्ण
		54	राजकीय चिकित्सा महाविद्यालय, मदुरै	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		55	तंजावुर चिकित्सा महाविद्यालय, तंजावुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		56	तिरुनेलवेली चिकित्सा महाविद्यालय, तिरुनेलवेली	सुपर स्पेशलिटी ब्लॉक	पूर्ण
20	तेलंगाना	57	निजाम आयुर्विज्ञान संस्थान, हैदराबाद	सुपर स्पेशलिटी ब्लॉक और अभिघात केंद्र	पूर्ण

क्रम संख्या	राज्य	संख्या	जीएमसी/संस्था का नाम	अनुमत अवसंरचना	स्थिति (%)
		58	राजीव गांधी आयुर्विज्ञान संस्थान, आदिलाबाद	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		59	काकतीय चिकित्सा महाविद्यालय, वारंगल	सुपर स्पेशलिटी ब्लॉक	पूर्ण
21	त्रिपुरा	60	अगरतला राजकीय चिकित्सा महाविद्यालय, अगरतला	सुपर स्पेशलिटी ब्लॉक	पूर्ण
22		61	एसजीपीजीआईएमएस, लखनऊ	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		62	आईएमएस, बीएचयू, वाराणसी में ट्रॉमा सेंटर (टीसी)	अभिघात केंद्र और नर्सिंग महाविद्यालय	पूर्ण
		63	जवाहरलाल नेहरू चिकित्सा महाविद्यालय अलीगढ़ मुस्लिम विश्वविद्यालय (एमयू), अलीगढ़	अभिघात परिचर्या केंद्र और ओबीजी ब्लॉक	पूर्ण
		64	राजकीय चिकित्सा महाविद्यालय, झांसी	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		65	बीआरडी चिकित्सा महाविद्यालय, गोरखपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		66	एमएलएन चिकित्सा महाविद्यालय, इलाहाबाद	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		67	एलएलआरएम चिकित्सा महाविद्यालय, मेरठ	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		68	सरकारी चिकित्सा महाविद्यालय, आगरा	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		69	सरकारी चिकित्सा महाविद्यालय, कानपुर	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		70	आयुर्विज्ञान संस्थान	सुपर स्पेशलिटी	पूर्ण

क्रम संख्या	राज्य	संख्या	जीएमसी/संस्था का नाम	अनुमत अवसंरचना	स्थिति (%)
			(आईएमएस), बीएचयू, वाराणसी में एसएसबी	ब्लॉक	
		71	आरआईओ, आईएमएस, बीएचयू, वाराणसी	क्षेत्रीय नेत्र विज्ञान संस्थान (आरआईओ)	पूर्ण
23	पश्चिम बंगाल	72	कोलकाता चिकित्सा महाविद्यालय, कोलकाता	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		73	बीएस चिकित्सा महाविद्यालय, बांकुड़ा	सुपर स्पेशलिटी ब्लॉक	पूर्ण
		74	राजकीय चिकित्सा महाविद्यालय, मालदा	अभिघात परिचर्या केंद्र और आपातकाल चिकित्सा ब्लॉक	पूर्ण
		75	उत्तर बंगाल चिकित्सा महाविद्यालय, दार्जिलिंग	सुपर स्पेशलिटी ब्लॉक	पूर्ण

विवरण- III

पीएमएसएसवाई के तहत कार्यशील एम्स में स्वीकृत संकाय और गैर-संकाय पदों की स्थिति

क्रम संख्या	एम्स	संकाय पद			गैर-संकाय पद		
		स्वीकृत	भरे गए	रक्तियां	स्वीकृत	भरे गए	रक्तियां
1	भोपाल	312	241	71	3874	2920	954
2	भुवनेश्वर	337	238	99	3963	2937	1026
3	जोधपुर	405	221	184	4048	3322	726
4	पटना	305	219	86	3884	2752	1132
5	रायपुर	305	200	105	3884	2815	1069
6	ऋषिकेश	355	229	126	4095	2951	1144
7	बठिंडा	219	143	76	2090	1453	637
8	बीबीनगर	183	132	51	1374	898	476
9	बिलासपुर	217	130	87	1511	987	524

10	देवघर	208	132	76	1712	940	772
11	गोरखपुर	213	117	96	1492	949	543
12	गुवाहाटी	183	117	66	1630	879	751
13	जम्मू	183	119	64	1311	935	376
14	कल्याणी	309	175	134	2221	1171	1050
15	मदुरै	183	70	113	911	40	871
16	मंगलागिरी	309	171	138	1953	1291	662
17	नागपुर	373	238	135	2107	1395	712
18	रायबरेली	209	111	98	1613	1120	493
19	राजकोट	183	78	105	1410	665	745
	कुल	4991	3081	1910	45083	30420	14663

महिलाओं और बच्चों के लिए पोषण एवं स्वास्थ्य कार्यक्रम

1205. श्री राम शिरोमणि वर्मा:

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

- (क) क्या उत्तर प्रदेश के श्रावस्ती और बलरामपुर जैसे आकांक्षी जिलों में महिलाओं और बच्चों में कुपोषण, खून की कमी/पढ़ाई बीच में छोड़ने की दर राष्ट्रीय औसत से अधिक है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या इन जिलों में आंगनवाड़ी केंद्रों, पोषण ट्रैकर, पूरक पोषण और मातृत्व लाभ योजनाओं का कार्यान्वयन संतोषजनक है यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) क्या उक्त क्षेत्रों में किशोरियों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं के लिए सरकार द्वारा कोई विशेष पोषण/स्वास्थ्य कार्यक्रम चलाया जा रहा है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार के पास आकांक्षी जिलों में महिला सशक्तिकरण, बाल संरक्षण और कुपोषण उन्मूलन के लिए अतिरिक्त संसाधन, जनशक्ति/विशेष पैकेज प्रदान करने का कोई प्रस्ताव है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (घ): उत्तर प्रदेश के श्रावस्ती और बलरामपुर जैसे आकांक्षी जिलों में पांच वर्ष से कम आयु के वो बच्चे जो आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में जाते हैं या घर पर आंगनवाड़ी सेवाएं प्राप्त करते हैं, उनके कुपोषण का पोषण ट्रैकर एप्लिकेशन डेटा <https://www.poshantracker.in/statistics> पर उपलब्ध है।

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण-5 (2019-21) के अनुसार श्रावस्ती और बलरामपुर जिलों में महिलाओं और बच्चों में एनीमिया की व्याप्तता इस प्रकार है:

संकेतक	राष्ट्रीय औसत	बलरामपुर	श्रावस्ती
6-59 महीने की आयु के बच्चे जो एनीमिया (<11.0 ग्राम/डेसीलीटर) (%) से पीड़ित हैं	67.1	75.4	61.2
15-49 वर्ष की आयु की गैर-गर्भवती महिलाएं जो एनीमिया (<12.0 ग्राम/डेसीलीटर) (%) से पीड़ित हैं	57.2	54.8	44.6

प्राथमिक स्तर (कक्षा 1-5) में स्कूल छोड़ने वाले बच्चों का राष्ट्रीय औसत 0.3 है, वहीं उच्च प्राथमिक स्तर और माध्यमिक स्तर (कक्षा 9-10) में स्कूल छोड़ने वाले बच्चों का राष्ट्रीय औसत क्रमशः 3.5 एवं 11.5 है।

कुपोषण की चुनौती से निपटने के लिए, आंगनवाड़ी सेवाएं, पोषण अभियान और किशोरियों (14-18 वर्ष की आयु वर्ग की, आकांक्षी जिलों और पूर्वोत्तर क्षेत्र में) के लिए योजना को मिशन सक्षम आंगनवाड़ी और पोषण 2.0 मिशन के अंतर्गत शामिल किया गया है। यह केंद्र प्रायोजित मिशन है, जिसके गतिविधियों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है। इस मिशन के लाभार्थी देश के 6 वर्ष से कम आयु के बच्चे, गर्भवती महिलाएं, स्तनपान कराने वाली

माताएं और किशोरियां (14-18 वर्ष की आयु वर्ग की, पूर्वोत्तर क्षेत्र और आकांक्षी जिलों में) हैं। मिशन के उद्देश्य देश में मानव पूंजी के विकास में योगदान देना, कुपोषण की चुनौतियों का समाधान करना और स्थायी स्वास्थ्य और तंदुरुस्ती के लिए पोषण जागरूकता और खान-पान की अच्छी आदतों को बढ़ावा देना है। विश्व बैंक द्वारा 11 प्राथमिकता वाले राज्यों में किए गए सर्वेक्षण और नीति आयोग द्वारा 2020 और 2025 में किए गए तृतीय पक्ष मूल्यांकन और प्रभाव आकलन में देश में कुपोषण से निपटने के लिए पोषण अभियान की प्रासंगिकता संतोषजनक पाई गई है। बच्चों में ठिगनापन, दुबलापन और कम वजन की व्याप्तता के निर्धारित संकेतकों पर सभी आंगनवाड़ी केन्द्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निगरानी तथा ट्रेकिंग के लिए पोषण ट्रेकर एप्लिकेशन कार्यान्वित किया गया है। यह ऐप महत्वपूर्ण व्यवहारों और सेवाओं पर परामर्श वीडियो भी उपलब्ध कराता है, जो जन्म की तैयारी, प्रसव, प्रसवोत्तर देखरेख, स्तनपान और पूरक आहार के संबंध में संदेश प्रचार-प्रसार करने में मदद करता है। उत्तर प्रदेश राज्य के जिला-वार विवरण सहित पोषण ट्रेकर एप्लिकेशन डेटा <https://www.poshantracker.in/statistics> पर उपलब्ध है।

मिशन पोषण 2.0 के तहत सामुदायिक सहभागिता, आउटरीच, व्यवहार परिवर्तन और प्रचार-प्रसार जैसे कार्यकलापों के माध्यम से कुपोषण में कमी लाने तथा स्वास्थ्य, तंदुरुस्ती एवं रोग-प्रतिरक्षा में सुधार के लिए एक नई कार्यनीति बनाई गई है। इसमें मातृ पोषण, शिशु और छोटे बच्चों के आहार मानदंडों, गंभीर तीव्र कुपोषण (एसएएम) / मध्यम तीव्र कुपोषण (एमएएम) के उपचार और आयुष पद्धतियों के माध्यम से तंदुरुस्ती पर ध्यान केंद्रित किया जाता है ताकि दुबलेपन, ठिगनेपन, रक्ताल्पता (एनीमिया) और कम वजन की व्याप्तता को कम किया जा सके।

इस मिशन के तहत बच्चों (6 महीने से 6 वर्ष), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण दिया जाता है ताकि जीवन चक्र दृष्टिकोण अपनाकर पीढ़ियों से चले आ रहे कुपोषण के चक्र को समाप्त किया जा सके। पूरक पोषण राष्ट्रीय खाद्य सुरक्षा अधिनियम-2013 की अनुसूची-II में निहित पोषण मानदंडों के अनुसार प्रदान किया जाता है। इन

मानदंडों को जनवरी 2023 में संशोधित किया गया है। पुराने मानदंड काफी हद तक कैलोरी-विशिष्ट थे, जबकि, संशोधित मानदंड आहार विविधता के सिद्धांतों पर आधारित पूरक पोषण की मात्रा और गुणवत्ता दोनों के मामले में अधिक व्यापक और संतुलित हैं जिसमें गुणवत्तापूर्ण प्रोटीन, स्वस्थ वसा सूक्ष्म पोषक तत्व (कैल्शियम, जिंक, आयरन, आहारীয় फोलेट, विटामिन ए, विटामिन बी6 और विटामिन बी12) प्रदान किए जाते हैं।

इसके अतिरिक्त सूक्ष्म पोषक तत्वों की आवश्यकता को पूरा करने तथा महिलाओं और बच्चों में एनीमिया को नियंत्रित करने के लिए आंगनवाड़ी केंद्रों में फोर्टिफाइड चावल की आपूर्ति की जा रही है। आंगनवाड़ी केंद्रों पर पका हुआ गर्म भोजन तथा टेक होम राशन तैयार करने के लिए सप्ताह में कम से कम एक बार मिलेट (श्री अन्न) के उपयोग पर अधिक जोर दिया जा रहा है।

इस मिशन के तहत शुरू किए गए प्रमुख कार्यकलाप में से एक कार्यकलाप पोषण संबंधी पहलुओं पर लोगों को शिक्षित करने के लिए सामुदायिक जुड़ाव और जागरूकता का प्रचार-प्रसार करना है क्योंकि पोषण की अच्छी आदत को अपनाने हेतु व्यवहार परिवर्तन के लिए निरंतर प्रयासों की आवश्यकता होती है। राज्य और संघ राज्य क्षेत्र क्रमशः सितंबर एवं मार्च-अप्रैल के महीनों में मनाए जाने वाले पोषण माह तथा पोषण पखवाड़ा के दौरान जन आंदोलनों के तहत नियमित रूप से संवेदीकरण क्रियाकलापों का संचालन और रिपोर्टिंग कर रहे हैं। समुदाय आधारित कार्यक्रमों (सीबीई) ने पोषण पद्धतियों को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में कार्य किया है तथा सभी आंगनवाड़ी कार्यकर्त्रियों को हर महीने समुदाय आधारित दो कार्यक्रम आयोजित करना अपेक्षित है।

स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जीवन चक्र दृष्टिकोण में प्रजनन, मातृत्व, नवजात, बाल, किशोरी स्वास्थ्य और पोषण (आरएमएनसीएच+एन) कार्यनीति कार्यान्वित कर रहा है जिसमें देश भर में, आकांक्षी जिलों सहित, किशोरियों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और 5 वर्ष से कम आयु के

बच्चों की पोषण संबंधी समस्याओं को दूर करने के लिए पहल शामिल हैं। उनका विवरण नीचे इस प्रकार है:

- **एनीमिया मुक्त भारत (एएमबी)** कार्यनीति को जीवन चक्र दृष्टिकोण के माध्यम से बच्चों और महिलाओं में एनीमिया की व्याप्तता को कम करने के लिए कार्यान्वित किया गया है, जिसमें छह पहल; रोगनिरोधी आयरन और फोलिक एसिड अनुपूरक (6-59 महीने के बच्चों को हर दो सप्ताह में आईएफए सिरप दिया जाता है और प्रजनन आयु की महिलाओं को हर सप्ताह आईएफए रेड टैबलेट दी जाती हैं), कृमिनाशक दवा, गहन व्यवहार परिवर्तन संचार अभियान, प्रोटोकॉल के अनुसार एनीमिया की जांच तथा उपचार, सार्वजनिक स्वास्थ्य कार्यक्रमों में आईएफए युक्त भोजन का अनिवार्य प्रावधान एवं मजबूत संस्थागत तंत्र के माध्यम से एनीमिया के गैर-पोषण संबंधी कारणों का समाधान शामिल हैं।

- **पोषण पुनर्वास केंद्र (एनआरसी)** सार्वजनिक स्वास्थ्य सुविधा केन्द्रों में स्थापित किए जाते हैं ताकि 5 वर्ष से कम आयु के उन बच्चों को अस्पताल में भर्ती कर चिकित्सा और पोषण सम्बन्धी देखरेख प्रदान की जा सके जो मध्यम और गंभीर तीव्र कुपोषण से पीड़ित हैं और जिनमें चिकित्सा सम्बन्धी जटिलताएं हैं। इनमें बच्चों को समय पर, पर्याप्त और उचित आहार देने के संबंध में माताओं और देखरेख करने वालों के कौशल में सुधार करने पर विशेष ध्यान दिया जाता है।

- **माताओं के पूर्ण स्नेह (एमएए)** कार्यक्रम के तहत जागरूकता गतिविधियों के माध्यम से अनुकूल वातावरण बनाकर बच्चों के स्तनपान को बढ़ावा देने और आयु-उपयुक्त पूरक आहार पद्धतियों को प्रोत्साहित करने के लिए कार्यक्रम चलाया जा रहा है।

- **राष्ट्रीय कृमि मुक्ति दिवस** के तहत सभी बच्चों और किशोरों (1-19 वर्ष) में कृमि संक्रमण को कम करने के लिए स्कूलों और आंगनवाड़ी केंद्रों के माध्यम से दो चरणों (फरवरी और अगस्त) में एल्बेंडाजोल की गोलियां एक निश्चित दिन ही दी जाती हैं।

- **ग्राम स्वास्थ्य स्वच्छता एवं पोषण दिवस** महिला एवं बाल विकास मंत्रालय के साथ समन्वय में मातृ एवं बाल स्वास्थ्य सेवाओं के प्रावधान और पोषण सहित मातृ एवं बाल देखरेख के संबंध में जागरूकता पैदा करने के लिए मनाए जाते हैं।

महिला एवं बाल विकास मंत्रालय 1 जनवरी 2017 से पूरे देश में प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) कार्यान्वित कर रहा है। पीएमएमवीवाई एक केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत पहले बच्चे के लिए लाभार्थी को प्रत्यक्ष लाभ अंतरण (डीबीटी) के माध्यम से 5,000 रुपये की नकद प्रोत्साहन राशि प्रदान की जाती है। संस्थागत प्रसव के बाद पात्र लाभार्थियों को जननी सुरक्षा योजना के तहत मातृत्व लाभ के लिए अनुमोदित मानदंडों के अनुसार शेष नकद प्रोत्साहन राशि प्राप्त होती है, जिससे औसतन एक महिला को 6,000 रुपये मिलते हैं। इसके अलावा, पात्र लाभार्थियों को दूसरे बच्चे के लिए भी 6,000 रुपये की नकद प्रोत्साहन राशि प्रदान की जाती है, बशर्ते दूसरा बच्चा लड़की हो। योजना की शुरुआत से लेकर 1 फरवरी 2026 तक श्रावस्ती जिले में 31,744 और बलरामपुर जिले में 77,979 लाभार्थियों को यह राशि दी जा चुकी है।

मंत्रालय ने देश भर में, सभी आकांक्षी जिलों सहित, महिला सशक्तीकरण के लिए विभिन्न कदम उठाए हैं, जिनका ब्यौरा इस प्रकार है:

शक्ति सदन योजना: व्यापक 'मिशन शक्ति' के अंतर्गत, कठिन परिस्थितियों में रहने वाली महिलाओं के लिए पूर्व में 'स्वधार गृह' और मानव दुर्व्यापार की रोकथाम के लिए 'उज्ज्वला गृह' योजनाओं का विलय कर 'शक्ति सदन योजना' का नाम दिया गया है। यह संकटग्रस्त महिलाओं, जिनमें दुर्व्यापार पीड़ित महिलाएं भी शामिल हैं, के लिए एक एकीकृत राहत और पुनर्वास केंद्र है। इसका उद्देश्य संकटग्रस्त महिलाओं के लिए एक सुरक्षित और अनुकूल वातावरण बनाना है, ताकि वे कठिन परिस्थितियों से उबर सकें। वर्तमान में, देश भर में 413 शक्ति सदन कार्यशील हैं, जिनसे लगभग 13,000 महिलाओं को लाभ मिल रहा है।

सखी निवास योजना: मिशन शक्ति के अंतर्गत सखी निवास योजना (कामकाजी महिलाओं के लिए छात्रावास) एक मांग-आधारित केंद्र प्रायोजित योजना है, जिसके तहत योजना के कार्यान्वयन के लिए राज्यों/संघ राज्य क्षेत्रों को सीधे निधि जारी की जाती है। राज्य/संघ राज्य क्षेत्र स्थानीय आवश्यकताओं के अनुसार अपनी आवश्यकता का आकलन करते हैं और राज्यों/संघ राज्य क्षेत्रों के साथ चर्चा के बाद कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा प्रस्तावों को मंजूरी दी जाती है। इस योजना का उद्देश्य शहरी, अर्ध-शहरी और ग्रामीण क्षेत्रों में जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक आवास की उपलब्धता को बढ़ावा देना है। वर्तमान में, देश भर में 560 सखी निवास कार्यशील हैं, जिनसे लगभग 25,855 महिलाओं को लाभ मिल रहा है।

आंगनवाड़ी सह क्रेच (पालना): मंत्रालय ने मिशन शक्ति के अंतर्गत सामर्थ्य वर्टिकल के तहत सभी राज्यों और संघ राज्य क्षेत्रों के लिए 1 अप्रैल, 2022 से पालना योजना शुरू की है, ताकि बच्चों को डे-केयर की सुविधा और सुरक्षा प्रदान की जा सके। कामकाजी माताओं को अपने बच्चों की उचित देखरेख और सुरक्षा प्रदान करने में आने वाली कठिनाइयों को दूर करने के लिए, पालना योजना के माध्यम से डे-केयर क्रेच सुविधाएं प्रदान की जा रही हैं। क्रेच सेवाएं बच्चों की देखरेख की उन जिम्मेदारियों को औपचारिक रूप देती हैं जिन्हें अब तक घरेलू काम का हिस्सा माना जाता था। 31.01.2026 तक, कुल 14,599 आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) स्वीकृत किए गए हैं और उनमें से 2820 एडब्ल्यूसीसी देश भर में कार्यशील हैं।

INCREASE IN MEDICINAL PLANTS

1206. DR. C. M. RAMESH:

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

- (a) the aims and objectives of the India-Vietnam Medicinal Plants Cooperation Agreement;
- (b) the extent to which the above agreement is beneficial for the country;
- (c) whether the Desh ka Prakriti Parikshan Abhiyaan has helped in increasing medicinal plants in the country; and
- (d) if so, the details thereof?

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

(a) and (b): The Memorandum of Understanding between the Traditional Medicine Administration, Ministry of Health of the Socialist Republic of Vietnam and the National Medicinal Plants Board, Ministry of Ayush of the Republic of India on Cooperation in the field of Medicinal Plants on 31 July 2024. The objective of the agreement is to strengthen, promote and develop co-operation in the field of medicinal plants based on equality and mutual benefit. Under this agreement both the country to take necessary steps to encourage and promote co-operation in the following areas:

- a. Promotion of medicinal plants within the scope of this Memorandum of Understanding
- b. Transfer of technology in the field of medicinal plant cultivation; conservation; sustainable collection, processing, extracting, controlling the quality of medicinal plants, producing traditional medicine products, marketing and research on medicinal plants;

- c. Gene conservation of medicinal plants
- d. Macroscopic and microscopic identification of medicinal plants
- e. Exchange of Herbarium specimens
- f. Digital database development in the medicinal plants
- g. Exchange of information on medicinal plant usage;
- h. Exchanging research experts in the field of medicinal plants;
- i. Accommodating interested scientists, experts, students etc in institutions for research, educational and training programmes on medicinal plants at Academy and Training and Research Institutions;
- j. Exchanging and developing monographs of medicinal plants
- k. Any other area and/or forms of co-operation on medicinal plants to be mutually agreed upon by the Parties.

(c) and (d): As per the information provided by National Commission for Indian System of Medicine (NCISM), Desh ka Prakriti Parikshan Abhiyan, a nationwide initiative aimed on Prakriti of individual to promote personalized preventive and holistic healthcare for better health and well being. This Abhiyan does not have any correlation with the increase of medical plants in the country.

प्रभावी निगरानी प्रणाली की स्थापना

1207. श्री देवेश शाक्य:

श्री बाबू सिंह कुशवाहा:

श्री नीरज मौर्य:

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

- (क) देश में, विशेषकर उत्तर प्रदेश के एटा, कासगंज, आंवला, जौनपुर और मछलीशहर संसदीय क्षेत्रों में आगामी खरीफ और रबी फसलों के लिए उर्वरकों की पर्याप्त और समय पर उपलब्धता सुनिश्चित करने के लिए सरकार की विस्तृत योजना क्या है;
- (ख) क्या सरकार ने उर्वरकों की वैश्विक कीमतों में वृद्धि के बावजूद किसानों पर पड़ने वाले वित्तीय बोझ को कम करने के लिए कोई नई राजसहायता नीति या मूल्य स्थिरीकरण तंत्र लागू किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) सरकार द्वारा देश में रासायनिक उर्वरकों पर निर्भरता को कम करने और जैविक और प्राकृतिक खेती को बढ़ावा देने के लिए क्या कदम उठाए जा रहे हैं और इस संबंध में विशेषरूप से उपरोक्त संसदीय क्षेत्रों में किसानों को दिए जा रहे प्रोत्साहनों का ब्यौरा क्या है;
- (घ) क्या सरकार ने उर्वरकों की कालाबाजारी और जमाखोरी को रोकने के लिए एक प्रभावी निगरानी तंत्र स्थापित किया है; और
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में अब तक 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): उत्तर प्रदेश राज्य सहित राज्यों में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाए किए जाते हैं:
- (i) प्रत्येक फसल मौसम का प्रारंभ 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।

(ii) डीएण्डएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।

(iii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती 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 विनिर्माताओं और आयातकों के साथ समन्वय स्थापित करें।

इसके आलावा, चल रहे रबी मौसम 2025-26 के दौरान उत्तर प्रदेश राज्य में उर्वरकों जैसे यूरिया, डीएपी, एमओपी और एनपीकेएस की उपलब्धता पर्याप्त बनी हुई है। उक्त मौसम के दौरान उत्तर प्रदेश राज्य में इन उर्वरकों की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक संबंधी सूचना इस प्रकार है:

ऑकड़े एलएमटी में						
क्र.सं.	उत्पाद	रबी 2025-26 के लिए मौसमी आवश्यकता	दिनांक 01/10/25 से 02/02/26 तक यथानुपातिक आवश्यकता	01/10/25 से 02/02/26 तक उपलब्धता	01/10/25 से 02/02/26 तक संजयी डीबीटी बिक्री	02/02/26 को अंतिम स्टॉक
1	यूरिया	40.00	33.36	41.40	33.95	7.45
2	डीएपी	14.00	13.52	15.69	10.86	4.82
3	एमओपी	1.50	1.19	1.95	1.12	0.84
4	एनपीकेएस	7.50	7.02	9.89	5.88	4.01

तथापि, राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

(ख): किसानों को वहनीय मूल्यों पर यूरिया की उपलब्धता सुनिश्चित करने के लिए, यूरिया सब्सिडी स्कीम के अंतर्गत यूरिया की आपूर्ति सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य

(एमआरपी) पर कराई जाती है। दिनांक 01.03.2018 से यूरिया की 45 किग्रा. बोरी का एमआरपी 242 रुपए (नीम लेपन प्रभारों और यथालागू करों को छोड़कर) है। फार्म गेट पर यूरिया की सुपुर्दगी लागत और यूरिया इकाइयों द्वारा निवल बाजार वसूली के बीच का अंतर भारत सरकार द्वारा यूरिया विनिर्माताओं/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 अलावा, सरकार ने फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। एनबीएस नीति के तहत, पीएंडके उर्वरक मुक्त सामान्य लाइसेंस (ओजीएल) के तहत शामिल किए जाते हैं और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं। किसानों को उर्वरकों की उपलब्धता सुनिश्चित करने के लिए मौसम के दौरान अधिसूचित पीएंडके उर्वरकों पर उनकी पोषकतत्वों की मात्रा के आधार पर उनके बिक्री केन्द्रों पर की गई बिक्री के आधार पर उत्पादकों/आयातकों को एनबीएस सब्सिडी दी जाती है। पीएंडके उर्वरकों के लिए एनबीएस रेट तय करते समय, प्रमुख उर्वरकों और कच्चे माल की अंतर्राष्ट्रीय कीमतों में उतार-चढ़ाव का ध्यान रखा जाता है ताकि किसानों के लिए उर्वरक वहनीय रहें।

इसके अतिरिक्त, डीएपी को ₹1350 प्रति 50 किलोग्राम बोरी की वहनीय दर पर उपलब्ध कराने के लिए, रबी मौसम 2025-26 के लिए एनबीएस सब्सिडी के अलावा विशेष प्रावधान जैसे 'अन्य लागतों', जिनमें कारखाने के गेट से फार्म गेट तक की लागत, अंतरराष्ट्रीय कीमतों में वृद्धि/कमी के कारण हुए लाभ/नुकसान शामिल हैं, को सम्मिलित करने के लिए 3500 रु प्रति मीट्रिक टन का 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 प्रदान किए गए हैं ताकि उर्वरकों की कीमत स्थिर रखी जा सके।

(ग): राष्ट्रीय प्राकृतिक खेती मिशन (एनएमएनएफ) को कृषि एवं किसान कल्याण विभाग द्वारा कार्यान्वित किया जा रहा है और इसे दिनांक 25.11.2024 को देश भर में प्राकृतिक खेती को बढ़ावा देने के उद्देश्य से अनुमोदित किया गया था। मिशन को स्थिरता, जलवायु के प्रति लचीलापन और सुरक्षित भोजन की दिशा में वैज्ञानिक रूप से समर्थित कृषि पारिस्थितिकी दृष्टिकोण के साथ कृषि पद्धतियों को मजबूत करने के लिए शुरू किया गया है। मिशन का उद्देश्य किसानों के लिए उत्पादन की इनपुट लागत को कम करना और बाहरी बाजारों पर किसानों की निर्भरता को कम करना, मिट्टी के स्वास्थ्य और उर्वरता को फिर से जीवंत करना, जलवायु जोखिमों के विरुद्ध खेत और किसानों में समुत्थानशीलता का विकास करना और किसानों, उनके परिवारों और उपभोक्ताओं के लिए सुरक्षित, स्वस्थ और पौष्टिक भोजन प्रदान करना है। यह स्कीम उत्तर प्रदेश राज्य सहित देश भर के 33 राज्यों/संघ राज्य क्षेत्रों में कार्यान्वित की जा रही है। उत्तर प्रदेश में, प्राकृतिक खेती पर राष्ट्रीय मिशन (एनएमएनएफ) के तहत 75 जिलों में प्रत्येक 50 हेक्टेयर पर कुल 1886 प्राकृतिक खेती समूह बनाए गए हैं, जिनमें 70,613 हेक्टेयर क्षेत्र को शामिल करते हुए 2,35,750 प्राकृतिक खेती वाले किसान सम्मिलित किए गए हैं। साथ ही राज्य द्वारा वित्त पोषित बुंदेलखंड गौ आधारित प्राकृतिक खेती स्कीम वर्ष 2022-23 से उत्तर प्रदेश के बुंदेलखंड क्षेत्र के 7 जिलों (झाँसी, चित्रकूट, जालौन, ललितपुर, महोबा, बांदा और हमीरपुर) में प्रत्येक 50 हेक्टेयर के 470 समूहों में 21,934 प्राकृतिक खेती वाले किसानों को शामिल करते हुए लागू की गई है।

वित्तीय वर्ष 2025-26 के लिए, ₹90.1198 करोड़ के अनुमोदित बजट में से, ₹45.05 करोड़ पहले ही राज्य को जारी किए जा चुके हैं और जिसमें से ₹28.59 करोड़ का उपयोग किया जा चुका है।

उत्तर प्रदेश राज्य सरकार द्वारा जैविक खेती को भी बढ़ावा दिया जा रहा है। पारंपरिक कृषि विकास योजना (पीकेवीवाई) और नमामि गंगे योजना के तहत जैविक खेती को बढ़ावा दिया जा रहा है। जैविक खेती के प्रभाव को खेती की लागत में कमी और पानी के उपयोग की दक्षता में वृद्धि के रूप में मापा जा सकता है। उत्तर प्रदेश में, परंपरागत कृषि विकास योजना के तहत कुल शामिल

किया गया क्षेत्र 53,500 हेक्टेयर है और कुल 110,126 जैविक किसानों को प्रशिक्षित किया गया है और नमामि गंगे योजना के तहत, शामिल किया गया क्षेत्र 123,580 हेक्टेयर है और 181,539 किसानों को प्रशिक्षित किया गया है। इस संदर्भ में, जैविक खेती स्कीम के तहत शामिल किया गया कुल क्षेत्रफल 177,080 हेक्टेयर है और जैविक खेती में प्रशिक्षित किसानों की कुल संख्या 2,91,645 है।

राष्ट्रीय प्राकृतिक खेती मिशन (एनएमएनएफ) के तहत बरेली, जौनपुर, एटा और कासगंज जिले की वास्तविक प्रगति:

- राष्ट्रीय प्राकृतिक खेती मिशन (एनएमएनएफ) के तहत उत्तर प्रदेश के बरेली जिले में 1050 हेक्टेयर को शामिल करने वाले 21 क्लस्टर और 01 बायो-इनपुट संसाधन केंद्र (बीआरसी) स्थापित किए गए हैं। कृषि विज्ञान केंद्रों (केवीकेएस)/राज्य कृषि विश्वविद्यालयों (एयूएस)/स्थानीय प्राकृतिक खेती संस्थानों में कुल 2625 किसानों और 42 कृषि सखियों/ सामुदायिक संसाधन व्यक्तियों (सीआरपीएस) को प्रशिक्षित किया गया है।
- राष्ट्रीय प्राकृतिक खेती मिशन (एनएमएनएफ) के तहत उत्तर प्रदेश के एटा जिले में 1050 हेक्टेयर को शामिल करने वाले 21 क्लस्टर और 01 बायो-इनपुट संसाधन केंद्र (बीआरसी) स्थापित किए गए हैं। कृषि विज्ञान केंद्रों (केवीकेएस)/राज्य कृषि विश्वविद्यालयों (एयूएस)/ स्थानीय प्राकृतिक खेती संस्थानों में कुल 2625 किसानों और 42 कृषि सखियों/ सामुदायिक संसाधन व्यक्तियों (सीआरपीएस) को प्रशिक्षित किया गया है।
- राष्ट्रीय प्राकृतिक खेती मिशन (एनएमएनएफ) के तहत उत्तर प्रदेश के जौनपुर जिले में 2750 हेक्टेयर को शामिल करने वाले 55 क्लस्टर और 01 बायो-इनपुट संसाधन केंद्र (बीआरसी) स्थापित किए गए हैं। कृषि विज्ञान केंद्रों (केवीकेएस)/राज्य कृषि

विश्वविद्यालयों (एयूएस)/ स्थानीय प्राकृतिक खेती संस्थानों में कुल 6875 किसानों और 110 कृषि सखियों/ सामुदायिक संसाधन व्यक्तियों (सीआरपीएस) को प्रशिक्षित किया गया है।

- राष्ट्रीय प्राकृतिक खेती मिशन (एनएमएनएफ) के तहत उत्तर प्रदेश के बरेली जिले में 1300 हेक्टेयर को शामिल करने वाले 26 क्लस्टर और 01 बायो-इनपुट संसाधन केंद्र (बीआरसी) स्थापित किए गए हैं। कृषि विज्ञान केंद्रों (केवीकेएस)/राज्य कृषि विश्वविद्यालयों (एयूएस)/ स्थानीय प्राकृतिक खेती संस्थानों में कुल 3250 किसानों और 52 कृषि सखियों/ सामुदायिक संसाधन व्यक्तियों (सीआरपीएस) को प्रशिक्षित किया गया है।

इसके अतिरिक्त, ऑर्गेनिक उर्वरक संवर्धन संबंधी नीति के तहत, सरकार ने 1451.84 करोड़ रुपये (वित्त वर्ष 2023-24 से 2025-26) के कुल परिव्यय के साथ गोबरधन स्कीम के तहत संयंत्रों में उत्पादित किण्वित ऑर्गेनिक खाद (एफओएम)/तरल किण्वित ऑर्गेनिक खाद (एलएफओएम) जैसे मृदा में कार्बन वर्धकों और फॉस्फेट समृद्ध ऑर्गेनिक खाद (पीआरओएम) जैसे ऑर्गेनिक उर्वरकों के संवर्धन हेतु सीबीजी संयंत्रों/बाज़ार विपणन कंपनियों को 1500 रुपये प्रति मीट्रिक टन की दर से बाजार विकास सहायता (एमडीए) अनुमोदित की है जिसमें रिसर्च गैप फंडिंग आदि के लिए 360 करोड़ रुपए की कार्पस निधि भी शामिल है।

एफओएम/एलएफओएम/पीआरओएम के संवर्धन हेतु निम्नलिखित उपाय किए गए हैं:

- क) एफओएम/एलएफओएम के बारे में किसानों की पहुंच सुनिश्चित करने और जागरूकता तथा प्रदर्शन गतिविधियों के लिए एफओएम की उपलब्धता को सुविधाजनक बनाने के लिए पास के 125 केवीके सीबीजी संयंत्रों के साथ सहयोग कर रहे हैं।
- ख) उर्वरक विभाग ने एचयूआरएल और आरसीएफ को कृषि विस्तार अधिकारियों को सीबीजी/बीजी संयंत्रों के साथ संलग्न करने का काम सौंपा है ताकि उन्हें

एफओएम/एलएफओएम/पीआरओएम को बढ़ावा देने और मुद्दों को हल करने में सुविधा हो सके।

- ग) जैविक उर्वरकों के लाभों और अनुप्रयोग विधियों पर किसान प्रशिक्षण, प्रदर्शन और जागरूकता कार्यक्रम आयोजित करना।
- घ) विपणन चैनलों और डीलर नेटवर्क के माध्यम से जैविक और अपशिष्ट-व्युत्पन्न उर्वरकों की उपलब्धता और आपूर्ति सुनिश्चित करना।
- ङ) सतत पोषण की पद्धतियों को अपनाने के लिए किसानों को तकनीकी मार्गदर्शन प्रदान करके क्षमता निर्माण की सुविधा प्रदान करना।
- च) फरवरी 2025 से दिसंबर 2025 के दौरान किसान संगोष्ठी कार्यक्रम के तहत उर्वरक कंपनियों द्वारा 14,388 शिविर आयोजित किए गए।

सरकार की उपरोक्त पहलों से रासायनिक उर्वरकों के असंतुलित उपयोग को दूर करने की आशा है जिससे रासायनिक उर्वरकों के उपयोग में कमी आएगी।

(घ) और (ङ): उर्वरक संबंधी जमाखोरी और कालाबाजारी जैसे मुद्दों का समाधान करने के लिए, उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। राज्य सरकारों को आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, उक्त कदाचारों में शामिल लोगों के खिलाफ कार्रवाई करने की शक्तियां दी गई हैं। इन कदाचारों के बारे में उर्वरक विभाग के स्तर पर मिली कोई भी शिकायत संबंधित राज्य सरकार को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए भेजी जाती है। तदनुसार, उत्तर प्रदेश राज्य सहित राज्यों से प्राप्त सूचनानुसार, दिनांक 01.04.2025 से दिनांक 30.01.2026 तक की अवधि हेतु इन कदाचारों को रोकने के लिए उनके द्वारा किए गए प्रवर्तन उपाय संलग्न **विवरण** में दिए गए हैं।

विवरण																	
प्रवर्तन गतिविधियों का संचयी ब्यौरा																	
दिनांक 01.04.2025 से 30.01.2026 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			विवरण के साथ दोषसिद्ध*	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
आंध्र प्रदेश	20746	80	10	9	193	11	19	346	0	0	19	4	12	शून्य	638	25	40
अरुणाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
असम	4723	12	6	1	59	0	0	46	1	0	27	0	0	शून्य	144	7	1
बिहार	22961	1241	782	116	7	0	0	5	0	0	0	0	0	शून्य	1253	782	116
छत्तीसगढ़	6916	295	13	4	29	1	0	145	5	0	24	0	0	शून्य	493	19	4
दादर और नगर	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
दिल्ली	345	0	0	1	0	0	0	3	0	0	0	3	0	शून्य	3	3	1
गोवा	619	544	180	6	10	0	0	32	1	0	16	0	0	शून्य	602	181	6
गुजरात	16055	46	3	1	15	0	0	117	2	0	9	4	11	शून्य	187	9	12
हरियाणा	5139	65	15	10	24	20	5	51	12	6	13	5	6	शून्य	153	52	27
हिमाचल प्रदेश	15	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
जम्मू और कश्मीर	4725	143	44	2	32	3	0	66	2	0	8	0	0	शून्य	249	49	2
झारखंड	759	57	20	11	32	4	0	2	0	0	1	1	0	शून्य	92	25	11
कर्नाटक	8708	368	25	1	243	5	0	244	14	2	96	6	8	शून्य	951	50	11
केरल	1585	0	0	0	0	0	0	50	0	0	4	0	4	शून्य	54	0	4
मध्य प्रदेश	6089	0	0	91	0	0	0	739	44	4	723	160	15	शून्य	1462	204	110
महाराष्ट्र	48866	16	0	16	0	0	0	1567	1354	44	1	73	2	शून्य	1584	1427	62
मणिपुर	3	0	0	0	0	0	0	0	0	0	1	0	0	शून्य	1	0	0
मेघालय	685	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
मिजोरम	35	1	0	0	0	0	0	0	0	0	4	0	0	शून्य	5	0	0
नागालैंड	77	14	0	14	0	0	0	101	0	0	2	64	1	शून्य	117	64	15
ओडिशा	7601	4	3	2	0	0	0	55	1	1	2077	110	4	शून्य	2136	114	7
पुडुचेरी	51	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
पंजाब	6441	37	1	1	20	0	1	293	92	3	5	0	5	शून्य	355	93	10
राजस्थान	11905	652	118	47	74	40	34	506	1	2	27	22	27	शून्य	1259	181	110
तमिलनाडु	21086	14	0	4	6	8	0	33	25	0	112	17	1	शून्य	165	50	5

तेलंगाना	130333	5	9	3	4	2	0	128	0	0	4	0	5	शून्य	141	11	8
त्रिपुरा	796	0	0	0	9	0	0	0	0	0	0	0	0	शून्य	9	0	0
उत्तर प्रदेश	39887	2341	2901	179	164	139	11	164	151	20	88	7	14	3	2757	3198	224
उत्तराखंड	495	0	0	0	0	0	0	0	0	0	43	0	0	शून्य	43	0	0
पश्चिम बंगाल	50267	0	0	0	0	0	0	286	0	0	0	0	0	शून्य	286	0	0
कुल	417913	5935	4130	519	921	233	70	4979	1705	82	3304	476	115	3	15139	6544	786

BENEFICIARIES UNDER POSHAN ABHIYAAN**1208. SHRI MURASOLI S.:****SHRI ROBERT BRUCE C.:**

Will the Minister of Women and Child Development be pleased to state:

- (a) the details of the funds allocated under POSHAN Abhiyaan to the state of Tamil Nadu;
- (b) the number of beneficiaries in Thanjavur and Tirunelveli district of said State;
- (c) whether the Government has conducted any comprehensive study on the nutritional requirements in the country during the last five years; and
- (d) if so, the details thereof and if not, the reason therefor?

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

(a): Under Mission Poshan 2.0, in FY 2025-26, Rs. 3593.76 lakhs have been released to the State of Tamil Nadu as on date.

(b): The number of beneficiaries in Thanjavur and Tirunelveli district is available at Poshan Tracker dashboard: <https://www.poshantracker.in/statistics> .

(c) and (d): In 2021, the World Bank conducted a survey on Poshan Abhiyaan in 11 priority States. The aim of this survey was to assess the program's delivery of nutrition services, whether the nutritional knowledge of beneficiaries had improved and if they had adopted more appropriate nutrition and feeding practices.

The findings demonstrated that the services delivered through the Poshan Abhiyaan – the receipt of relevant messages, home visits by the Anganwadi Worker, and attendance at community-based events – were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

Further, a third-party evaluation and impact assessment of Poshan Abhiyaan were conducted by NITI Aayog in 2020 and again in 2025 and they have found relevance of Poshan Abhiyaan to be satisfactory for tackling malnutrition in the country.

मध्य प्रदेश में पासपोर्ट सेवा कार्यक्रम

1209. श्रीमती हिमाद्री सिंह:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) मध्य प्रदेश के शहडोल जैसे आदिवासी बहुल और आकांक्षी जिलों में पासपोर्ट सेवा कार्यक्रम (पीएसपी) वी2.0 के अंतर्गत प्रदान की जा रही विशेष सुविधाओं का ब्यौरा क्या है;
- (ख) उच्च शिक्षा और रोजगार के लिए विदेश जाने हेतु आवेदन करते समय युवाओं को किन तकनीकी कठिनाइयों का सामना करना पड़ रहा है और इन मुद्दों का समाधान डिजिटल उपकरणों के माध्यम से किस प्रकार किया जा रहा है;
- (ग) शहडोल स्थित डाकघर पासपोर्ट सेवा केन्द्र (पीओपीएसके) में चिप आधारित ई-पासपोर्ट जारी करने की सुविधा कब तक पूरी तरह से चालू हो जाने की संभावना है; और
- (घ) एम-पासपोर्ट पुलिस ऐप शुरू किए जाने के बाद पिछले दो वर्षों के दौरान शहडोल डिविजन में पुलिस सत्यापन में लगने वाले समय में कितने प्रतिशत की कमी आई है?

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

(क): अद्यतन पासपोर्ट कार्यक्रम वर्जन 2.0 (पीएसपी वी2.0) को देश के सभी 37 क्षेत्रीय पासपोर्ट कार्यालयों (आरपीओ) और उनके पासपोर्ट सेवा केंद्रों (पीएसके) और डाकघर पासपोर्ट सेवा केंद्रों (पीओपीएसके) में, जिसमें मध्य प्रदेश भी शामिल है, चरणबद्ध तरीके से शुरू किया गया है और पूरे भारत में इसे 26 मई 2025 को संपन्न कर लिया गया था। भारत सरकार ने शाहडोल जिले सहित कम सेवा वाले जिलों में पीएसके और पीओपीएसके के नेटवर्क का विस्तार करने और तेजी से प्रक्रिया करने के लिए डिजिटल/ऑनलाइन सुविधाओं को बेहतर बनाने के लिए भी अनेक कदम उठाए हैं। विदेश मंत्रालय ने डाक विभाग के साथ मिलकर जनवरी 2017 में देश के हर लोकसभा क्षेत्र (एलएससी) में जहां कोई पीएसके या पीओपीएसके मौजूद नहीं है, वहां प्रधान डाक घरों (एचपीओ)/डाक घर (पीओ) में सेवा केंद्र खोलने का निर्णय लिया था, जिन्हें डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) कहा जाता है, पीओपीएसके शाहडोल पहले से ही शाहडोल लोकसभा क्षेत्र में संचालित है।

इसके अलावा, जून 2018 में, विदेश मंत्रालय ने 'भारत में कहीं भी आवेदन करें' योजना शुरू की थी, जिसके तहत भारत में किसी भी पीएसके/पीओपीएसके में पासपोर्ट के लिए आवेदन किया जा सकता है। साथ ही, विदेश मंत्रालय नियमित रूप से संबंधित आरपीओ के तहत मोबाइल पासपोर्ट वैन तैनात कर रहा है, जिसमें मध्य प्रदेश में आरपीओ भोपाल भी शामिल है, ताकि दूरदराज, आदिवासी-बहुल और पहाड़ी क्षेत्रों में ऑन-साइट पासपोर्ट की प्रोसेसिंग की जा सके।

(ख): पीएसपी वी2.0 के तहत शुरू किए गए नए डिजिटल टूल ने विदेश जाने के लिए आवेदन करते समय पासपोर्ट आवेदकों को होने वाली कठिनाइयों को काफी हद तक दूर किया है और प्रक्रिया को तेज, पारदर्शी और उपयोगकर्ता के अधिक अनुकूल बनाकर पासपोर्ट आवेदन और शिकायत निवारण अनुभव को बेहतर बनाया है। आवेदकों को चैटबॉट और नागरिक केंद्रित सेवा वितरण प्रणाली से लाभ होता है जो उन्हें सही सेवा पृष्ठ के लिए मार्गदर्शन करती है, आवश्यक दस्तावेजों, अपॉइंटमेंट की उपलब्धता और निकटतम पीएसके/पीओपीएसके के बारे में जानकारी प्रदान करती

है। स्वचालित बायोमेट्रिक मिलान सुरक्षा को मजबूत करता है और आवेदन प्रोसेसिंग के दौरान निर्णय लेने में तेजी लाता है।

विदेश मंत्रालय ने पीएसपी वी2.0 को इलेक्ट्रॉनिक्स और सूचना प्रौद्योगिकी मंत्रालय (मैती) के डिजिलॉकर सिस्टम के साथ एकीकृत किया है। यह इंटीग्रेशन पासपोर्ट आवेदकों को मार्कशीट, आधार, पैन, ड्राइविंग लाइसेंस जैसे डिजिटल रूप से सत्यापित दस्तावेज अद्यतन करने की सुविधा प्रदान करता है, जिससे दस्तावेजी कार्य और मैनुअल हैंडलिंग बहुत कम हो जाती है। वास्तविक समय एसएमएस/ईमेल अलर्ट नागरिकों को उनके आवेदन प्रक्रिया के प्रत्येक चरण के विषय में सूचित रखते हैं। इसके अलावा, आवेदन शुल्क का भुगतान डिजिटल मोड से किया जा सकता है, जिसमें इंटरनेट बैंकिंग, डेबिट/क्रेडिट कार्ड (वीज़ा, मास्टर और रूपे), वर्चुअल पेमेंट एड्रेस/यूपीआई आईडी या क्यूआर कोड के ज़रिए यूनिफाइड पेमेंट्स इंटरफ़ेस (यूपीआई) मोड, ऑनलाइन अपॉइंटमेंट की सुविधा और तेज़ सर्विस सुधार के लिए वास्तविक समय में नागरिक प्रतिक्रियाओं को कैप्चर करने के लिए फीडबैक कियोस्क/स्क्रीन शामिल हैं।

(ग): पीएसपी वी2.0 चिप-आधारित ई-पासपोर्ट के साथ मई, 2025 से शहडोल जिले में डाक घर पासपोर्ट सेवा केंद्र (पीओपीएसके) में पहले ही शुरू हो चुका है और यह कार्य कर रहा है।

(घ): शहडोल जिले में पुलिस सत्यापन में लगने वाला औसत समय 2023 में 25 दिन से घटकर 2025 में 18 दिन हो चुका है।

एबी-पीएमजेएवाई में दावों की प्रतिपूर्ति में विसंगतियां

1210. श्री संदीपनराव आसाराम भुमरे:

डॉ. शिवाजी बंडाप्पा कालगे:

श्री निलेश ज्ञानदेव लंके:

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

(क) क्या सरकार को देश के विभिन्न राज्यों में आयुष्मान भारत प्रधान मंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत निजी अस्पतालों के दावों की प्रतिपूर्ति में विलंब और विसंगतियों की जानकारी है;

(ख) यदि हां, तो तत्संबंधी राज्य-वार और अस्पताल-वार ब्यौरा क्या है और महाराष्ट्र सहित अहिल्यानागर (अहमदनगर) जिले में एबी-पीएमजेएवाई के अंतर्गत पैनल में शामिल सरकारी और निजी अस्पतालों के लंबित दावों की कुल राशि कितनी है;

(ग) क्या सरकार को इस बात की जानकारी है कि लंबित भुगतान के कारण निजी अस्पताल धीरे-धीरे एबी-पीएमजेएवाई से हट रहे हैं;

(घ) यदि हां, तो लंबित भुगतान के निपटान में तेजी लाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं; और

(ङ) इस संबंध में निजी अस्पतालों को देय और पहले ही भुगतान की जा चुकी राशि का ब्यौरा क्या है?

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

(क) और (ख): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत, दावों का निपटान एक नियमित और निर्बाध प्रक्रिया है और राष्ट्रीय स्वास्थ्य प्राधिकरण द्वारा जारी दावा निपटान दिशानिर्देशों के अनुसार संबंधित राज्य स्वास्थ्य एजेंसियों द्वारा दावों का निपटान किया जाता है। अंतर-राज्यीय अस्पतालों (राज्य के भीतर स्थित अस्पताल) के लिए दावा प्रस्तुत करने के 15 दिनों के भीतर और वहनीय (राज्य के बाहर स्थित अस्पताल) के मामले में 30 दिनों के भीतर अस्पतालों को दावों के भुगतान की प्रक्रिया पूरी की जाती है।

(ग) से (ङ): एबी-पीएमजेएवाई के तहत, निजी अस्पतालों का पैनल में शामिल होना पूरी तरह से स्वैच्छिक है। दिनांक 31.12.2025 तक की स्थिति के अनुसार, 15,733 निजी अस्पतालों सहित 33,270 से अधिक अस्पताल इस योजना के तहत पैनल में शामिल हैं। पैनल में शामिल निजी अस्पतालों की संख्या में क्रमिक वृद्धि नीचे दर्शाई गई है:

वित्तीय वर्ष	पैनलबद्ध निजी अस्पतालों की संख्या
2020-21	5,981
2021-22	7,512
2022-23	9,103
2023-24	12,018
2024-25	14,496
2025-26 (31.12.2025 तक)	15,733

इसके अलावा, दावों की प्रगति का जायजा लेने के लिए नियमित समीक्षा बैठकें आयोजित की जाती हैं। साथ ही, दावों के निपटान के लिए क्षमता निर्माण गतिविधियां भी आयोजित की जाती हैं।

AYUSHMAN AROGYA MANDIRS UNDER PM-ABHIM IN PUNJAB

1211. SHRI MALVINDER SINGH KANG:

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

- (a) whether the Government has operationalised any Health and Wellness Centre (Ayushman Arogya Mandirs) under the PM-ABHIM scheme in the rural segments of Anandpur Sahib Lok Sabha Constituency in Punjab, specifically in Mohali, Ropar, Hoshiarpur and Nawanshahr districts, if so, the details thereof;
- (b) the amount of funds sanctioned and utilised for diagnostic facilities and maternal healthcare infrastructure in the said State, district-wise especially in the Balachaur and Garhshankar blocks since 2021;
- (c) the status of the Critical Care Block (CCB) proposed for Ropar district and the criteria used for selecting blocks for CCB funding;

- (d) whether there are pending any proposals for block-level hospital upgrades in the Kharar peri-urban area, if so, the details thereof; and
- (e) the steps taken by the Government to address reported health infrastructure gaps in Punjab during the current financial year 2025-26?

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

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

Under the CSS component of the scheme, the State of Punjab has been allocated a total amount of Rs. 755.65 crore for establishment of 22 Integrated Public Health Labs (IPHLs) and 21 Critical Care Blocks (CCBs) under PM-ABHIM for the period FY 2021–22 to FY 2025–26. So far, approvals have been accorded for 22 IPHLs and 22 CCBs amounting to Rs. 676.16 crore. One 50-bedded CCB, at a unit cost of Rs. 23.75 crore, has been approved at District Hospital Roopnagar as per the proposal received from the State.

As per the Operational Guidelines under PM-ABHIM, support for CCBs is provided to 602 districts across all States/UTs based on population and existing District Hospital bed strength, wherein districts with bed strength less than 200 are supported with 50 beds, 200–300 with 75 beds and more than 300 with 100 beds. Further, 274 districts having population of 5–20 lakh and 226 districts having Government Medical Colleges are envisaged for 50-

bedded CCB support.

The details of Central Release under NHM and PM-ABHIM for the State of Punjab from FY 2021-22 to FY 2024-25 is as under:

Financial Year	Central Release under NHM (Rs. In Cr.)	Central Release under PM-ABHIM (Rs. In Cr.)
2021-22	349.21	0.00
2022-23	448.39	24.16
2023-24	91.49	0.00
2024-25	878.21	8.92

Note: The above releases relate to Central Govt. Grants & do not include State Share contribution.

Under National Health Mission, Ministry of Health and family Welfare provides technical and financial support to the States / UTs including Punjab, to strengthen the public health care system, based on the proposals received in the form of Program Implementation Plans (PIPs). The Government of India provides approvals for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources. The approvals are available as per the link given below:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=57&lid=70>

The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector and spread over the five-year period from FY 2021-22 to FY 2025-26 to facilitate strengthening of health system at the grass-root level. Under the XV-FC Health Grants (FY 2021–22 to FY 2025–26), against the total allocation of ₹2,130.71

crore, approvals amounting to ₹2,129.38 crore have been accorded for the State of Punjab.

QUALITY OF AYUSH MEDICINE

1212. SHRI JASHUBHAI BHILUBHAI RATHVA:

SHRI RAJPALSINH MAHENDRASINH JADAV:

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

- (a) the manner in which the AYUSH Grid platforms, A-HMIS and e-Aushadhi have improved efficiency and transparency since their applications;
- (b) the outcomes achieved through AYUSH Telemedicine and e-Sanjeevani integration in expanding healthcare access in remote and deprived areas;
- (c) the manner in which the Government is ensuring quality control and standardisation of AYUSH medicines through labs and testing protocols; and
- (d) the manner in which the PM Gati Shakti AYUSH Asset Mapping Tool is being used to optimise the planning and placement of hospitals, colleges and research centres?

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

(a): The Ayush Grid project, launched by the Ministry of Ayush, serves as a comprehensive digital backbone for the Ayush sector, with the objective of strengthening service delivery across healthcare, research and development, education and awareness, drug administration, capacity building and medicinal

plants. Under this initiative, multiple digital platforms including Ayush Hospital Management Information System (A-HMIS) and e-Aushadhi have been developed. The A-HMIS has been adopted by Ayush facilities to enhance patient care, improve operational efficiency and support data-driven decision-making. It standardises diagnostics, treatment workflows and service delivery, thereby improving institutional accountability and transparency.

e-Aushadhi is an IT enabled online portal to grant license to and/or renew the license of the manufacturers to manufacture Ayurveda, Siddha, Sowa-Rigpa, Unani and Homoeopathy medicines by their respective State (Ayush) Licensing Authorities, as per the provisions of Drugs and Cosmetics Act, 1940 and Drugs Rules, 1945. The portal helps in facilitating paperless processing and tracking of the applications.

(b): eSanjeevani and Ayush telemedicine platforms have been designed to be inclusive and accessible platforms, providing free teleconsultation services to all. Ayush services delivered through these platforms have expanded healthcare access in remote and under-served areas by operationalising Ayush OPDs. The services are operational across all states and Union Territories of India. These measures have improved access to consultations through last-mile service delivery, supported continuity of care through digital workflows, reduced patient burden & costs, and enabled more efficient utilisation of Ayush specialists across multiple locations.

(c): The steps being taken by the Ministry to ensure Quality Control and standardisation of AYUSH drugs through laboratories and testing protocols are as follows:

- The Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa-Rigpa, Unani and Homoeopathy drugs. Provisions relating to Ayurveda, Siddha, Sowa-Rigpa and Unani Drugs are contained in Chapter IVA and Schedule- I of the Drugs and Cosmetics Act, 1940 and in Rules 151 to 169, Schedules E(I), T & TA of the Drugs Rules, 1945. Further, second schedule (4A) of the Drugs and Cosmetics Act, 1940 provides standards for Homoeopathic drugs and Rules 2dd, 30AA, 67 (C-H), 85 (A to I), 106-A, Schedule K, Schedule M-I of the Drugs Rules, 1945 pertain to Homoeopathic drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety & effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T & Schedule M-I of Drugs Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia.
- Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), sub-ordinate organization under Ministry of Ayush, lays down the formulary specifications and pharmacopoeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASU&H drugs. As per the Drugs & Cosmetics Act, 1940 and rules there under, the compliance to this quality standards are mandatory for manufacturing of ASU&H drugs.

- PCIM&H also acts as the Appellate Drugs Testing Laboratory for testing or analysis of ASU&H Drugs. In addition, it conducts capacity-building trainings at regular intervals for the standardization, quality control, and testing or analysis of ASU&H drugs for Drug Regulatory Authorities, Drug Analysts, and other relevant stakeholders, with a focus on laboratory techniques and methodologies essential for ensuring the quality of ASU&H drugs.
- Rule 160 A to J of the Drugs Rules, 1945 provides the regulatory guidelines for approval of Drug Testing Laboratory for carrying out such tests of identity, purity, quality and strength of Ayurvedic, Siddha and Unani drugs as may be required under the provisions of these rules, on behalf of licensee for manufacture of Ayurvedic, Siddha and Unani drugs. As on date, 34 State Drug Testing Laboratories have been supported for strengthening their infrastructural and functional capacity. Further, 108 laboratories are approved or licensed under the provisions of Drugs Rules, 1945 for quality testing of Ayurvedic, Siddha and Unani drugs and raw materials.
- Ministry of Ayush has established an Ayush vertical in the Central Drugs Standard Control Organisation (CDSCO), which includes posts of 1 Deputy Drugs Controller, 4 Assistant Drugs Controllers, and 4 Drugs Inspectors. Drugs Inspectors posted in Ayush vertical, inspect various manufacturing units in coordination with the licensing

authorities/drugs inspectors of respective States/Union Territories for ensuring safety and quality of Ayush medicines.

(d): A dedicated app for mapping of Ayush assets have been developed with the name “PM GatiShakti Ayush Asset Mapping Tool”. The app is being used to map the Ayush health facility, educational institutes, research centres etc. using exact latitude and longitude of the asset helping further planning of establishing new Ayush facility/college etc.

NATIONAL POLICY FOR RARE DISEASES

1213. DR. BYREDDY SHABARI:

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

(a) the number of patients registered under Group 3(a) of the National Policy for Rare Diseases, 2021, disease-wise and State/UT-wise;

(b) the number of such patients who have received financial assistance under the said policy in the country along with the amount disbursed to each patient;

(c) the number of patients who have completed treatment, those who have exhausted the 50 lakh financial assistance cap and require continued or lifelong therapy and those who have died during treatment or while awaiting financial support, under the said policy;

(d) whether the Government has reviewed the adequacy of the Rs. 50 lakh cap in light of recent directions of the Hon’ble Delhi High Court regarding the

creation of a National Rare Diseases Fund with flexible financial ceilings and if so, the details thereof; and

(e) the current status and expected timelines for establishing and operationalising the proposed National Rare Diseases Fund, along with the reasons for any delay, if any, in its establishment and operationalisation?

THE MINISTER 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): Health being a State subject, the primary responsibility of providing healthcare services is that of the State Governments. However, to mitigate the challenges posed by rare diseases in India, the Government has framed the National Policy for Rare Diseases (NPRD), 2021. Under the policy, Financial support up to Rs. 50 lakhs per patient is provided under NPRD, 2021 for treatment of patients suffering from rare diseases including Group 3 diseases identified under NPRD. The number of Centre of Excellences under the policy has been increased from 8 to 15 since its inception. Till date, More than 2800 Group 3 rare diseases patients have been registered under the NPRD. The patient of rare diseases are treated through the designated Centres of Excellence (CoEs) based on the recommendations of the dedicated Rare Disease Committee of the concerned Center of Excellence (CoE) within the extant guidelines. Advance funds are released to the CoEs as soon as a demand for money is raised by them in accordance with the extant General Financial Rules (GFR).

(d) and (e): Vide Order dated 04.10.2024, the Hon'ble High Court of Delhi issued various directions to the Government regarding adequacy of the Rs. 50 lakhs cap and National Rare Disease Fund. However, the same has been stayed by the Hon'ble Supreme Court vide its Order dated 09.12.2024. Therefore, the matter is sub judice in the Apex Court.

SUPPORT FOR SMEs IN CHEMICAL SECTOR

1214. SHRI BRIJMOHAN AGRAWAL:

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

(a) the details of support mechanisms under policies like Hazardous Waste Rules, 2016, for Small and Medium Enterprises (SMEs) in the chemical sector to meet circular economy standards, including waste recycling in non-major clusters;

(b) the status of implementation thereof in the States like Chhattisgarh, where sixty percent of small industries are red-category and face river pollution challenges, along with regional variations, State-wise;

(c) the steps being taken to address gaps such as high compliance costs and low R&D spend (0.7% of revenues), including timelines for initiatives like MSE-SPIICE and PLI scheme integration; and

(d) the manner in which the said measures are likely to be beneficial for stakeholders, including local communities and the sector's growth towards \$400-450 billion by 2030?

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 Ministry of Environment Forest & Climate Change, Government of India (MoEF&CC) has notified Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016 (HOWM Rules, 2016) under the Environment (Protection) Act, 1986 for safe handling and management of hazardous wastes in an environmentally sound manner without causing adverse effect to environment and human health. The said Rules promote adoption of various steps under waste management hierarchy i.e. prevention; minimization; reuse; recycling; recovery, utilization including co-processing and safe disposal.

Handling, generation, collection, storage, packaging, transportation, use, treatment, processing, recycling, recovery, pre-processing, co-processing, utilisation, offering for sale, transfer or disposal of the hazardous and other waste by any occupier are to be carried out only after obtaining an authorization from the concerned State Pollution Control Boards/Committees (SPCBs/PCCs) in accordance with the procedures laid down under the said Rules.

Under the Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016, Standard Operating Procedures (SOPs) are formulated by the Ministry of Environment Forest & Climate Change, upon receiving the request from industry for utilizing hazardous waste generated by one unit as a raw material to be used by another unit. This mechanism ensures safe inter-industry waste reuse, facilitating circular economy. Ministry of Environment Forest & Climate Change has developed 127 Standard Operating Procedures (SoPs) for utilization of various categories of hazardous waste.

The said Rules also provides for a list of commonly recyclable wastes. Ministry of Environment Forest & Climate Change has prepared guidelines for environmental sound recycling of the said wastes and has published the same on their website.

Status of implementation in the State of Chhattisgarh:

The national inventory on generation and management of hazardous and other wastes is prepared by Central Pollution Control Board. As per the information received from Ministry of Environment Forest & Climate Change, in India for the Financial Year 2023-24, there are 2,317 units engaged in recycling and 1,231 units engaged in utilization of hazardous waste. These units have recycled 2.34 million metric tonnes and utilized 1.97 million metric tonnes of hazardous waste. Further, in the state of Chhattisgarh, there are 587 hazardous waste generating units, 36 recyclers, 40 authorized utilizers and

175 captive utilizers. About 2,12,848 metric tonnes of hazardous waste has been recycled or utilized for FY 2023-24.

Annual national inventory on generation and management of hazardous and other wastes is prepared and published by Central Pollution Control Board on their website which contains State wise inventory of hazardous waste.

(c) and (d): The various measures that are being taken to promote circular economy in the sector are as follows:

MSE-SPICE: Micro and Small Enterprises (MSE) - Scheme for Promotion and Investment in Circular Economy (SPICE) is being implemented by Ministry of Micro Small Medium Enterprises (MSME). It is a Central Sector Scheme, with an outlay of Rs 472.50 Cr for the period between FY 2023-24 to 2026-27.

The scheme aims to promote a circular economy in the MSME sector by incentivizing micro and small enterprises (MSEs) to adopt circular economy practices on different types of wastes including on plastic, rubber, and e-waste management. It supports micro and small enterprises (MSEs) in meeting Extended Producer Responsibility (EPR) and waste recycling targets, while spreading awareness to boost resource efficiency, profitability, and cost reduction.

Under the MSE-SPICE Scheme, micro and small enterprises receive a 25% subsidy on Plant and Machinery cost for circular economy projects with a cap at INR 12.5 Lakhs per unit.

In addition to the above, this Department has taken the initiative to promote the development of the sector in a sustainable way by coming out with the initiative like Petroleum, Chemicals and Petrochemicals Investment Regions (PCPIR). Through this initiative, this department promotes growth of industry in a cluster based model, which also facilitates sustainable development and circular economy. Three PCPIRs have been set up at Dahej (Gujarat), Vishakhapatnam–Kakinada (Andhra Pradesh) and Paradeep (Odisha).

STUNTING AND WASTING AMONG CHILDREN

1215. SHRI SUNIL DATTATREY TATKARE:

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

- (a) the details of the steps being taken by the Government to reduce/eliminate stunting and wasting among children in India, especially children in rural and tribal areas;
- (b) the details of the steps being taken to ensure better nutrition in meals provided under POSHAN 2.0 such as more protein intake, addressing iron deficiency etc.;
- (c) whether any initiatives are being taken to enable localized planning/procurement of food items for meals, if so, the details thereof;
- (d) the manner in which POSHAN tracker is improving implementation of the POSHAN 2.0 scheme;

- (e) the manner in which nutrition/food delivery is monitored by the Ministry; and
- (f) the number of take-home rations provided on a daily basis to improve nutritional status of children and adolescent girls, particularly in the State of Maharashtra?

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

(a) to (c): To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (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 across the country. The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute

Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this Mission, 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. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition 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). Extra Supplementary Nutrition is provided to Severely Acutely Malnourished (SAM) children as per National Food Security Act, 2013 (NFSA).

Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.

Further, Ministry of Women and Child Development and Ministry of Health and Family Welfare have jointly released the Protocol for Management of malnutrition in Children (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality. The community-based approach involves timely detection and screening of children with severe acute malnutrition in the community, management for

those without medical complications with wholesome, local nutritious foods at home and supportive medical care. The CMAM protocol includes an appetite test and screening process for children aged 6 months to 6 years who are severely acute malnourished (SAM) or severely underweight (SUW). Post-screening, such children are referred to Nutrition Rehabilitation Centers (NRC) or hospital facilities for further care.

A key component is to enable the right kind of nourishment through Poshan Vatikas or Nutri-gardens that are being 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 States and Union Territory Administrations are encouraged to decide menu suitable to the local conditions within the prescribed nutrition and food norms and to procure locally grown food items like millets, vegetables, condiments etc. The selection of ingredients, recipes and menu for supplementary nutrition rests with States/UTs in accordance with local palate and includes locally available cereals/millets, pulses, vegetables, nuts and fats.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular

sensitisation activities under Jan Andolans during Poshan Maah and Poshan Pakhwada celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

Suposhit Gram Panchayat Abhiyaan was launched in December 2024. This initiative aims to improve nutritional outcomes and well-being through strengthened nutrition services, community participation, and multi-stakeholder convergence. The Suposhit Gram panchayat (GP) incentive has a grant of Rs 1 lakh per GP to the top 1000 qualified GPs to utilize incentive money to motivate the Anganwadi workers & helpers to help improve service delivery, as an incentive to the Gram Panchayat to improve community mobilization & increase enrolment and help nutrition related initiatives such as development of Poshan Vatikas, SNP value addition, etc.

(d) and (e): The 'Poshan Tracker' application was rolled out as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all AWCs, 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. The application also offers counselling videos on key behaviours and services which help disseminate messages on birth

preparedness, delivery of child, post-natal care, breastfeeding and complementary feeding. Regular field level trainings/workshops are conducted directly for AWWs regarding use of the Poshan Tracker Application. Poshan Tracker also features self-learning videos for AWWs, enabling continuous capacity building and on-the-job learning through digital modules.

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. Nominee has to undergo e-KYC only ONCE. But face matching will be done every time for receiving THR on behalf of the beneficiary. Even after addition of the nominee, beneficiary can still receive the THR at the Anganwadi Center if the nominee has not received it already.

Under the Mission, AWWs have been provided with smartphones procured by States/UTs on a cost sharing basis for data entry and use of Poshan Tracker application.

(f): In the state of Maharashtra under Integrated child development service scheme THR is provided to beneficiaries as per prescribed norms. The details of beneficiaries (31st Jan 2026) are as follows

- Pregnant Women: 3,09,928
- Lactating mothers: 3,48,033
- 6 months to 3 years children: 20,53,926
- 3 years to 6 years children: 28,95,504 (Hot Cooked Meal is provided)
- and Adolescent girls of Aspirational districts (4): 85,921

SPECIAL JUVENILE POLICE UNITS

1216. SHRI ANTO ANTONY:

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

- (a) whether any statutory body, committee/commission has recommended the formation of Special Juvenile Police Units (SJPU) in every district in the country, if so, the details thereof;
- (b) whether SJPU have been constituted in all States/UTs, if so, the number of SJPU formed till date, State/UT-wise; and
- (c) whether there are any districts where SJPU have not yet been constituted, if so, the details of such districts, State/UT-wise

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

(a) to (c): The Ministry of Women and Child Development is the nodal Ministry for the administration of the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) which is the primary law for care and protection of

children in the country. The Act provides a security net of service delivery structures including measures for institutional and non-institutional care to ensure comprehensive well-being of children in distress situations. The implementation of this Act lies with the State Governments and Union Territory administrations.

Under Section 107 of The Juvenile Justice Act, 2015, States/UTs are mandated to constitute Special Juvenile Police Unit (SJPU) in each district and city which should be headed by an officer not below the rank of Deputy Superintendent of Police and to designate one Officer, not below the rank of Assistant Sub Inspector, as a child Welfare Police Officer in every Police Station.

Further, Ministry of Home Affairs has also issued advisory to all State Governments and UT Administration to set up Special Juvenile Protection Unit in each District and City. The data of Special Juvenile Protection Units (SJPUs) set up in districts is not maintained Centrally.

REGULATION OF FAKE IMMIGRATION AGENTS

1217. SHRI PUTTA MAHESH KUMAR:

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 total number of complaints received and cases registered against such agents during the last three years, State/UT-wise;

(c) the steps taken to identify, blacklist and prosecute unauthorised agents, including action taken under the Emigration Act in 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): Government has been made aware of instances where dubious entities involved in fake recruitment job offers have lured Indian nationals including youth, mostly through social media channels for overseas employment to various countries. Ministry comes to know about such fraudulent activities of illegal/unscrupulous recruitment agents in the country as and when a complaint is filed by the aggrieved emigrants or their relatives/friends/family members, who have been cheated by their employers as these Indian nationals proceed abroad on their own volition through fraudulent/unscrupulous recruitment agents and through illegal channels.

As per Section 10 of the Emigration Act, 1983, no person/agency can function as Recruiting Agent (RA) without a valid Registration Certificate (RC) issued by the Registering Authority, i.e., Protector General of Emigrants (PGE). As and when complaints of illegal migration/human trafficking are received,

including from Andhra Pradesh, such matters are referred to the State police for investigation and prosecution under the relevant legal provisions of the Bharatiya Nyaya Sanhita (BNS) and other legislations in place. In the cyber domain, action is also taken against illegal recruiting agents in association with MHA and State Police authorities. Requests to take down social media posts of illegal recruiting agencies from all over India including Andhra Pradesh have been regularly shared with MHA.

Data regarding the number of complaints about illegal migration received from the States/UTs and action taken during the last three years is given in the enclosed **Statement**.

Ministry issues advisories through eMigrate portal, social media handles, and other modes of publicity about the perils of fake job rackets and ways to prevent the same. Till December 2025, a list of 3,505 unregistered agents, against whom grievances have been received, has been published on the eMigrate portal to caution the prospective emigrants. The awareness campaign on safe and legal migration through eMigrate portal has been carried out by the Ministry across the country by conducting workshops, trainings, information sessions, digital campaigns for media groups, police officials and law enforcement agencies, local administration, aspiring recruiting agents, entrepreneurs and general public. During these sessions awareness on emigration regulations, schemes beneficial for emigrants like Pravasi Bharatiya Bima Yojana (PBBY), Pre-Departure Orientation Training (PDOT), eMigrate portal and various advisories issued by Indian Embassies are brought to the notice of all stakeholders.

Ministry regularly coordinates with the State Governments regarding issues of illegal recruiting agencies and the ways to address challenges related to enforcement of emigration rules and regulations. Videsh Sampark Programme is organized in collaboration with State Governments from time to time. The Ministry regularly organises such outreach programs to sensitise various stakeholders about the benefits of safe and legal migration and suggests ways to prevent illegal migration through fake/unregistered recruitment agencies. In addition to the regular information sharing on unregistered recruiting agencies, regular meetings with the State level Nodal Officer are held. Further, workshops & training sessions are held by the Ministry for the law enforcement agencies of the State Governments in which information on the Standard Operating Procedures (SOP) of the Ministry, detection of unlawful content on social media, and case studies of Cyber Scamming is shared with the participants.

[illegible]

26.	Odisha	0	5	7	0	2	1	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	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	0	0	0	0	0	0
35.	Uttar Pradesh	0	6	31	0	0	11	0	0	0	0	0	0
36.	West Bengal	5	10	35	2	2	12	0	0	2	0	1	1
	Total	1,006	1378	1541	147	343	465	15	14	12	15	14	29

VIOLENCE AGAINST INDIAN STUDENTS ABROAD**1218. SHRI ASADUDDIN OWAISI:**

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

- (a) whether the Government is aware of the rising incidents of violence against Indian students abroad, if so, the details thereof;
- (b) whether any timely investigation has been conducted in this regard, if so, the details thereof;
- (c) the diplomatic steps taken by the Government to enhance safety and mitigate risk for students in high-risk countries;
- (d) whether the Government maintains any helpline number to make complaints in case of distress abroad; and
- (e) whether any pre-orientation sessions have been conducted by Indian embassies abroad, raising awareness about safety and emergency procedures, 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): The country-wise list of the total number of Indian students in foreign Universities who had died on account of violent attacks since 2018 is given in the enclosed **Statement**.

The Government accords high priority to safety and security of Indian students abroad and monitors incidents of violence against them. Violent and untoward incidents against them are immediately taken up by the Indian Missions/Posts abroad with the concerned authorities of the host country to

ensure that they are properly investigated and the perpetrators are punished.

Indian Missions/Posts also take steps to maintain regular contact with Indian students enrolled in foreign universities in their jurisdictions and conduct pre-orientation sessions with them upon their arrival in foreign lands to brief them on potential challenges, risks, and precautions to be taken while studying overseas, including issue of advisories from time to time.

With the view to ensuring effective communication and timely support, Indian students are encouraged to connect with the local Indian Missions/Posts through various means, including the MADAD Portal of this Ministry, WhatsApp Groups created specifically for Indian students, Consular Camps, Open Houses, emergency hotlines etc.

Indian Missions/Posts also remain vigilant, particularly in countries affected by political instability, economic crises, and where the risks of students being misled or exploited may be higher. Any incident affecting Indian students are immediately raised with host Governments to ensure their safety and appropriate redressal. Consular assistance, including emergency medical support, temporary accommodation, and other essential services, is extended whenever needed. The Indian Community Welfare Fund (ICWF) is utilised to support Indian nationals, including students, in times of distress and extend assistance when necessary.

During emergencies, Government of India has undertaken large-scale evacuation operations to protect and bring home Indian nationals, including students. Notable recent evacuation operations include Operation Devi Shakti (Afghanistan), Operation Ganga (Ukraine), Operation Kaveri (Sudan),

Operation Ajay (Israel) and Operation Sindhu (Israel and Iran). These efforts demonstrate Government of India's unwavering commitment to ensuring the safety and well-being of Indian students abroad and towards protecting them from miscreants and unsafe security situations.

STATEMENT

Deaths of Indian Students due to violent attacks (2018-2025)

S.No.	Name of the country	No. of deaths due to violent attacks
1.	Australia	3
2.	Canada	17
3.	China	1
4.	Denmark	1
5.	Germany	1
6.	Grenada	1
7.	Kyrgyzstan	2
8.	USA	9
9.	UK	1

आयुस्वास्थ्य योजना

1219. श्री नारायण तातू राणे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में आयुस्वास्थ्य योजना की वर्तमान स्थिति क्या है;
- (ख) क्या सरकार ने इसकी कोई समीक्षा की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या इस योजना के अंतर्गत दो घटक हैं और क्या इसमें अतिरिक्त घटकों को शामिल करने का कोई प्रस्ताव है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) विगत पांच वर्षों के दौरान आयुस्वास्थ्य योजना के अंतर्गत रत्नागिरी-सिंधुदुर्ग संसदीय निर्वाचन क्षेत्र सहित महाराष्ट्र के लिए जन स्वास्थ्य पहल (पीएचआई) और उत्कृष्टता केन्द्र

(सीओई) घटकों के अंतर्गत पृथक-पृथक स्वीकृत, जारी की गई और व्यय की गई निधियों का वर्षवार ब्यौरा क्या है?

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

(क): आयुष मंत्रालय 2021-22 से आयुस्वास्थ्य योजना नामक एक केंद्रीय क्षेत्र योजना को कार्यान्वित कर रहा है, जिसके दो घटक हैं, अर्थात् i) आयुष और जन स्वास्थ्य और ii) उत्कृष्टता केंद्र (सीओई)। यह योजना मार्च, 2026 तक वैध है।

(ख): भारतीय गुणवत्ता परिषद (क्यूसीआई) ने 'आयुस्वास्थ्य योजना का तृतीय-पक्ष मूल्यांकन' किया है। अपनी मूल्यांकन रिपोर्ट में, क्यूसीआई ने निष्कर्ष निकाला है कि यह योजना विकसित भारत के दृष्टिकोण के तहत सभी नागरिकों के लिए किफायती, सुलभ स्वास्थ्य देखभाल प्रदान करने के भारत के राष्ट्रीय लक्ष्यों के साथ पूरी तरह से मेलखाती है और यह दृढ़ता से सिफारिश की जाती है कि सभी के लिए स्वास्थ्य देखभाल पहुंच और परिणामों को और बढ़ावा देने के लिए योजना को जारी रखा जाना चाहिए।

(ग): जी हां, योजना के तहत दो घटक हैं अर्थात् i) आयुष और जन स्वास्थ्य और ii) उत्कृष्टता केंद्र (सीओई)। वर्तमान में, योजना के तहत कोई अतिरिक्त घटक शामिल करने का कोई प्रस्ताव नहीं है।

(घ): आयुस्वास्थ्य योजना एक केंद्रीय क्षेत्र की योजना है जो पूरे देश में कार्यान्वित की जा रही है, और राज्य / संघ राज्य क्षेत्र-वार धन के आवंटन का कोई प्रावधान नहीं है। हालांकि, पिछले पांच वर्षों के दौरान आयुस्वास्थ्य योजना के तहत महाराष्ट्र के लिए आयुष और जन स्वास्थ्य और उत्कृष्टता केंद्र (सीओई) घटकों के तहत परियोजना-वार अलग-अलग स्वीकृत और जारी की गई निधि का वर्ष-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

क. पिछले पांच वर्षों के दौरान आयुर्वास्थ्य योजना के तहत महाराष्ट्र के लिए आयुष और जन स्वास्थ्य घटक के तहत परियोजना-वार स्वीकृत और जारी की गई निधि का वर्ष-वार ब्यौरा:-

वर्ष	संगठन / संस्थान का नाम	परियोजना का शीर्षक	स्वीकृत की गई राशि. (रु. में)	जारी की गई राशि (रु. में)
2021-22	आयुर्वेद सेवा संघ का आयुर्वेद महाविद्यालय, नासिक, महाराष्ट्र	स्वस्थ गर्भावस्था के लिए आयुर्वेद देखभाल	1,30,20,000/-	42,64,995 / - (दूसरी किस्त)
2022-23	श्रीनाथ मानव सेवा मंडल, परली, बीड, महाराष्ट्र	मधुमेह, उच्च रक्तचाप, मोटापा और आयुर्वेद के माध्यम से इसके प्रबंधन के लिए सामुदायिक स्क्रीनिंग कार्यक्रम और महाराष्ट्र के बीड जिले के परली ब्लॉक में रेफरल रिसर्च सेंटर की स्थापना	1,49,51,750/-	29,90,350/- (तीसरी किस्त)
	आयुष निदेशालय, महाराष्ट्र	आयुष दृष्टिकोण का उपयोग करते हुए ऑस्टियोपोरोसिस स्क्रीनिंग और हस्तक्षेप कार्यक्रम: महाराष्ट्र राज्य में एक समुदाय आधारित कार्यक्रम	80,00,000/-	16,00,000/- (तीसरी किस्त)
	तिलक आयुर्वेद महाविद्यालय, महाराष्ट्र	महाराष्ट्र के पुणे जिले के मुलशी ब्लॉक में स्कूल जाने वाले बच्चों में आयरन डेफिशिएंसी एनीमिया के प्रबंधन में पुनर्नवादी मंडूर और द्राक्षावलेह दिया जाना	65,03,930/-	20,91,764/- {(दूसरी किस्त) (भाग)}
2023-24	तिलक आयुर्वेद महाविद्यालय, महाराष्ट्र	महाराष्ट्र के पुणे जिले के मुलशी ब्लॉक में स्कूल जाने वाले बच्चों में आयरन डेफिशिएंसी एनीमिया के प्रबंधन में पुनर्नवादी मंडूर और द्राक्षावलेह दिया जाना	65,03,930/-	14,01,636/- {(दूसरी किस्त) (भाग)}
2025-26	आयुर्वेद सेवा संघ का आयुर्वेद महाविद्यालय, नासिक, महाराष्ट्र	स्वस्थ गर्भावस्था के लिए आयुर्वेद देखभाल	1,30,20,000/-	35,47,005/- (तीसरी किस्त)

ख. पिछले पांच वर्षों के दौरान आयुर्वास्थ्य योजना के तहत महाराष्ट्र के लिए उत्कृष्टता केंद्र (सीओई) घटक के तहत परियोजना-वार स्वीकृत और जारी की गई निधि का वर्ष-वार ब्यौरा:-

वर्ष	संगठन / संस्थान का नाम	परियोजना का शीर्षक	स्वीकृत की गई राशि. (रु. में)	जारी की गई राशि (रु. में)
2023-24	एसीटीआरईसी, टाटा मेमोरियल सेंटर खारघर, मुंबई	कैंसर देखभाल के लिए आयुष दवाओं की खोज और विकास के लिए उत्कृष्टता केंद्र।	9,06,91,262/-	2,00,00,000/- {पहली किस्त (भाग)}
	सावित्रीबाई फुले विश्वविद्यालय, पुणे	आयुष उत्कृष्टता केंद्र, पूरक और एकीकृत स्वास्थ्य केंद्र।	7,23,80,120/-	2,00,00,000/- {पहली किस्त (भाग)}
2024-25	एसीटीआरईसी, टाटा मेमोरियल सेंटर खारघर, मुंबई	कैंसर देखभाल के लिए आयुष दवाओं की खोज और विकास के लिए उत्कृष्टता केंद्र।	9,06,91,262/-	1,94,10,182/- {पहली किस्त (भाग)}
	सावित्रीबाई फुले विश्वविद्यालय, पुणे	आयुष उत्कृष्टता केंद्र, पूरक और एकीकृत स्वास्थ्य केंद्र।	7,23,80,120/-	52,62,840/- {पहली किस्त (भाग)}

RESIGNATION OF FEMALE EMPLOYEES WORKING IN MEDICAL INSTITUTES

1220. DR. SHARMILA SARKAR:

DR. BYREDDY SHABARI:

Will the Minister of **HEALTH AND FAMILY WELFARE**

be pleased to state:

- (a) the total number of female employees who have resigned from service in central autonomous medical institutes/bodies such as various AIIMS, PGIMER, Chandigarh, JIPMER, Puducherry, NIMHANS, Bengaluru etc. during the years 2020 to 2025, institute-wise and year-wise;
- (b) the total number of No Objection Certificates (NOCs) issued to serving employees (particularly nursing and technical staff) to appear in Common Recruitment Examination (CRE) and the Nursing Officer Recruitment

Common Eligibility Test (NORCET) in the said institutes/bodies during the years 2020 to 2025, institute-wise and year-wise;

- (c) whether the Government has analysed the trends regarding resignations of female employees and the issuance of NOCs for such examinations; and
- (d) if so, the details thereof along with the steps proposed to be taken by the Government to address any attrition concerns and to improve retention in this regard?

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

(a) to (d): The institute-wise and year-wise details of female employees resigned from service and NOCs issued to serving female employees to appear in CRE and NORCET during the years 2020 to 2025, in various All India Institute of Medical Sciences (AIIMS), Postgraduate Institute of Medical Education and Research, (PGIMER), Chandigarh, Jawaharlal Institute of Post Graduate Medical Education & Research, (JIPMER), Puducherry and National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru are given in the enclosed **Statement**. Reasons for resignation of female employees and their seeking NOCs for CRE/NORCET are both personal and professional.

STATEMENT

Institute-wise and year-wise details of female employees resigned from service and NOCs issued to serving female employees to appear in CRE and NORCET during the years 2020 and 2025

Sl. No.	Name of Institute	Year	No. of Female Employees resigned	No. of NOCs issued to female employees (Nursing and Technical)
1	AIIMS, New Delhi	2020	110	22
		2021	126	54
		2022	161	66
		2023	144	259
		2024	103	151
		2025	62	356
2.	AIIMS, Bhopal	2020	9	44
		2021	33	75
		2022	37	119
		2023	42	234
		2024	45	110
		2025	35	248
3.	AIIMS, Bhubaneswar	2020	94	383
		2021	94	437
		2022	91	518
		2023	121	1132
		2024	111	1426
		2025	58	1363
4.	AIIMS, Jodhpur	2020	11	20
		2021	35	22
		2022	29	18
		2023	43	45
		2024	28	89
		2025	23	98
5.	AIIMS, Patna	2020	7	28

Sl. No.	Name of Institute	Year	No. of Female Employees resigned	No. of NOCs issued to female employees (Nursing and Technical)
		2021	35	80
		2022	55	187
		2023	92	302
		2024	82	183
		2025	68	1156
6.	AIIMS, Raipur	2020	24	23
		2021	46	26
		2022	64	41
		2023	62	8
		2024	66	29
		2025	46	582
7.	AIIMS, Rishikesh	2020	32	45
		2021	34	109
		2022	40	46
		2023	37	97
		2024	31	194
		2025	55	381
8.	AIIMS, Raebareli	2020	1	0
		2021	5	0
		2022	54	195
		2023	41	241
		2024	43	350
		2025	52	705
9.	AIIMS, Mangalagiri	2020	3	2
		2021	7	2
		2022	9	5
		2023	40	22
		2024	35	35
		2025	20	378

Sl. No.	Name of Institute	Year	No. of Female Employees resigned	No. of NOCs issued to female employees (Nursing and Technical)
10.	AIIMS, Nagpur	2020	5	0
		2021	18	28
		2022	24	30
		2023	42	115
		2024	24	112
		2025	27	272
11.	AIIMS, Kalyani	2020	1	0
		2021	2	0
		2022	19	0
		2023	39	73
		2024	20	65
		2025	11	321
12.	AIIMS, Gorakhpur	2020	1	0
		2021	0	0
		2022	45	204
		2023	69	253
		2024	34	378
		2025	49	304
13.	AIIMS, Bathinda	2020	3	0
		2021	6	25
		2022	51	106
		2023	35	239
		2024	19	149
		2025	22	244
14.	AIIMS, Deoghar	2020	0	0
		2021	3	3
		2022	28	31
		2023	83	52
		2024	63	17

Sl. No.	Name of Institute	Year	No. of Female Employees resigned	No. of NOCs issued to female employees (Nursing and Technical)
		2025	54	43
15.	AIIMS, Bibinagar	2020	0	0
		2021	3	0
		2022	2	0
		2023	11	56
		2024	8	14
		2025	7	181
16.	AIIMS, Bilaspur	2020	0	0
		2021	2	0
		2022	3	2
		2023	20	4
		2024	12	0
		2025	16	1
17.	AIIMS, Jammu	2020	0	0
		2021	0	0
		2022	0	0
		2023	17	145
		2024	10	98
		2025	26	140
18.	AIIMS, Rajkot	2020	1	0
		2021	3	0
		2022	13	0
		2023	78	213
		2024	38	372
		2025	28	213
19.	AIIMS, Guwahati	2020	0	0
		2021	0	0
		2022	0	0
		2023	10	54

Sl. No.	Name of Institute	Year	No. of Female Employees resigned	No. of NOCs issued to female employees (Nursing and Technical)
		2024	13	48
		2025	31	295
20.	PGIMER, Chandigarh	2020	44	26
		2021	53	13
		2022	75	11
		2023	75	11
		2024	53	17
		2025	33	22
21.	JIPMER, Puducherry	2020	6	0
		2021	11	17
		2022	29	21
		2023	25	134
		2024	15	209
		2025	25	260
22.	NIMHANS, Bengaluru	2020	17	0
		2021	35	0
		2022	36	35
		2023	31	45
		2024	17	64
		2025	8	227

आयुष्मान वय वंदना कार्ड

1221. श्री आलोक शर्मा:

श्री सतीश कुमार गौतम:

श्री अनन्त नायक:

श्रीमती माला राज्यलक्ष्मी शाह:

डॉ. के. सुधाकर:

श्री दिनेशभाई मकवाना:

श्री अनूप प्रधान वाल्मीकि:

श्री पी. सी. मोहन:

डॉ. विनोद कुमार बिंद:

श्री नलिन सोरेन:

श्री शंकर लालवानी:

श्री नव चरण माझी:

डॉ. हेमंत विष्णु सवरा:

श्री प्रताप चंद्र षडङ्गी :

श्री जुगल किशोर:

डॉ. राजेश मिश्रा:

श्री विजय कुमार दूबे:

श्री त्रिवेन्द्र सिंह रावत:

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

(क) अक्तूबर, 2024 से लेकर अब तक देश भर में विशेषकर कर्नाटक के बेंगलुरु जिले, केरल के पालघाट जिले, महाराष्ट्र, झारखंड, जम्मू और कश्मीर और मध्य प्रदेश में जारी किए गए आयुष्मान वय वंदना कार्डों (एवीवीसी) की संख्या का राज्य/संघ राज्य क्षेत्रवार, जिलावार ब्यौरा क्या है;

(ख) एवीवीसी के अंतर्गत लाभों के उपयोग का ब्यौरा क्या है;

(ग) देश भर में इस संबंध में अब तक कुल कितने दावे अधिकृत किए गए हैं और कर्नाटक के विशिष्ट संदर्भ में देश भर में लिंग और ग्रामीण-शहरी श्रेणियों के आधार पर एवीवीसी लाभार्थियों का राज्य-वार ब्यौरा क्या है; और

(घ) जनजातीय बहुल क्षेत्रों सहित देश भर में एवीवीसी के अंतर्गत उपचार/विशेष सुविधाएं प्रदान करने वाले सरकारी और निजी अस्पतालों की राज्य/संघ राज्यक्षेत्र-वार और जिला-वार संख्या केरल के पालघाट जिले तथा कर्नाटक और मध्य प्रदेश में कितनी है?

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

(क): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत जारी किए

गए आयुष्मान वय वंदना कार्डों का राज्य/संघ राज्य क्षेत्र-वार और जिला-वार विवरण <https://dashboard.nha.gov.in/public/card> पर देखा जा सकता है।

(ख) और (ग): दिनांक 31.12.2025 तक की स्थिति के अनुसार, आयुष्मान वय वंदना कार्ड लाभार्थियों के लिए 10.34 लाख अधिकृत अस्पताल भर्ती किए गए हैं, जिनकी लागत 2,156.04 करोड़ रुपये है। इनमें से कार्यान्वयन करने वाले सभी राज्यों/संघ राज्य क्षेत्रों में 3.94 लाख भर्ती, जिनकी लागत 820.75 करोड़ रुपये है, महिला लाभार्थियों से संबंधित हैं और 6.40 लाख भर्ती, जिनकी लागत 1335.29 करोड़ रुपये है, पुरुष लाभार्थियों से संबंधित हैं। आयुष्मान वय वंदना कार्ड लाभार्थियों के लिए राज्य/संघ राज्य क्षेत्र-वार और लिंग-वार अस्पताल भर्ती का ब्यौरा संलग्न **विवरण** में दिया गया है।

(घ): दिनांक 31.12.2025 तक की स्थिति के अनुसार, एबी-पीएमजेएवाई के अंतर्गत 33,270 से अधिक अस्पताल पैनलबद्ध हैं, जिनमें 17,537 सरकारी और 15,733 निजी अस्पताल शामिल हैं। आयुष्मान वय वंदना कार्ड के लाभार्थी एबी-पीएमजेएवाई के अंतर्गत सूचीबद्ध किसी भी अस्पताल में सेवाएं प्राप्त कर सकते हैं। योजना के अंतर्गत सूचीबद्ध सरकारी और निजी अस्पतालों का राज्य/संघ राज्य क्षेत्र-वार और जिला-वार विवरण <https://hem.nha.gov.in/search> पर देखा जा सकता है।

विवरण

आयुष्मान वय वंदना कार्ड के लाभार्थियों के लिए अस्पताल में भर्ती होने की राज्य/संघ राज्य क्षेत्र-वार और लिंग-वार जानकारी

राज्य/संघ राज्य क्षेत्र	अस्पताल में भर्ती होने वालों की अधिकृत संख्या (31.12.2025 तक)	
	महिला	पुरुष
अंडमान व निकोबार द्वीप समूह	21	50
आंध्र प्रदेश	51	46
अरुणाचल प्रदेश	25	42
असम	2,125	4,857
बिहार	23,293	34,728
चंडीगढ़	487	980

छत्तीसगढ़	23,203	31,531
दिल्ली	6,689	7,792
गोवा	973	2,672
गुजरात	21,496	30,473
हरियाणा	17,388	26,776
हिमाचल प्रदेश	13,085	21,345
जम्मू और कश्मीर	11,487	18,683
झारखंड	4,301	6,083
कर्नाटक	42	35
केरल	8,770	17,683
लद्दाख	290	353
लक्षद्वीप	8	18
मध्य प्रदेश	36,342	65,779
महाराष्ट्र	473	1,065
मणिपुर	2,684	4,314
मेघालय	19	16
मिजोरम	198	204
ओडिशा	26,542	46,462
पुदुचेरी	363	1,644
पंजाब	17,719	29,080
राजस्थान	24	27
सिक्किम	1,218	2,731
तमिलनाडु	124	267
तेलंगाना	1	1
दादरा और नगर हवेली तथा दमन और दीव	194	277
त्रिपुरा	4,605	6,904
उत्तर प्रदेश	1,66,170	2,73,150
उत्तराखंड	3,533	4,541

DEVELOPMENT OF BAPU GHAT

1222. SHRI EATALA RAJENDER:

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

- (a) whether the Government of Telangana has proposed to develop Bapu Ghat as 'Gandhi Sarovar' as part of Musi River Rejuvenation in the State and proposed the transfer of Ac. 98.20 gts. of land to the State Government and submitted Detailed Project Reports in this regard; and
- (b) if so, the details thereof along with the action taken by the Union Government thereon till date?

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

(a) and (b): Musi River Front Development Corporation (MRDC), Government of Telangana had initially applied on the NOC portal of MoD for transfer of 222.27 acres of defence land at Artillery Centre Golconda for Gandhi Sarovar Project. Subsequently, MRDC revised their land requirement to 98 Acres 20 Guntas for the same project. The revised proposal is presently under consideration of MoD in consultation with stakeholders.

ARBITRATION COUNCIL OF INDIA

1223. SHRI T. M. SELVAGANAPATHI:

SHRI SURESH KUMAR SHETKAR:

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

- (a) whether there was a provision of Arbitration Council of India (ACI) in the Arbitration Act in 2019 to ensure predictability, transparency and efficiency in dispute resolution, if so, the details thereof;
- (b) whether even after six-years, ACI is yet to constitute;
- (c) if so, whether India can emerge as a hub of international arbitration without

the constitution of ACI, if so, the details thereof along with the reasons for not expediting the constitution of the council;

(d) whether non-establishment of the ACI is adversely affecting efforts to make India a hub of international arbitration, if so, the steps taken to ensure the establishment of the ACI at the earliest;

(e) whether the Government plans to regulate or promote institutional arbitration in the absence of mandated oversight body, if so, the details thereof; and

(f) the reasons for the prolonged transition of corporates and PSUs from ad-hoc to institutional arbitration and the role played by the Government in facilitating this shift?

**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): Section 10 of the Arbitration and Conciliation (Amendment) Act, 2019, *vide* which Part IA has been inserted in the Arbitration and Conciliation Act, 1996, provides for the establishment of a seven member body called the Arbitration Council of India, *inter-alia* for framing policies governing the grading of arbitral institutions, recognizing professional institutes providing accreditation of arbitrators and holding training, workshops and courses in the area of arbitration. The Arbitration Council of India has not been constituted as yet.

(c) to (f): During the past decade, the Government of India has taken various initiatives with a view to develop India as a hub of arbitration. These include

amendments to the Arbitration and Conciliation Act, 1996 carried out in the years 2015, 2019 and 2021. These amendments aim at ensuring timely conclusion of arbitration proceedings, neutrality of arbitrators, minimizing judicial intervention in the arbitral process and quick enforcement of arbitral awards. The amendments are further aimed at promoting institutional arbitration, updating the law to reflect best global practices and resolve ambiguities thereby establishing an arbitration ecosystem where arbitral institutions can flourish.

The India International Arbitration Centre Act, 2019, has been enacted, leading to the establishment of the India International Arbitration Centre for the purpose of creating an independent and autonomous body for facilitating institutional arbitration including for international commercial arbitration. The Centre is providing world class arbitration related services at its facilities in a cost effective manner, including reputed empanelled arbitrators and requisite administrative support for the smooth conduct of arbitral proceedings. The Centre is envisaged to become a model arbitral institution in the country, thereby paving the way for enhancing the quality of institutional framework for arbitration.

Further, continuous steps are being taken for creating awareness about and promoting institutional arbitration in the country. In the month of June 2025, a conference was organised by the Department of Legal Affairs in collaboration with India International Arbitration Centre and Oil and Natural Gas Corporation, a Central Public Sector Enterprise, to raise awareness about the benefits of institutional arbitration among Central Public Sector Enterprises.

The Conference served as a dynamic platform for dialogue on institutional arbitration and the importance of adopting institutional arbitration under the aegis of India International Arbitration Centre.

In September, 2025, India International Arbitration Centre hosted an Oxford-Style Debate at the Hon'ble High Court of Delhi on the topic of Institutional Arbitration and the debate witnessed compelling arguments led by eminent speakers. Following this, in the month of September 2025, a webinar on the theme Institutional Arbitration was also organised by the India International Arbitration Centre, in collaboration with Federation of Indian Exports Organisation which brought together the exporters to understand the importance of institutional arbitration in resolving commercial disputes.

India International Arbitration Centre has also launched the inaugural edition of its annual magazine, for dissemination of knowledge of law and procedures on alternative dispute resolution mechanisms. The magazine contains articles from amongst others, notable national and international arbitration practitioners.

In the financial year 2024-25, certain Central Public Sector Enterprises being Oil and Natural Gas Corporation, Gas Authority of India Limited and Bharat Petroleum Corporation Limited, have adopted India International Arbitration Centre as the designated arbitral institution in their dispute resolution clauses.

India International Arbitration Centre also continues to take steps for disseminating the advantages of institutional arbitration.

एबी-पीएमजेएवाई के तहत लाभार्थियों का चयन

1224. डॉ. राजकुमार सांगवान:

श्री बृजेन्द्र सिंह ओला:

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

(क) आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत लाभार्थियों की पात्रता और चयन के मानदंड क्या हैं;

(ख) वर्तमान में उक्त योजना के अंतर्गत किन-किन विभिन्न सामाजिक-आर्थिक श्रेणियों को शामिल किया गया है;

(ग) चालू वर्ष सहित विगत तीन वर्षों के दौरान देश भर में उक्त योजना के अंतर्गत राज्य-वार, क्षेत्र-वार और लोक सभा निर्वाचन क्षेत्र-वार, विशेष रूप से राजस्थान और उत्तर प्रदेश राज्य में, झुंझुनू और बागपत लोक सभा संसदीय निर्वाचन क्षेत्रों में कुल कितने लाभार्थियों ने निःशुल्क उपचार प्राप्त किया है;

(घ) क्या सरकार का आयुष्मान भारत योजना के अंतर्गत निःशुल्क उपचार की वर्तमान सीमा को 5 लाख रुपये से बढ़ाकर 20 लाख रुपये प्रति वर्ष करने का विचार है;

(ङ) यदि हां, तो इसे कब तक लागू किए जाने की संभावना है; और

(च) 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) और (ख): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत, लाभार्थी परिवारों के लिए पात्रता मानदंड प्रारंभ में 2011 के सामाजिक-आर्थिक जाति जनगणना (एसईसीसी) डेटाबेस से निर्धारित किए गए थे। जनवरी, 2022 में, राज्यों/संघ राज्य क्षेत्रों को सामाजिक-आर्थिक जाति जनगणना में नहीं पहचाने गए छोटे हुए परिवारों के लिए गैर-एसईसीसी, आधार-आधारित लाभार्थी परिवार डेटाबेस का उपयोग करने की छूट दी गई। तदनुसार, कई राज्यों/ संघ राज्य क्षेत्रों ने समान सामाजिक-आर्थिक प्रोफाइल वाले परिवारों के डेटाबेस, जैसे

राष्ट्रीय खाद्य सुरक्षा अधिनियम (एनएफएसए) डेटाबेस, परिवार पहचान-पत्र और अन्य राज्य-विशिष्ट डेटाबेस को अपनाकर इस कमी को पूरा किया।

मार्च 2024 में, इस योजना के तहत पात्रता मानदंड का विस्तार करते हुए इसमें 37 लाख मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं, आंगनवाड़ी कार्यकर्ताओं, आंगनवाड़ी सहायकों और उनके परिवारों को शामिल किया गया। इसके अलावा, अक्टूबर, 2024 में, सरकार ने एबी-पीएमजेएवाई योजना का विस्तार करते हुए लगभग 6 करोड़ वरिष्ठ नागरिकों (70 वर्ष और उससे अधिक आयु के) को, जो 4.5 करोड़ परिवारों से संबंधित हैं, उनकी सामाजिक-आर्थिक स्थिति से प्रभावित हुए बिना, वय वंदना कार्ड के माध्यम से प्रति वर्ष ₹5 लाख तक के मुफ्त उपचार का लाभ प्रदान किया।

(ग): चालू वर्ष सहित पिछले तीन वर्षों के दौरान अस्पताल में अधिकृत रूप से भर्ती होने वाले व्यक्तियों की संख्या का ब्यौरा निम्नानुसार है:

वित्तीय वर्ष	अस्पताल में भर्ती होने वाले व्यक्तियों की स्वीकृत संख्या (करोड़ में)
2022-23	1.59
2023-24	1.98
2024-25	2.42
2025-26 (31.12.2025 तक)	2.04

राजस्थान के झुंझुनू जिले और उत्तर प्रदेश के बागपत जिले में, अस्पताल में अधिकृत रूप से भर्ती होने वाले व्यक्तियों की संख्या का विवरण निम्नलिखित है:

वित्तीय वर्ष	अस्पताल में भर्ती होने वाले व्यक्तियों की स्वीकृत संख्या	
	झुंझुनू	बागपत
2022-23	59,602	5366
2023-24	77,040	13,655
2024-25	71,525	18,723
2025-26 (31.12.2025 तक)	61,705	18,654

पिछले तीन वर्षों के दौरान योजना के अंतर्गत अस्पताल में अधिकृत रूप से भर्ती होने वाले व्यक्तियों की राज्य/ संघ राज्य क्षेत्रवार जानकारी संलग्न **विवरण** में दी गई है।

(घ) से (च): वर्तमान में, योजना के अंतर्गत वित्तीय कवरेज की अधिकतम सीमा बढ़ाने का कोई प्रस्ताव विचाराधीन नहीं है।

विवरण

पिछले तीन वर्षों के दौरान स्कीम के तहत अस्पताल में अधिकृत रूप से भर्ती होने वालों की संख्या का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	अधिकृत रूप से भर्ती होने की संख्या (अप्रैल, 2022 से दिसंबर, 2025 तक) (लाखों में)
अंडमान व निकोबार द्वीप समूह	0.03
आंध्र प्रदेश	70.48
अरुणाचल प्रदेश	0.13
असम	16.50
बिहार	24.24
चंडीगढ़	0.73
छत्तीसगढ़	57.82
दिल्ली	0.20
गोवा	0.24
गुजरात	48.37
हरियाणा	27.44
हिमाचल प्रदेश	3.00
जम्मू और कश्मीर	15.45
झारखंड	16.16
कर्नाटक	114.07
केरल	39.59
लद्दाख	0.32
लक्षद्वीप	0.02
मध्य प्रदेश	56.53
महाराष्ट्र	32.74
मणिपुर	2.52
मेघालय	8.11

मिजोरम	1.15
नागालैंड	0.99
ओडिशा	10.45
पुदुचेरी	1.52
पंजाब	20.33
राजस्थान	70.13
सिक्किम	0.35
तमिलनाडु	48.78
तेलंगाना	24.10
दादरा और नगर हवेली तथा दमन और दीव	0.77
त्रिपुरा	4.34
उत्तर प्रदेश	71.88
उत्तराखंड	13.52

जनजातीय क्षेत्रों में स्वास्थ्य केन्द्रों का उन्नयन

1225. श्री जसवंतसिंह सुमनभाई भाभोर:

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

(क) विगत तीन वर्षों के दौरान दाहोद लोक सभा निर्वाचन क्षेत्र के आदिवासी बहुल ब्लॉकों में कितने स्वास्थ्य केन्द्रों का उन्नयन किया गया है;

(ख) अक्तूबर, 2024 से अब तक दाहोद में कितने आयुष्मान वय वंदना कार्ड जारी किए गए हैं और लाभार्थियों का ग्रामीण-शहर-वार ब्यौरा क्या है; और

(ग) आकांक्षी जिले दाहोद में आयुष्मान भारत -प्रधानमन्त्री जनआरोग्य योजना के अंतर्गत निजी अस्पतालों की भागीदारी में हुई वृद्धि की दर का ब्यौरा क्या है?

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

(क): दाहोद लोकसभा निर्वाचन क्षेत्र के जनजातीय बहुल ब्लॉकों में पिछले तीन वर्षों के दौरान आयुष्मान आरोग्य मंदिरों में उन्नत किए गए स्वास्थ्य केंद्रों की संख्या निम्नानुसार है:

क्रम सं.	वर्ष	संचालित आयुष्मान आरोग्य मंदिरों की संख्या
1.	31 मार्च, 2023 तक	517
2.	31 मार्च, 2024 तक	527
3.	31 मार्च, 2025 तक	529

(ख): गुजरात राज्य द्वारा प्रदत्त सूचना के अनुसार, अक्टूबर 2024 से 02/02/2026 तक दाहोद में कुल 11,222 आयुष्मान वय वंदना (वीवीएस) कार्ड जारी किए गए। ग्रामीण क्षेत्रों में 8,627 वीवीएस कार्ड और शहरी क्षेत्रों में 2,595 वीवीएस कार्ड जारी किए गए हैं।

(ग): गुजरात राज्य द्वारा प्रदत्त सूचना के अनुसार, दिनांक 03.02.2026 तक की स्थिति के अनुसार, दाहोद जिले में प्रधानमंत्री जन आरोग्य योजना के तहत कुल 8 निजी अस्पतालों को पैनलबद्ध किया गया है। हालांकि, 5 अस्पतालों को वर्ष 2018 में, 1 अस्पताल को वर्ष 2019 में, 1 अस्पताल को वर्ष 2021 में और 1 अस्पताल को वर्ष 2023 में पैनलबद्ध किया गया था।

CHILD MARRIAGE CASES

1226. ADV. GOWAAL KAGADA PADAVI:

SHRI VISHALDADA PRAKASHBAPU PATIL:

SUSHRI PRANITI SUSHILKUMAR SHINDE:

DR. BACHHAV SHOBHA DINESH:

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

- (a) whether the Ministry has taken cognizance of the sharp rise in child marriage cases reported in Maharashtra from 2018-19 to 2024-25 and the low conviction rate under the Prohibition of Child Marriage Act, 2006 as per National Crime Records Bureau (NCRB) data;

- (b) if so, the details thereof indicating the number of cases reported and the conviction rate during the said period, year-wise along with reasons identified by the Ministry for this mismatch in child marriage cases;
- (c) the details of the steps taken by the Government to control instances of child marriage and increase awareness in said State;
- (d) the details of the 259 districts which have higher rates of child marriage than the national average; and
- (e) the details of the concrete steps taken in these districts by the Ministry to reduce child marriages?

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

(a) to (e): The National Crime Records Bureau (NCRB) compiles and publishes data on crimes, including crime against women and children, in its publication "Crime in India", which is available on the website of NCRB <https://ncrb.gov.in>. The said report is available upto the year 2023. The number of cases of child marriages reported during the last five years in the State of Maharashtra, as per aforesaid report are given in the enclosed **Statement**.

"Police" and "Public Order" are State subjects under the Seventh Schedule to the Constitution of India. Accordingly, the primary responsibility for maintaining law and order, investigation, prosecution, conviction and prosecution of crime against women and children including prohibition of child marriages, rests with the respective State Governments and UT Administrations; they are competent to deal with such offenses/ criminal acts. However, the increase in number of child marriage cases may also be due to

improvement in reporting mechanisms and increased public awareness.

The Prohibition of Child Marriage Act, 2006 (PCMA) has been enacted to prevent and curb child marriages and to take punitive action against those associated with the solemnisation of child marriages. Section 16 of the PCMA authorises the State Government to appoint for the whole State, or such part thereof as may be specified, an officer or officers to be known as the 'Child Marriage Prohibition Officers (CMPO)' having jurisdiction over the area or areas specified in the notification. This section also specifies the functions to be discharged by CMPOs, which include preventing solemnisation of child marriages by taking such action as they may deem fit; to collect evidence for the effective prosecution of persons contravening the provisions of the Act; to advise the individuals or counsel the residents of the locality not to indulge in promoting, helping, aiding or allowing the solemnisation of child marriages; to create awareness about the ill effects of child marriages; and to sensitize the community on the issue of child marriages. All these authorities function under the direct administrative control and supervision of respective State Governments and UT Administrations.

Since, the enactment of PCMA, the prevalence of child marriage in the country has reduced to almost half from 47 % in National Family Health Survey -III (NFHS-III) conducted in 2005- 06 to 23.3% in NFHS-V conducted in 2019-21. This shows that the law has a strong effect in prevention of child marriages in the country. However, a few States have higher prevalence of child marriage compared to the national average. According to the NFHS-5 data, there are around 259 districts in the country where the rate of child marriage (as

reported to NFHS-5 by women aged 20-24 years, who married before the age of 18 years) is higher than the national average is available at <https://www.data.gov.in/catalog/national-family-health-survey-5-nfhs-5-india-districts-factsheet-data-provisional>

The Central Government undertakes awareness drives, media campaigns and outreach programs and issues advisories to the States and UTs from time to time to highlight evil effects of this practice. Further, the Ministry of Women and Child Development (MWCD) implements the Beti Bachao Beti Padhao (BBBP) component under the umbrella scheme of 'Mission Shakti', wherein creation of awareness on matters pertaining to gender equality and discouraging child marriage is an important focus area. The National Commission for Protection of Child Rights (NCPCR) also undertakes awareness programs and consultations with stakeholders from time to time in this regard. The National Legal Services Authority with its States and District arms also creates awareness about the ill-effects of child marriage. NALSA has issued a Standard Operating Procedure (SOP) to its functionaries for effective prevention of child marriages in coordination with the statutory officers and other authorities. It also has a dedicated helpline 15100 which provides free legal aid to the specified sections of citizens including women and children.

In addition, Government of India has introduced Child Helpline with short code 1098, a toll-free 24X7X365 telephone emergency outreach service for children in crisis which responds with suitable interventions to call for any form of assistance which a child requires, including for prevention of child

marriages, in coordination with police, CMPOs, District Child Protection Units etc. The Child Helpline has also been integrated with Emergency Response Support System (ERSS-112) to provide for 24x7x365 emergency response, resources and services. In addition, the services of Women Helpline (181), which is integrated with the ERSS are also available round the clock to provide emergency and non-emergency assistance.

The Government of India launched the national campaign 'Bal Vivah Mukta Bharat' on 27th November 2024, with the objective of making India child-marriage-free. It is one of the most important imperatives to promote education, skilling, enterprise and entrepreneurship among girls and women to realise the vision of a 'Viksit Bharat' through 'whole of government' and 'whole of society' approach. The campaign aims to create awareness for prevention of child marriage, enhance involvement of parents, families, and communities, strengthen the role and capacity of Child Marriage Prohibition Officers (CMPOs), encourage timely reporting of child marriage cases, and identify adolescent girls who are school dropouts or at risk of child marriage to ensure their education, skilling, and empowerment.

To commemorate the success of the campaign and further intensify efforts, a 100 Days Special Campaign under Bal Vivah Mukta Bharat was launched on 4th December 2025 to mobilise all stakeholders in a structured and time-bound manner. The 100 Days Special Campaign focuses on targeted outreach to institutions, community leaders and service provider, along with mandatory uploading of details of Child Marriage Prohibition Officers (CMPOs) on the BVMB Portal.

The campaign follows a spell-wise thematic implementation plan. Spell-I (27th November, 2025 to 31st December, 2025) focuses on sensitisation activities in schools, colleges and universities through debates, essay competitions and pledge ceremonies. Spell-II (1st January, 2026 to 31st January, 2026) focuses on engagement with religious institutions and marriage-related service providers, including temples, mosques, caterers, tent houses and DJs, to discourage child marriage and display IEC materials. Spell-III (1st February, 2026 to 8th March, 2026) focuses on mobilisation of Gram Panchayats and Municipal Wards for passing resolutions declaring their jurisdictions as child-marriage-free.

A dedicated digital platform, the Bal Vivah Mukh Bharat portal (<https://stopchildmarriage.wcd.gov.in>), facilitates reporting of child marriage incidents, dissemination of information, and registration of pledges. Citizens, institutions, and public representatives can take the Bal Vivah Mukh Bharat pledge on the dedicated portal as well as through the MyGov portal, promoting wide participation. As on date, awareness programmes have reached over 6 crore citizens, and more than 28 lakh pledges against child marriage have been registered on the portal, reflecting strong community engagement and active participation across the country. The BVMB portal serves as a centralised repository of more than 60,700 CMPOs across States and Union Territories, providing citizens with an efficient reporting mechanism, where early reporting enables timely intervention to prevent child marriages.

STATEMENT

DETAILS OF CHILD MARRIAGE CASES REPORTED IN THE STATE OF MAHARASHTRA DURING THE YEARS 2018, 2019, 2020, 2021 2022 AND 2023.

SL	Years	Prohibition of Child Marriage Act				
		CR	CCS	CTC	CON	CVR
1	2018	13	12	5	0	0.0
2	2019	20	12	5	0	0.0
3	2020	50	32	2	0	0.0
4	2021	82	72	7	0	0.0
5	2022	99	89	5	0	0.0
6	2023	93	86	9	0	0.0

Cases Registered (CR), Cases Chargesheeted (CCS), Cases in which Trials Completed (CTC), Cases Convicted (CON) and Conviction Rate (CVR) under Prohibition of Child Marriage Act under Crime against Children in Maharashtra during 2018-2023

STATUS AND SAFEGUARDS OF BORDER TRADE

1227. SUSHRI KANGNA RANAUT:

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

- (a) the current status of trade facilitation arrangements after discussions to resume border trade between India and China at Lipulekh, Shipki La and Nathu La;
- (b) the safeguards proposed to ensure economic engagement along with national security considerations; and
- (c) the proposed benefits for the local communities in Himachal Pradesh following resumption of border trade between India and China?

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

(a) to (c): India's existing bilateral arrangements with China designate three points for conducting border trade between the two countries: Lipulekh Pass in Uttarakhand (since 1992), Shipki La Pass in Himachal Pradesh (since 1995), and Nathu La Pass in Sikkim (since 2006).

During the COVID-19 pandemic in 2020, trade through all these points was disrupted. During the visit of Chinese Foreign Minister Wang Yi in August 2025, both sides agreed to the re-opening of border trade through the three designated trading points, including Shipki La Pass in Himachal Pradesh.

Government remains fully committed to the development of its border regions and makes all efforts to secure and promote them.

ब्रांडेड दवाओं की कीमतें

1228. श्री राजकुमार रोटः

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

- (क) क्या यह सच है कि वर्तमान में बाजार में ब्रांडेड दवाएं उनकी विनिर्माण लागत से दस, बीस और तीस गुना अधिक कीमतों पर बेची जा रही हैं और चिकित्सक भी यही दवाएं लिख रहे हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार इस मुद्दे के समाधान के लिए कोई नीति लागू करने पर विचार कर रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार यह सुनिश्चित करने के लिए कार्रवाई करेगी कि दवाओं का अधिकतम खुदरा मूल्य लाभ अंतर के एक निश्चित प्रतिशत से अधिक न हो, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार यह सुनिश्चित करने के लिए कोई विनियामक कानून लाने का विचार कर रही है कि प्रत्येक दवा पर थोक इकाई मूल्य और एमआरपी दोनों को स्पष्ट रूप से अंकित

किया जाए, यदि हां, तो इसे कब तक किए जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं; और

(ड) विगत दस वर्षों के दौरान किन-किन दवाओं पर प्रतिबंध लगाया गया है और सरकार द्वारा ऐसी दवाओं को बेचने वालों के विरुद्ध क्या कार्रवाई की गई है?

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

(क) से (ग): औषधियों की कीमतें राष्ट्रीय औषध मूल्य निर्धारण नीति, 2012 के आधार पर औषधि (मूल्य नियंत्रण) आदेश 2013 (डीपीसीओ, 2013) के प्रावधानों के अनुसार विनियमित की जाती हैं, जिसका उद्देश्य आवश्यक दवाओं की उचित कीमतों पर उपलब्धता सुनिश्चित करना और साथ ही उद्योग के विकास को सहयोग प्रदान करने के लिए नवाचार और प्रतिस्पर्धा के पर्याप्त अवसर प्रदान करना है। यह केवल फॉर्मूलेशनों के लिए आवश्यकता और बाजार-आधारित मूल्य निर्धारण के सिद्धांतों का अनुपालन करती है। इसलिए, कंपनियों के लागत डेटा विभाग द्वारा नहीं रखे जाते हैं। डीपीसीओ, 2013 के मौजूदा प्रावधानों के अनुसार, औषध विभाग (डीओपी) के अधीन राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण (एनपीपीए) डीपीसीओ, 2013 की अनुसूची-1, राष्ट्रीय आवश्यक औषधि सूची (एनएलईएम) पर आधारित है, में विनिर्दिष्ट फॉर्मूलेशनों के अधिकतम मूल्य और डीपीसीओ, 2013 के अनुच्छेद 2(1)(प) में यथा परिभाषित नई औषधियों के खुदरा मूल्य निर्धारित करके दवाओं की कीमतों को नियंत्रित करता है। किसी औषधि का अधिकतम मूल्य और खुदरा मूल्य बाजार डेटाबेस में उस औषधि की 1% या उससे अधिक की बाजार हिस्सेदारी रखने वाले सभी ब्रांडों के खुदरा विक्रेता के मूल्य (पीटीआर) के औसत में 16% मार्जिन जोड़कर निर्धारित किया जाता है। गैर-अनुसूचित फॉर्मूलेशनों के मामले में, विनिर्माताओं को इनके अधिकतम खुदरा मूल्य में पिछले 12 महीनों के दौरान एमआरपी के 10% से अधिक की वृद्धि करने की अनुमति नहीं है। अनुसूचित और गैर-अनुसूचित दोनों प्रकार के फॉर्मूलेशनों की कीमतों की निगरानी की जाती है और उपभोक्ताओं से अधिप्रभारन करने या डीपीसीओ, 2013 के प्रावधानों का उल्लंघन करने वाली कंपनियों के विरुद्ध कार्रवाई की जाती है। इसके अलावा,

वर्तमान नीतिगत ढांचे के अनुसार, आपूर्ति श्रृंखला में विभिन्न स्तरों पर मार्जिन विनियमित नहीं है और व्यावसायिक प्रणालियों का हिस्सा है, तथा यह वाणिज्यिक कारणों से निर्देशित होता है।

भारतीय चिकित्सा परिषद (व्यावसायिक आचरण, शिष्टाचार और नैतिकता) विनियम 2002 के खंड 1.5 में प्रावधान है कि प्रत्येक चिकित्सक को जेनेरिक नामों वाली औषधियों स्पष्ट रूप से और अधिमानतः बड़े अक्षरों में लिखनी चाहिए और वह यह सुनिश्चित करेगी कि औषधि का नुस्खा और उपयोग तर्कसंगत हो। पूर्ववर्ती भारतीय चिकित्सा परिषद (एमसीआई) ने परिपत्र जारी किए थे जिनके द्वारा सभी पंजीकृत चिकित्सकों को उपरोक्त प्रावधानों का अनुपालन करने का निर्देश दिया गया था। स्वास्थ्य सेवा महानिदेशालय ने सभी केंद्र सरकार के अस्पतालों को केवल जेनेरिक दवाएं प्रेस्क्रीब करने का निर्देश दिया है। औषधियों को जेनेरिक नाम के साथ स्पष्ट रूप से प्रेस्क्रीब करने के लिए इसी तरह के निर्देश केंद्र सरकार स्वास्थ्य योजना (सीजीएचएस) के सभी डॉक्टरों और कल्याण केंद्रों को जारी किए गए हैं। राष्ट्रीय चिकित्सा आयोग अधिनियम 2019, राष्ट्रीय चिकित्सा आयोग की उपयुक्त राज्य चिकित्सा परिषदों या आचार और चिकित्सा पंजीकरण बोर्ड (ईएमआरबी) को उपरोक्त विनियमों के प्रावधान के उल्लंघन के लिए किसी चिकित्सक के विरुद्ध अनुशासनात्मक कार्रवाई करने का अधिकार प्रदान करता है। इसके अतिरिक्त, राज्यों को जेनेरिक औषधियों के प्रिस्क्रिप्शन सुनिश्चित करने और सार्वजनिक स्वास्थ्य सुविधाओं में नियमित रूप से प्रिस्क्रिप्शन की जांच करने की सलाह दी गई है।

(घ): डीपीसीओ, 2013 के मौजूदा प्रावधानों के अनुसार, किसी भी फॉर्मूलेशन, चाहे वह अनुसूचित हो या गैर-अनुसूचित, के प्रत्येक विनिर्माता को उस फॉर्मूलेशन के कंटेनर के लेबल पर और खुदरा बिक्री के लिए प्रस्तुत किए गए उसके न्यूनतम पैक पर उस फॉर्मूलेशन का अधिकतम खुदरा मूल्य (सभी करों सहित) अमिट मुद्रित चिह्न में प्रदर्शित करना आवश्यक है।

(ङ): स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा प्रदान की गई जानकारी के अनुसार, अब तक केंद्र सरकार ने मानव उपयोग के लिए 603 औषधियों और निश्चित खुराक संयोजनों तथा पशुओं के उपयोग के लिए 40 औषधियों के विनिर्माण, बिक्री और वितरण पर प्रतिबंध लगा रखा है। प्रतिबंधित औषधियों और पशु चिकित्सा औषधियों की सूची केंद्रीय औषधि मानक नियंत्रण संगठन

(सीडीएससीओ) की वेबसाइट www.cdscsco.gov.in पर उपलब्ध है।

देश में प्रतिबंधित औषधियों का विनिर्माण, बिक्री और वितरण औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के तहत दंडनीय अपराध है और संबंधित राज्य सरकारों द्वारा नियुक्त राज्य लाइसेंसिंग प्राधिकरण (एसएलए) ऐसे अपराधों के विरुद्ध कार्रवाई करने के लिए अधिकृत हैं। प्रतिबंधित औषधियों की बिक्री से संबंधित कोई भी शिकायत/समस्या सीडीएससीओ को प्राप्त होने पर, आवश्यक कार्रवाई के लिए मामले को राज्य औषधि नियंत्रक के समक्ष उठाया जाता है।

WATERWAYS IN TAMIL NADU

1229. SHRI SASIKANTH SENTHIL:

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

- (a) whether the Government has identified rivers and canals in Tamil Nadu, including the Buckingham Canal and rivers Bhavani, Kaveri-Kollidam, Pazhyar and Ponniyar, for development as National Waterways, if so, the details thereof;
- (b) whether any funds have been sanctioned for surveys and Detailed Project Reports (DPRs) for the said waterways, if so, the details thereof;
- (c) whether there is any proposal to establish jetties or cargo and passenger facilities along the said waterways, if so, the details thereof; and
- (d) whether the Government proposes to accord final approval and operationalise the said waterways within a stipulated timeframe, if so, the details thereof?

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

(a): The declared rivers and canals as National Waterways (NWs) under the National Waterways Act, 2016 identified for development in Tamil Nadu are as under:

- i. Buckingham Canal (constituent of NW-4);
- ii. River Bhavani (NW-20);
- iii. River Kaveri- Kollidam (NW-55);
- iv. River Pazhyar (NW-77); and
- v. River Ponniyar (NW-80):

(b): Feasibility Study Reports (FSR) for the above mentioned rivers/canals have already been completed by Inland Waterways Authority of India (IWAI), an autonomous body under the Ministry of Ports, Shipping & Waterways. Besides, IWAI has sanctioned Rs.5.23 Crore for updation of Detailed Project Report (DPR) for NW-4, which also includes Buckingham Canal.

(c) and (d): Yes. IWAI has prepared an action plan and shared with Government of Tamil Nadu for their comments/recommendations.

पंडित जवाहरलाल नेहरू अस्पताल और अनुसंधान केंद्र, भिलाई को विकसित करने हेतु उपाय

1230. श्री विजय बघेल:

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

(क) छत्तीसगढ़ के दुर्ग लोकसभा निर्वाचन क्षेत्र में भिलाई इस्पात संयंत्र द्वारा संचालित पंडित जवाहरलाल नेहरू अस्पताल और अनुसंधान केन्द्र, सेक्टर-09, भिलाई में मूलभूत अवसंरचनात्मक सुविधाओं को विकसित करने के लिए सरकार द्वारा क्या उपाय किए जा रहे हैं;

(ख) उक्त अस्पताल में चिकित्सा और गैर-चिकित्सा स्टाफ दोनों के कितने पद रिक्त हैं;

(ग) उक्त अस्पताल में विभिन्न रोगों और बीमारियों के उपचार के लिए वर्तमान में कौन-कौन सी चिकित्सा सुविधाएं उपलब्ध हैं और विभिन्न रोगों के उपचार के लिए आवश्यक चिकित्सा उपकरण और मशीनरी क्या है;

(घ) इस अस्पताल के संचालन, मरम्मत और रख-रखाव के लिए कितना बजटीय आवंटन किया गया है और सरकार द्वारा अस्पताल के समग्र अवसंरचना विकास के लिए क्या कदम उठाए गए हैं; और

(ङ) क्या उक्त अस्पताल को मेडिकल कॉलेज के रूप में विकसित करने या उसका उन्नयन करने का कोई प्रस्ताव सरकार के विचाराधीन है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): भारत सरकार के इस्पात मंत्रालय द्वारा दी गई जानकारी के अनुसार, जवाहरलाल नेहरू अस्पताल एवं अनुसंधान केंद्र (जेएलएनएचआरसी), भिलाई को चालू वित्तीय वर्ष के दौरान चिकित्सा एवं गैर-चिकित्सा कर्मचारियों की तैनाती, आवश्यक चिकित्सा सुविधाओं और उपकरणों की उपलब्धता और इसके संचालन एवं रखरखाव के लिए बजटीय सहायता के माध्यम से भारतीय इस्पात प्राधिकरण लिमिटेड (एसएआईएल) / भिलाई इस्पात संयंत्र (बीएसपी) द्वारा सहयोग दिया जा रहा है।

भारत सरकार के इस्पात मंत्रालय द्वारा दी गई जानकारी के अनुसार, वर्तमान में अस्पताल में 142 डॉक्टर और 399 गैर-कार्यकारी कर्मचारी तैनात हैं। इसके अतिरिक्त, कार्यात्मक आवश्यकताओं को पूरा करने के लिए चिकित्सा एवं स्वास्थ्य सेवाओं में बाहरी एजेंसी के माध्यम से नियुक्त 130 कर्मियों को तैनात किया गया है। अस्पताल मौजूदा कर्मचारियों के साथ सुचारु रूप से कार्य कर रहा है।

भारत सरकार के इस्पात मंत्रालय द्वारा दी गई जानकारी के अनुसार, भिलाई स्थित जेएलएनएचआरसी बहु-विषयक और सुपर-स्पेशलिटी चिकित्सा सेवाएं प्रदान करता है, जिसमें गहन चिकित्सा सुविधाएं भी उपलब्ध हैं। अस्पताल में सीटी स्कैन, 3-टेस्ला एमआरआई,

न्यूक्लियर मेडिसिन, अल्ट्रासोनोग्राफी, उन्नत प्रयोगशालाएं, रक्त केंद्र, वेंटिलेटर और अन्य आवश्यक चिकित्सा उपकरण सहित उन्नत निदान और उपचार संबंधी बुनियादी ढांचा मौजूद है।

भारत सरकार के इस्पात मंत्रालय द्वारा दी गई जानकारी के अनुसार, चालू वित्तीय वर्ष के लिए जेएलएनएचआरसी, भिलाई में दवाओं, उपभोग्य सामग्रियों, सुविधाओं के संचालन और रखरखाव तथा चिकित्सा कर्मियों के वेतन भुगतान के लिए लगभग ₹193 करोड़ का बजटीय प्रावधान किया गया है।

(ड): भारत सरकार के इस्पात मंत्रालय द्वारा दी गई जानकारी के अनुसार, वर्तमान में उक्त अस्पताल को मेडिकल कॉलेज में अपग्रेड करने का कोई प्रस्ताव विचाराधीन नहीं है।

GLOBAL HUNGER INDEX

1231. SHRI KALYAN BANERJEE:

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

- (a) whether India has a serious level of hunger with a score of 25.8 in the 2025 global hunger index;
- (b) if so, whether it is also a fact that in post covid arena India has dropped from 97 in 2016 to 102 rank in 2025 global hunger index;
- (c) whether inspite of making goal of zero hunger by 2030 prevalence of anaemia has been reported at 57.0 percent in women (15-49 years), 59.1 percent in adolescent girls, 52.2 percent in pregnant women in National Health Survey-5, if so, the details thereof, and
- (d) the details of the action being taken for the protection and development of children belonging to Other Backward Classes (OBC) which has highest minimum dietary diversity failure (79%), Scheduled Castes

(77.2%) and Scheduled Tribes (76%) which resulted in child undernourishment, stunting and mortality among such children?

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

(a) to (d): An index claimed to be Global Hunger Index is published by 3 non-government organizations (viz., Welt Hunger Hilfe of Germany, Concern Worldwide of Ireland and Institute for International Law of Peace and Armed Conflict of Germany). It is a flawed measure of 'Hunger' and does not reflect India's true position. Three out of four of its constituent indicators are actually related to health and nourishment levels of children. They cannot be projected to reflect prevalence of hunger in the overall population. Only one indicator, prevalence of undernourishment (PoU), is directly related to hunger, and even this indicator suffers from significant methodological and data limitations. Owing to the probabilistic nature of its estimation and uncertainties in underlying parameters, the precision of PoU estimates is generally low. Two indicators (viz., stunting and wasting) are not measures of hunger, but outcomes of multiple complex factors including sanitation, environmental conditions, disease burden, maternal health, genetics, and food utilisation. Similarly, the indicator Under Five Mortality Rate, is influenced by a wide set of determinants such as access to healthcare, immunisation coverage, sanitation and hygiene, safe drinking water, and overall socio-economic conditions. In view of these shortcomings, the methodology adopted by GHI is flawed and, the so-called rankings cannot be taken to reflect hunger level in the overall population.

Targeted Public Distribution System governed under National Food Security Act, 2013 (NFSA) is operated under the joint responsibility of the Central and the State/UT Governments. Union Government has laid down a robust mechanism to seamlessly distribute the food grains under Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY) beneficiaries through Fair Price Shops in all the State/UTs. As on 1st Feb 2026, PMGKAY has a coverage of total 79.44 Cr beneficiaries who are receiving free food grains every month.

Secondly, Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) Scheme is one of the foremost rights based Centrally Sponsored Scheme implemented in partnership with the States and Union Territories (UTs) for providing one hot cooked and nutritious meal to all children studying in all Bal Vatikas (just before class-I) and classes I to VIII of all Government and Government-aided schools. The Scheme covers about 11 crore children in around 10.35 lakh schools in all the States/ UTs. The overall responsibility for providing hot cooked and nutritious meal to the eligible children lies with the State Governments and Union Territory (UT) Administrations. There is a provision of 5% of total recurring budget as the flexi component to be used by the States/UTs as per their requirement. It may be used for setting up of School Nutrition Gardens and provision of Supplementary Nutrition interventions viz., Chikki, Eggs, Milk, Fruits and additional food items etc. in identified districts. The States and Union Territory Administrations are encouraged to decide menu suitable to the local conditions within the prescribed nutrition and food norms and to procure locally grown food items like millets, vegetables, condiments etc.

Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health & Family Welfare since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators for children since NFHS-1 to NFHS-5 and Poshan Tracker are given below:

NFHS Survey	Underweight %	Wasting %	Stunting %
NFHS-1 (1992-93)*	53.4	17.5	52.0
NFHS-2 (1998-99)**	47.0	15.5	45.5
NFHS-3 (2005-6)***	42.5	19.8	48.0
NFHS-4 (2015-16)***	35.8	21.0	38.4
NFHS-5 (2019-21)***	32.1	19.3	35.5
Poshan Tracker (as on 31st December 2025)***	13.0	4.0	31.0

* Under 4 years

** Under 3 years

*** Under 5 years

To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (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. This Mission is a universal self-selecting umbrella scheme open to all eligible beneficiaries, i.e., Children under 6 years of age (including children belonging to Other Backward Classes, Scheduled Castes and Scheduled Tribes), pregnant women, lactating mothers till 6 months after childbirth and adolescent girls (14-18 years of age) in

Northeastern States and Aspirational Districts of the country. The Mission is being implemented across the country, including tribal and remote areas. Further, to effectively address the issue, a multi-sectoral approach encompassing the dimensions of food, health, water, sanitation and education is essential, and this is being addressed through cross-cutting convergence among more than 18 Ministries and Departments.

Under this Mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls (14-18 years) in accordance with nutrition norms contained in Schedule-II of the National Food Security Act, 2013. These norms have been revised in January 2023. The revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity and recommend provision of quality protein, healthy fats and 7 essential micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin-A, Vitamin-B6 and Vitamin B-12). Fortified rice is being supplied under supplementary nutrition programme to meet the requirement of micro-nutrients among women and children. Greater emphasis is laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi centers (AWCs).

Under Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of healthy eating habits requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maahs and

Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

The PM JANMAN Mission launched by Ministry of Tribal Affairs aims for targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 key Ministries including Ministry of Women and Child Development. As on date, a total of 2500 AWCs have been approved for construction under PM JANMAN across the country. Ministry of Tribal Affairs has launched Dharti Aaba Janjati Gram Unnat Abhiyan (DAJGUA) aimed at improving the socio-economic condition of tribal communities by adopting saturation coverage of tribal families in tribal majority areas and aspirational block ST villages.

NEW FEATURES OF TELE-MANAS

1232. SHRIMATI POONAMBEN MAADAM:

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

- (a) whether the Government has launched new initiatives and enhanced features under the National Tele Mental Health Programme (Tele-MANAS);
- (b) if so, the details thereof;
- (c) whether the Government has assessed the impact of Tele-MANAS in terms of reach and user engagement in the country; and

(d) if so, the details thereof

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

(a) and (b): The Government of India has launched a “National Tele Mental Health Programme” on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 02.02.2026, 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 32.84 lakh calls have been handled on the helpline number since inception.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well-being to mental disorders.

Tele-MANAS Mobile Application has been expanded to include 10 additional regional languages — Assamese, Bengali, Gujarati, Kannada, Malayalam, Marathi, Tamil, Telugu, Odia, and Punjabi — along with the previously available languages, English and Hindi.

Tele-MANAS Mobile Application also assists visually challenged persons by making its mental health services accessible through a specially designed, user-friendly digital interface and a toll-free phone line that does not require screen use.

The Government has also launched the video consultation facility under Tele-MANAS, as another upgrade to the already existing audio calling facility.

The Government has established a dedicated Tele-MANAS Cell at the Armed Forces Medical College (AFMC), Pune to extend tele-mental health assistance and support to all Armed Forces service personnel and their dependents, further enhancing the mental health care services available to them.

(c) and (d): The World Health Organisation India has assessed the impact of the Tele Mental Health Assistance and Networking Across States (Tele-MANAS) in terms of its reach and user engagement across the country. A Rapid Assessment Report on Tele MANAS (2024) has been published by WHO, which provides an overview of programme performance, reach, utilisation patterns and user experience. The report is available on the website of the Ministry (<https://mohfw.gov.in/sites/default/files/Rapid%20Assessment%20report%20on%20TeleMANAS.pdf>).

FINANCIAL ALLOCATION AND IMPLEMENTATION STATUS OF SCHEMES

1233. SHRI RAJU BISTA:

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

(a) the details of financial allocations made by the Ministry towards various programmes, projects/schemes implemented in the districts of Darjeeling and Kalimpong, block-wise since 2019;

- (b) the details of the present status of implementation of each of the said schemes in the said districts, block-wise; and
- (c) the total number of beneficiaries covered under each scheme till date, scheme-wise and block-wise?

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

(a) to (c): Under the schemes of the Ministry, funds are released to the States and UTs for implementation of the scheme and funds are not directly released to the districts. The scheme-wise details of funds released under the schemes of the Ministry in the State of West Bengal since 2019 are given in the enclosed **Statement-I**.

The present status of implementation of the schemes of the Ministry in districts of Darjeeling and Kalimpong is given in the enclosed **Statement-II**.

The total number of beneficiaries covered under the schemes of the Ministry in districts of Darjeeling and Kalimpong are given in the enclosed **Statement-III**.

STATEMENT-I

Details of funds released to State Government of West Bengal under the schemes of the Ministry since 2019

(Rs. in crores)

Sl. No.	Financial Year	Mission Saksham Anganwadi & Poshan 2.0	Mission Vatsalya	Mission Shakti
1	2019-20	1165.26	28.15	88.64
2	2020-21	1066.64	43.76	3.55

3	2021-22	668.35	39.7	167.04
4	2022-23	1227.59	26.64	63.5
5	2023-24	1237.56	57.42	7.2
6	2024-25	1513.8	70.18	6.42
7	2025-26	1029.28	55.36 (as on 03.02.2026)	3.45 (as on 03.02.2026)

STATEMENT-II

Present status of implementation of schemes of the Ministry in the districts of Darjeeling and Kalimpong:

Mission	Scheme		Kalimpong	Darjeeling
Mission Saksham Anganwadi & Poshan 2.0		No. of Anganwadi Centers	639	3252
Mission Vatsalya		Number of Child Care Institutions	0	4
Mission Shakti	One Stop Centre	No. of Operational One Stop Centres	1	2

STATEMENT-III

Total number of Beneficiaries covered under the schemes of the Ministry in the districts of Darjeeling and Kalimpong

Mission	Scheme	Category	Kalimpong	Darjeeling
Mission Saksham Anganwadi & Poshan 2.0 (as on 31.12.2025)		Pregnant Women	401	3842
		Lactating Mothers	402	4010
		Children (0-6 years)	9067	74579
Mission Vatsalya		Beneficiaries in Institutional Care as on 31.12.2025	7725*	
		Beneficiaries in Non-Institutional Care (2025-26)	4125*	

Mission Shakti	One Stop Centre	Women assisted (as on 30.09.2025)	9133*	
	Pradhan Mantri Matru Vandana Yojana	Beneficiaries paid (as on 01.02.2026)	2034	8871

* As District-wise details of beneficiaries are not maintained, number of beneficiaries has been provided for State of West Bengal

HARASSMENT OF INDIAN WORKERS ABROAD

1234. SHRI RAJESH VERMA:

SHRIMATI DAGGUBATI PURANDESWARI:

SHRI ATUL GARG:

SHRIMATI SHAMBHAVI:

DR. LATA WANKHEDE:

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

- (a) the estimated number of workers currently employed in the Gulf countries and other overseas destinations, State-wise;
- (b) the details of the complaints received from the migrant workers regarding non-payment of wages or harassment abroad, State-wise;
- (c) the status of the 'Pre-Departure Orientation Training' (PDOT) centres in the States to sensitize the workers about their rights and safety;
- (d) the measures taken to rehabilitate the returnee migrant workers from the war-torn or crisis-hit countries; and
- (e) the Government's initiative to check the activities of illegal recruitment agents operating in the States?

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

(a) and (b): Ministry maintains data in respect of Indian workers, holding Emigration Check Required (ECR) passports, proceeding for employment to any of the notified ECR category countries, through e-Migrate portal. Country-wise and state-wise data on the number of Emigration Clearances (ECs) granted during the last five years are given in the enclosed **Statement-I**. As per records available with Indian Missions/Posts abroad, the details of complaints received and resolved by them during 2021-2025 are given in the enclosed **Statement-II**.

(c): The Pre-Departure Orientation Training Programme (PDOT) is an important collaborative initiative of the MEA and Ministry of Skill Development and Entrepreneurship (MSDE) under the Pravasi Kaushal Vikas Yojana (PKVY) launched in January 2018, aiming to enhance the soft skills of the emigrant workers in terms of the culture, language, tradition and local rules and regulations of the destination countries. Currently, the PDOT programme is imparted at 47 Centers across India. Details of Pre-Departure Orientation Training (PDOT) centres in States/UTs are given in the enclosed **Statement-III**.

(d): The responsibility of reintegration of returned Indian migrants rests with the State governments from where the emigrants belong. Various State Governments have developed ways and means to reintegrate workers returning from abroad.

(e): Government accords highest priority to the safety, security and well-being of Indian nationals proceeding for employment abroad. As per the Emigration Act 1983, no person/agency can function as Recruiting Agent (RA) without a valid license issued by the Registering Authority i.e. Protector General of Emigrants. Mandatory registration of RA is aimed to reduce fraud and exploitation of prospective Indian emigrants proceeding for employment abroad. It is also mandatory for ECR passport holders proceeding for employment to any of the 19 notified Emigration Check Required (ECR) countries to obtain Emigration Clearance (EC) from the office of the Protector of Emigrants (POE).

As and when complaints against illegal agents/dubious firms luring Indian youth in false recruitment offers through various channels are received, such matters are referred to the State police for investigation and prosecution under the relevant legal provisions of the Bharatiya Nyaya Sanhita (BNS) and other legislations in place including the ones enacted by the some State Governments. Nodal officers have been appointed by respective State Governments for information sharing between the office of the Protector of Emigrants and the State authorities. In the Cyber domain, action is also taken against illegal recruiting agents in association with Indian Cybercrime Coordination Centre (I4C), MHA and State Police authorities. Requests to take down social media posts of illegal Recruiting Agents from all over India have been regularly shared with I4C.

Ministry also issues advisories through eMigrate portal, social media handles and other modes of publicity about the perils of fake job rackets and

ways to prevent the same. Till December 2025, a list of 3,505 unregistered agents has been published on the eMigrate portal to caution the prospective emigrants. The awareness campaign on safe and legal migration through eMigrate portal is carried out by the Ministry across the country from time to time by conducting workshops, trainings, information sessions, digital campaigns for media groups, police officials and law enforcement agencies, local administration, aspiring recruiting agents, entrepreneurs and general public. During these sessions awareness on emigration regulations, schemes beneficial for emigrants like Pravasi Bharatiya Bima Yojana (PBBY), Pre-Departure Orientation Training (PDOT), eMigrate portal and various advisories issued by Indian Embassies are brought to the notice of all stakeholders including job seekers, and advise them to verify all antecedents of Recruiting Agents before accepting any kind of employment offer and not be enticed and entrapped in the fraudulent job offers.

STATEMENT-I**No. of Emigration Clearances granted (2021-2025)**

State/ Destination	BAHRAIN	INDONESIA	IRAQ	JORDAN	KUWAIT	LEBANON	MALAYSIA	OMAN	QATAR	SAUDI ARABIA	SOUTH SUDAN	SUDAN	THAILAND	UAE	GRAND TOTAL
ANDAMAN & NICOBAR			1	1	2		6	2	1	26				7	46
ANDHRA PRADESH	1778		805	42	50698		572	3156	6244	6707				6199	76201
ARUNACHAL PRADESH					7				1	9				6	23
ASSAM	90			6	5608	2	86	346	659	6465				892	14154
BIHAR	6996	3	2365	3487	11380	191	2943	21609	37018	120266	24			108386	314668
CHANDIGARH	41		7		240		61	68	73	249				275	1014
CHHATTISGARH	15		5	1	55		7	30	54	275				127	569
DADRA & NAGAR HAVELI					3			1	2	4				5	15

DAMAN & DIU	1				9			3	17	17				61	108
DELHI	115		35	102	726	23	53	391	527	3551	1		3	1529	7056
GOA	39		2	1	1413		2	84	90	245				233	2109
GUJARAT	511		38	48	2519	14	96	2938	3258	4185	4			4387	17998
HARYANA	144		45	39	656	15	179	232	364	2472				2010	6156
HIMACHAL PRADESH	37		14	1	277	1	14	100	115	784				460	1803
JAMMU & KASHMIR	54		13		3497	7	58	201	1212	13693	1			1392	20128
JHARKHAND	535		143	127	993	1	1647	2090	1684	8000	1			5487	20708
KARNATAKA	469	1	41	104	3806		132	2783	3816	10824				4814	26790
KERALA	2684		62	56	7059	3	462	9951	8140	43016				5022	76455
LADAKH					5					1				1	7
LAKSHADWEE P	1								1	9				1	12
MADHYA PRADESH	69		7	11	1826	4	16	285	272	2220			1	672	5383
MAHARASHTRA	741	1	53	176	4318		95	2210	5843	10289			8	7115	30849
MANIPUR	2				5		2	4	6	139				4	162

MEGHALAYA					7			1	2	28				15	53
MIZORAM					1				2	2					5
NAGALAND					5		1	2	2	6				4	20
ODISHA	2102		333	461	2253	27	414	3423	5506	5262	5		1	9138	28925
PUDUCHERRY	25				350		127	136	110	556				184	1488
PUNJAB	3400	1	192	169	5916	54	488	4579	8578	9043				26685	59105
RAJASTHAN	1756		278	75	16595	43	167	7810	12787	42270	1		2	41006	122790
SIKKIM					2				4	11				10	27
TAMIL NADU	2055	1	250	181	14587	7	15133	10660	8094	31292	1		1	17599	99861
TELANGANA	3552		190	352	4152		456	5644	5051	10290	4			17781	47472
TRIPURA	109		1	2	2438	1	426	111	183	1457				417	5145
UTTAR PRADESH	9249	6	1977	5516	61726	277	4350	39218	34917	316311	30	2		132176	605755
UTTARAKHAND	192	1	37	35	1571	3	191	965	669	9621			2	1735	15022
WEST BENGAL	2662	1	1095	396	12046	29	8672	7166	11523	56996	3			31923	132512
Grand Total	39424	15	7989	11389	216751	702	36856	126199	156825	716591	75	2	18	427758	1740594

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Iran	CGI, Zahedan	0	0	0	0	0	0	0	0	0	0
Iraq	EOI, Baghdad	0	0	0	0	0	0	0	0	0	0
Iraq	CGI, Erbil	0	0	0	0	0	0	0	0	1	1
Ireland	EOI, Dublin	0	0	0	0	0	0	0	0	0	0
Israel	EOI, Tel Aviv	0	0	0	0	0	0	0	0	0	0
Italy	EOI, Rome	0	0	0	0	0	0	0	0	4	4
Italy	CGI, Milan	0	0	0	0	0	0	0	0	0	0
Jamaica	HCI, Kingston	0	0	0	0	0	0	0	0	0	0
Japan	EOI, Tokyo	0	0	0	0	0	0	0	0	0	0
Japan	CGI, Ooka Kobe	0	0	0	0	0	0	0	0	0	0
Japan	CGI, Fukuoka	0	0	0	0	0	0	0	0	0	0
Jordan	EOI, Amman	0	0	0	0	118	118	23	23	43	43
Kazakhstan	EOI, Astana	0	0	0	0	0	0	0	0	0	0
Kazakhstan	ROI, Almaty	0	0	0	0	0	0	0	0	0	0
Kenya	HCI, Nairobi	0	0	0	0	0	0	0	0	0	0
Kenya	AHCI, Mombasa	0	0	0	0	0	0	0	0	0	0
Kuwait	EOI, Kuwait	4339	2910	5660	3820	7820	4517	3728	2055	4081	2608

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[illegible]

[illegible]

of Congo	Brazzaville										
Republic of Guinea	EOI, Conakry	0	0	0	0	0	0	0	0	12	12
Romania	EOI, Bucharest	0	0	0	0	0	0	0	0	0	0
Russia	EOI, Moscow	0	0	0	0	0	0	0	0	10	10
Russia	CGI, St. Petersburg	0	0	1	1	1	1	1	1	5	5
Russia	CGI, Vladivostok	0	0	0	0	0	0	0	0	0	0
Russia	CGI, Kazan	0	0	0	0	0	0	0	0	0	0
Russia	CGI, Yekaterinaburg	0	0	0	0	0	0	0	0	0	0
Rwanda	HCI, Kigali	0	0	0	0	0	0	0	0	1	1
Sao Tome and Principe	EOI, Sao Tome and Principe	0	0	0	0	0	0	0	0	0	0
Saudi Arabia	EOI, Riyadh	1128	1122	1947	1941	2279	2250	2223	1999	2198	1660
Saudi	CGI, Jeddah	650	650	456	456	798	798	630	615	679	665

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Tanzania	HCI, Dar-e-Salaam	0	0	0	0	0	0	0	0	0	0
Tanzania	CGI, Zanzibar	0	0	0	0	0	0	0	0	0	0
Thailand	EOI, Bangkok	14	14	0	0	0	0	0	0	0	0
Thailand	COI, Chiangmai	0	0	0	0	0	0	0	0	0	0
Timor Leste	EOI, Dili	0	0	0	0	0	0	0	0	0	0
Togo	EOI, Lome	0	0	0	0	0	0	0	0	2	2
Trinidad & Tobago	HCI, Port of Spain	0	0	0	0	0	0	0	0	0	0
Tunisia	EOI, Tunis	0	0	0	0	0	0	0	0	1	1
Turkiye	EOI, Ankara	0	0	0	0	0	0	0	0	0	0
Turkiye	CGI, Istanbul	0	0	0	0	0	0	1	1	0	0
Turkmenistan	EOI, Ashgabat	0	0	0	0	0	0	0	0	0	0
UAE	EOI, Abu Dhabi	755	755	779	779	528	528	387	387	411	407
UAE	CGI, Dubai	1,972	1,714	2,427	2,366	2,928	2,543	3,030	2,981	3,727	3,309
Uganda	HCI, Kampala	1	1	5	5	2	0	2	2	2	0

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STATEMENT -III**Details of Pre-Departure Orientation Training Centres in States/UTs**

Sl. No.	PDOT Centres in the States/UTs		
			Online status
1	Andhra Pradesh	Govt ITI Campus, Vijayawada	Online
2		PDOT Center, Kadapa	
3		Pdot Center, Visakhapatnam	
4		Pdot Center, Kakinada	
5		PDOT Center, Vizag	
6		Srikakulam	
7		Chittor	
8		Sangrur	
9	Bihar	Sree, Darbhanga	
10		Sree, Gaya	
11		Sree, Muzaffarpur	
12		Sree, Patna	
13		Champaran	
14	Delhi	VFS Global - (NSDC)	
15		GMR Foundation – (NSDC)	
16	Karnataka	International Migration Center, Karnataka	
17	Kerala	Kochi-Espoir – (NSDC)	
18		Learnnet.I.S, Kowdiar, Thiruvananthapuram – (NSDC)	
19	Madhya Pradesh	CRIPS, Bhopal – (NSDC)	
20	Maharashtra	Mumbai-Videsh Bhawan – (NSDC)	Online
21		Mumbai- Asmacs Skill-B –	Online

		(NSDC)	
22	Odisha	Asmacs Skill Devp Ltd, Bhubaneshwar – (NSDC)	Online
23	Punjab	RCED Mohali – (NSDC)	
24		Learning Institute of Skills, Jalandhar – (NSDC)	
25		Datapro, Amritsar – (NSDC)	
26		Hoshiarpur	
27		Rupnagar	
28		Ludhiana	
29		Amritsar	
30		Jalandhar	
31		Barnala	
32		Patiala	
33		Fatehgarh Sahib	
34	Rajasthan	Jaipur-Rajasthan	Online
35		Rslde, Sikar	Online
36		Rslde, Nagaur	
37	Tamil Nadu	Nrt Tamil Nadu	Online
38		Confed of Indian Industry, Chennai – (NSDC)	
39		Tamil Nadu PDOT Center	
40		Commissionerate NRT	Online
41	Telangana	Hydrabad-Tomcom Overseas Skill	Online
42		Telangana-Govt ITI College	
43		Nizamabad-District Employment Exchange	

44	Uttar Pradesh	Lucknow-Mahindra – (NSDC)	Online
45		IL&FS Skills-PMKK, Gorakhpur – (NSDC)	
46		Varanasi - (NSDC)	Online
47	West Bengal	Quivan Skill Empowerment PVT LTD, Kolkata – (NSDC)	

झारखंड में आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना के अंतर्गत स्वास्थ्य सेवाओं का विस्तार

1235. श्री मनीष जायसवाल:

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

(क) झारखंड के हजारीबाग और रामगढ़ जिलों में प्राथमिक स्वास्थ्य केन्द्रों, सामुदायिक स्वास्थ्य केन्द्रों, उप-स्वास्थ्य केन्द्रों और जिला अस्पतालों में स्वीकृत संख्या, कार्यरत संख्या और रिक्त पदों (डाक्टरों, नर्सों और पराचिकित्सा स्टाफ) की वर्तमान स्थिति क्या है;

(ख) उपरोक्त जिलों में स्वास्थ्य अवसंरचना को सुदृढ़ करने के लिए विगत तीन वर्षों के दौरान सरकार द्वारा कितनी धनराशि स्वीकृत और जारी की गई है और इन निधियों का योजना-वार और वर्ष-वार उपयोग किस प्रकार किया गया है;

(ग) क्या इन जिलों में विशेषज्ञ चिकित्सकों, आधुनिक नैदानिक सुविधाओं, एम्बुलेंस सेवाओं और आवश्यक दवाओं की कमी के संबंध में शिकायतें प्राप्त हुई हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा इस संबंध में अब तक जिला-वार क्या कदम उठाए गए हैं;

(घ) क्या सरकार का आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) के अंतर्गत इन जिलों में स्वास्थ्य सेवाओं के विस्तार/सुदृढ़ीकरण के लिए कोई नई योजना बनाने का विचार 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 (ड): 'जन स्वास्थ्य' और 'अस्पताल' राज्य के विषय हैं। देश में विभिन्न जन स्वास्थ्य सुविधा केंद्रों में डॉक्टरों, नर्सों और पैरामेडिकल स्टाफ की उपलब्धता की प्राथमिक जिम्मेदारी संबंधित राज्य सरकारों की है।

हेल्थ डाइनामिक्स ऑफ इंडिया (एचडीआई) (बुनियादी ढांचा एवं मानव संसाधन) एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य सेवा प्रशासनिक आंकड़ों पर आधारित है। झारखंड के हजारीबाग और रामगढ़ जिलों सहित पूरे देश में राज्य/संघ राज्य क्षेत्रों के अनुसार डॉक्टरों, नर्सों और पैरामेडिकल स्टाफ की उपलब्धता का ब्यौरा एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता है:

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

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) झारखंड सहित देश में गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता, वहनीयता और पहुंच में सुधार लाने के लिए स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधा केंद्रों में पर्याप्त मानव संसाधनों की उपलब्धता सुनिश्चित करने हेतु सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय, एनएचएम के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने हेतु राज्यों/संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में प्रस्तावों को स्वीकृति प्रदान करती है। झारखंड सहित राज्यों/ संघ राज्य क्षेत्रों को जारी किए गए आरओपी का ब्यौरा निम्नलिखित वेब लिंक पर उपलब्ध है:

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

झारखंड राज्य के लिए वित्त वर्ष 2022-23 से वित्त वर्ष 2024-25 तक राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत केंद्र द्वारा जारी की जाने वाली धनराशि इस प्रकार है:

(करोड़ रुपए में)

वित्त वर्ष	एनएचएम के तहत केंद्र द्वारा जारी राशि
2022-23	810.30
2023-24	958.06
2024-25	964.31

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के तहत 64,180 करोड़ रुपये का बजट आवंटित किया गया है, जिसका उद्देश्य देश भर में उप-स्वास्थ्य केंद्रों, शहरी स्वास्थ्य एवं आरोग्य केंद्रों, ब्लॉक जन स्वास्थ्य इकाइयों, एकीकृत जिला जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और गहन चिकित्सा अस्पताल ब्लॉकों (सीसीबी) के अवसंरचना विकास के लिए सहायता प्रदान करना है। वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक झारखंड राज्य के लिए पीएम-एबीएचआईएम के तहत कुल 1375.96 करोड़ रुपये की राशि स्वीकृत की गई है। वित्त वर्ष 2022-23 से वित्त वर्ष 2024-25 तक झारखंड राज्य के लिए पीएम-एबीएचआईएम के तहत केंद्र सरकार द्वारा जारी की गई राशि निम्न प्रकार है:

(करोड़ रुपए में)

वित्त वर्ष	पीएम-एबीएचआईएम के तहत केंद्र द्वारा जारी राशि
2022-23	183.04
2023-24	102.27
2024-25	65.27

भारत सरकार ने झारखंड के हजारीबाग और रामगढ़ जिलों सहित देश भर के ग्रामीण और दूरस्थ क्षेत्रों में बेहतर सेवा प्रदायगी को प्रोत्साहित करने के लिए चिकित्सा पेशेवरों को प्रोत्साहन और मानदेय के रूप में कई पहल की हैं, जिनमें निम्नलिखित शामिल हैं:

- ग्रामीण और दूरस्थ क्षेत्रों में सेवा देने वाले विशेषज्ञ डॉक्टरों को दुर्गम क्षेत्र भत्ता प्रदान करना ताकि वे ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केंद्रों में सेवा देने के लिए प्रेरित हों।

ii. राज्यों को विशेषज्ञों को आकर्षित करने के लिए वेतन में छूट देने की अनुमति दी गई है, जिसमें "यू कोट, वी पे" जैसी कार्यनीतियों में लचीलापन शामिल है।

iii. राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत दुर्गम क्षेत्रों में सेवा देने वाले कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में प्राथमिकता के आधार पर प्रवेश और ग्रामीण क्षेत्रों में आवासीय व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।

iv. राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत डॉक्टरों के बहु-कौशल विकास को बढ़ावा दिया जा रहा है ताकि व्यापक आपातकालीन प्रसूति एवं नवजात शिशु परिचर्या (सीईएमओएनसी) और जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) जैसे विशेषज्ञों की कमी को दूर किया जा सके।

जन स्वास्थ्य केंद्रों में आने वाले मरीजों के लिए आवश्यक दवाओं की उपलब्धता सुनिश्चित करने और जेब से होने वाले खर्च (ओओपीई) को कम करने के लिए, सरकार ने एनएचएम के तहत मुफ्त दवा सेवा पहल (एफडीएसआई) शुरू की है। इसमें झारखंड सहित राज्यों/संघ राज्य क्षेत्रों को उप स्वास्थ्य केंद्रों (एसएचसी) में 106 दवाओं, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) में 172 दवाओं, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में 300 दवाओं, उप जिला अस्पतालों (एसडीएच) में 318 दवाओं और जिला अस्पतालों (डीएच) में 381 दवाओं के लिए वित्तीय सहायता शामिल है।

भारत सरकार, निःशुल्क निदान सेवा पहल के तहत झारखंड सहित राज्यों/संघ राज्य क्षेत्रों को समुदाय के समीप सुलभ और किफायती पैथोलॉजिकल और रेडियोलॉजिकल निदान सेवाएं प्रदान करने के लिए वित्तीय सहायता प्रदान करती है, जो जन स्वास्थ्य सुविधा केंद्रों के सभी स्तरों पर निःशुल्क उपलब्ध हैं [एसएचसी-आयुष्मान आरोग्य मंदिरों (एएएम) में 14 परीक्षण, पीएचसी-एएएम में 63, सीएचसी में 97, एसडीएच में 111 परीक्षण और डीएच में 134 परीक्षण]।

राष्ट्रीय एम्बुलेंस सेवा के तहत, 3,144 एडवांस्ड लाइफ सपोर्ट (एलएस), 15,546 बेसिक लाइफ सपोर्ट (बीएलएस), 3,928 पेशेंट ट्रांसपोर्ट व्हीकल (पीटीवी), 19 बोट एम्बुलेंस, 81 बाइक इमरजेंसी रिस्पांस व्हीकल और 5,792 अन्य सूचीबद्ध वाहनों को राष्ट्रीय एम्बुलेंस सेवा (एनएचएम) के तहत झारखंड सहित देश भर में रोगियों, विशेष रूप से गर्भवती महिलाओं और

बीमार शिशुओं को घर से जन स्वास्थ्य सुविधा केंद्रों तक ले जाने और वापस लाने के लिए सहायता प्रदान की जाती है।

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) सरकार की एक प्रमुख योजना है, जो झारखंड सहित भारत की आर्थिक रूप से कमजोर आबादी के निचले 40% हिस्से में शामिल लगभग 55 करोड़ लाभार्थियों (12.37 करोड़ परिवारों) को मध्यम और विशिष्ट परिचर्या अस्पताल में भर्ती के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य बीमा प्रदान करती है। इस योजना का हाल ही में विस्तार किया गया है और अब इसमें सामाजिक-आर्थिक स्थिति पर ध्यान दिए बिना 4.5 करोड़ परिवारों से संबंधित 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को वय वंदना कार्ड के साथ शामिल किया गया है।

SUPPORT FOR TRAUMA MANAGEMENT

1236. SHRI KESINENI SIVANATH:

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

(a) the details regarding the support provided by the Government for capacity building of doctors and paramedical staff in trauma management including training programmes' implementing Institutions involved and curricula adopted in this regard;

(b) the details of the funds sanctioned and released by the Government for such capacity building initiatives during the last five years, year-wise and State/UT-wise;

(c) the details of the number of doctors and paramedical personnel trained under these programmes, State/UT-wise and year-wise;

(d) whether the Government has established any centres of excellence, simulation labs or partnerships with National and International Institutions for trauma care training and if so, the details thereof; and

(e) the measures taken by the Government to address gaps identified in trauma management capacity, especially in underserved States and districts of the country?

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

(a) to (c): During 11th Five Year Plan (2007-2012) and 12th Five Year Plan (2012-2017), 196 Trauma Care Facilities (TCFs) & 47 Burn Units have been sanctioned in Government Hospitals/ Medical Colleges across the country under the “National Programme for Prevention & Management of Trauma and Burn Injuries” (NPPMT&BI). Beyond 12th Five Year Plan (FYP), there is no provision for identification of new trauma care facilities. Under the NPPMT&BI, trauma management training has been conducted in Dr. R.M.L Hospital, New Delhi. The fund released and number of participants attended the training in Dr. R.M.L Hospital, New Delhi in the year 2024-25 and 2025-26 are given in the enclosed **Statement-I**.

(d) and (e): 14 Institutes/Hospitals have been declared as Centre of Excellence (CoE) under the NPPMT&BI during FY 2024-25 and 2025-26. One of the mandates of CoEs is to conduct training for paramedics, nurses and doctors. CoE has been established on a geographical basis to ensure

comprehensive coverage across the country. This aims to strengthen trauma care services through improved infrastructure, training, capacity building, and system strengthening. The details of the trauma management training conducted by Centre of Excellence in year 2025-26 are given in the enclosed **Statement- II.**

STATEMENT-I

Fund released and number of participants attended the training in Dr. R.M.L Hospital, New Delhi in the year 2024-25 & 2025-26

Financial year	Fund released	No of participant attended the training
FY 24-25	Rs. 68,66,000/-	95
FY 25-26	Rs.1,09,13,000/	117

STATEMENT-II

The details of the trauma management training conducted by Centre of Excellence in year 2025-26

S.No	Name of the Centre of Excellence	No of participant attended the training
1	Post Graduate Institute of Medical Education & Research, Chandigarh	216
2	All India Institute of Medical Sciences (AIIMS) , New Delhi	1948
3	Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry	3701
4.	Safdarjung Hospital and Vardhman Mahavir Medical College (VMMC & SJH), New Delhi	945
5.	GMC Thiruvananthpuram, Kerala	385
6.	SCB Cuttack, Odisha	840
7.	SMS Jaipur	137

SUPPLY OF SUBSIDIZED FERTILIZERS**1237. DR. KADIYAM KAVYA:**

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

- (a) whether the Government has made any assessment regarding issues related to availability and timely supply of subsidized fertilizers in Warangal district of Telangana particularly during peak sowing seasons, if so, the details thereof;
- (b) the details of fertilizer allocation, supply and sale in the said district during the last three years, year-wise and fertilizer-wise (Urea/DAP/MOP/NPK);
- (c) whether any cases of shortage, diversion, black marketing or overpricing were reported in Warangal, if so, the details thereof along with the inspections conducted in this regard and the action taken thereon; and
- (d) the steps taken to ensure timely availability and price compliance through Direct Benefit Transfer (DBT)-enabled fertilizer distribution (PoS devices) and the time-bound plan to ensure balanced fertilizer availability in the said district?

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

(a) and (b): The mandate of Department of Fertilizers is to ensure adequate availability of fertilizers at the State level. However, the distribution of fertilizers within the State at district level is done by the concerned State government.

Accordingly, as per information received from the State Government of

Telangana, the details regarding requirement, availability and sales of fertilizers viz. Urea, DAP, MOP and NPK in Warangal district for the last three years are as under:

(Qty in MT)

Year / Fertilizer	Requirement	Availability	Sales
2022-23			
Urea	70000	68012	65415
DAP	8000	7912	7655
MoP	3000	2142	1718
NPK	32000	29862	26281
2023-24			
Urea	79200	81260	66826
DAP	8230	8009	7577
MoP	3000	2301	2053
NPK	34000	31062	29229
2024-25			
Urea	80500	82069	68167
DAP	8000	7906	7737
MoP	3000	2901	2665
NPK	33300	32069	29927
Primary indicator of comfortable availability = Availability > Requirement			
Secondary indicator of comfortable availability = Availability > Sales			

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

concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

Accordingly, as per information received from the State Government of Telangana, no major cases of shortage, diversion, black marketing or overpricing were reported in Warangal. Two cases were booked against the dealers for violation of provisions of FCO, 1985, during Kharif-2025. Regular inspections and surprise checks were conducted by the district authorities at wholesale and retail points. Any minor deviations noticed were addressed promptly as per the provisions of the Essential Commodities Act, 1955 and the Fertilizer (Control) Order, 1985.

(d): Following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the States, 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.
- (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).
- (iv) The State Governments are regularly advised to coordinate with

manufacturers and importers for streamlining the supplies through timely placement of indents.

Further, under DBT in Fertilizers, the sale of subsidized fertilizers is done to the farmers via Aadhaar Authentication based Point of Sale (PoS). The invoice is delivered to the farmer through SMS mode on the Aadhaar linked mobile number, containing details of MRP of the product, subsidy borne by the Government of India and quantity purchased by the Farmer. This ensures price compliance of subsidized fertilizers through Aadhaar mediated PoS sale.

STRENGTHENING OF ADOPTION & CHILD WELFARE ECOSYSTEM

1239. CAPTAIN BRIJESH CHOWTA:

SHRI JAGDAMBIKA PAL:

SHRI ANURAG SINGH THAKUR:

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

- (a) the details of the key functions of the Central Adoption Resource Authority (CARA), alongwith the major rules governing adoption/foster care under the Juvenile Justice (Care and Protection of Children) Act and the related regulations;
- (b) the number of children legally available for adoption/number of registered prospective adoptive parents (Resident Indians, NRIs, OCIs and foreign nationals) on the CARINGS portal indicating the average waiting period and measures undertaken to reduce delays through digital

monitoring and procedural reforms, State-wise, category-wise including district-wise details for Dakshina Kannada in Karnataka;

- (c) the details of the process for declaring orphaned, abandoned/surrendered children legally free for adoption, the role of Child Welfare Committees alongwith the action taken against unregistered Child Care Institutions, including such cases identified, if any, in Karnataka;
- (d) the details of the eligibility norms/monitoring mechanisms for foster care, including transgender/homosexual persons eligible to foster/adopt; and
- (e) the details of the safeguards for inter-country adoptions, annual adoption statistics, budget utilisation/reforms proposed to be enhance transparency and efficiency?

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

(a): The Central Adoption Resource Authority (CARA), a statutory body under the Ministry of Women and Child Development, is mandated with the following functions under Section 68 of the Justice (Care and Protection of Children) Act, 2015, namely, (i) to promote in-country adoptions and to facilitate inter-State adoptions in co-ordination with State Agency; (ii) to regulate inter-country adoptions; (iii) to frame regulations on adoption and related matters from time to time as may be necessary; (iv) to carry out the functions of the Central Authority under the Hague Convention on Protection of Children and Cooperation in respect of Inter-country Adoption; and (v) any other function as

may be prescribed.

Adoption in the country is undertaken through the Juvenile Justice (Care and Protection of Children) Act (JJ Act), 2015 and Adoption Regulations 2022. For Foster Care, the Ministry has framed Model Foster Care Guidelines, 2024, which are implemented through States and UTs.

(b): As per designated portal CARINGS now unified with the Mission Vatsalya portal, a total number of 2170 children are legally available for adoption (as on 22/01/2026).

The total number of Prospective Adoptive Parents (Resident Indians, NRIs, OCIs and Foreign Nationals) registered on the CARINGS portal (as on 22/01/2026) is as under: -

Resident Indians	NRIs	OCIs	Foreign Nationals
29610	268	154	201

The waiting period for adoption depends on factors such as the availability of children in the State, and the child's age, category, gender and health condition. There is no waiting period for the adoption of children with special needs and a child from immediate placement category (mostly older children).

To reduce delays and ensure transparency, CARA has digitised the entire adoption process through an online portal, with regular monitoring and follow-ups with States/UTs. An Identification Cell has also been set up since July 2024 to identify adoptable children in Child Care Institutions and expedite their declaration as legally free for adoption. The timelines for processes relating to children, for authorized and agencies concerned as well as adoption by resident Indians/NRIs/OCIs/Foreign PAPs (living/not living in India) have

been prescribed in the Adoption Regulations, 2022.

State-wise, category-wise details of LFA (Legally Free for Adoption) pendency and the district-wise details in the State of Karnataka are given in the enclosed **Statement-I** and **Statement-II** respectively.

(c): The procedure for declaring a child as orphaned, abandoned or surrendered is prescribed under the JJ Act, 2015. JJ Act lay down the process for production of the child before the Child Welfare Committee and for declaring the child legally free for adoption.

Section 41 of the JJ Act, 2015 provides for the registration of Child Care Institutions (CCIs) by the State Government, while Section 42 empowers the State Government to take appropriate action against CCIs functioning without registration. The Child Welfare Committee (CWC) is constituted under Section 27 of the Act in every district to exercise the powers and discharge the duties relating to children in need of care and protection.

(d) and (e): Model Foster Care Guidelines, 2024 lays down the eligibility criteria for Prospective Foster Parents and is available on the CARA website. Inter-country adoption follows a fully online and transparent process with mandatory registration of Prospective Adoptive Parents. Home studies and registration of NRI, OCI and foreign PAPs are conducted only through the designated portal by authorized agencies, Central Authorities or Indian Missions, and all cases are scrutinized and approved by CARA in accordance with the Juvenile Justice Act, 2015. Post-adoption follow-up is mandatory for two years and is carried out through authorized agencies or Indian Missions in

the receiving country. Counselling of prospective parents and children is required at all stages of adoption, including prior to any disruption or dissolution. Data related to adoption during the last 3 years as per the CARINGS portal under Mission Vatsalya is as follows: -

Year	In-country	Inter-country	Total
2022-23	3010	431	3441
2023-24	3580	449	4029
2024-25	4155	360	4515

CARA undertakes all adoption-related activities within the budget allocated by the Ministry, with no separate allocation for inter-country adoptions. To improve transparency and efficiency, the adoption process has been streamlined through mandatory counselling, medical assessment of children with special needs, issuance of adoption orders by the District Magistrate, and fixed timelines. The entire process is digitized through the CARINGS portal under Mission Vatsalya, with real-time tracking and monitoring of prospective adoptive parents and children through an integrated dashboard, ensuring a transparent and efficient adoption system.

STATEMENT – I

STATE-WISE AND CATEGORY-WISE DETAILS OF LEGALLY FREE FOR ADOPTION (LFA) CHILDREN

S.N.	States/UTs	Orphan	Abandoned	Surrendered	Total
1	ANDAMAN AND NICOBAR ISLANDS	3	0	0	3
2	ANDHRA PRADESH	5	12	11	28
3	ARUNACHAL PRADESH	18	29	35	82
4	ASSAM	59	66	39	164
5	BIHAR	17	45	4	66

6	CHANDIGARH	0	0	0	0
7	CHHATTISGARH	146	94	25	265
8	DELHI	33	229	18	280
9	GOA	2	4	11	17
10	GUJARAT	5	38	10	53
11	HARYANA	36	82	38	156
12	HIMACHAL PRADESH	0	4	1	5
13	JAMMU AND KASHMIR	36	29	26	91
14	JHARKHAND	11	54	8	73
15	KARNATAKA	46	95	124	265
16	KERALA	22	23	25	70
17	LADAKH	0	0	0	0
18	LAKSHADWEEP	0	0	0	0
19	MADHYA PRADESH	51	85	27	163
20	MAHARASHTRA	106	343	210	659
21	MANIPUR	30	6	5	41
22	MEGHALAYA	0	0	1	1
23	MIZORAM	0	0	1	1
24	NAGALAND	0	0	3	3
25	ODISHA	110	44	32	186
26	PUDUCHERRY	0	1	7	8
27	PUNJAB	1	8	4	13
28	RAJASTHAN	27	29	7	63
29	SIKKIM	4	0	0	4
30	TAMIL NADU	118	91	194	403
31	TELANGANA	6	31	40	77
32	THE DADRA AND NAGAR HAVELI AND DAMAN AND DIU	0	0	0	0
33	TRIPURA	15	12	6	33
34	UTTARAKHAND	20	6	4	30
35	UTTAR PRADESH	128	252	28	408
36	WEST BENGAL	37	153	32	222

STATEMENT – II**DISTRICT-WISE AND CATEGORY-WISE DETAILS OF LEGALLY FREE FOR ADOPTION (LFA) CHILDREN IN THE STATE OF KARNATAKA INCLUDING DAKSHINA KANNADA DISTRICT**

S.N.	Districts	Orphan	Abandoned	Surrendered	Total
1	BAGALKOTE	0	0	0	0
2	BALLARI	4	0	2	6
3	BELAGAVI	23	0	0	23
4	BENGALURU RURAL	0	3	3	6
5	BENGALURU SOUTH	0	1	3	4
6	BENGALURU URBAN	5	44	44	93
7	BIDAR	3	4	1	8
8	CHAMARAJANAGAR	0	0	2	2
9	CHIKKABALLAPURA	0	1	1	2
10	CHIKKAMAGALURU	0	1	1	2
11	CHITRADURGA	1	1	3	5
12	DAKSHINA KANNADA	0	3	8	11
13	DAVANAGERE	0	3	7	10
14	DHARWAD	5	3	1	9
15	GADAG	0	0	0	0
16	HASSAN	1	2	4	7
17	HAVERI	0	1	2	3
18	KALABURAGI	0	0	5	5
19	KODAGU	0	11	1	12
20	KOLAR	0	2	1	3
21	KOPPAL	0	0	0	0
22	MANDYA	3	4	3	10
23	MYSURU	0	2	6	8
24	RAICHUR	0	2	0	2
25	SHIVAMOGGA	0	1	5	6

26	TUMAKURU	0	3	12	15
27	UDUPI	1	0	3	4
28	UTTARA KANNADA	0	2	4	6
29	VIJAYANAGARA	0	0	0	0
30	VIJAYAPURA	0	0	2	2
31	YADGIR	0	1	0	1

QUALITY OF HEALTHCARE SERVICES IN REMOTE AREAS

1240. SHRI THARANIVENTHAN M. S.:

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

(a) whether the Government has conducted any assessment of the availability and quality of healthcare facilities in remote, hilly and tribal areas of the country;

(b) if so, the details of the findings, including gaps in primary healthcare, availability of doctors, specialists and paramedical staff;

(c) whether the Government is implementing schemes to strengthen Sub-Centres, PHCs and CHCs in tribal regions, especially under the National Health Mission (NHM), if so, the details thereof;

(d) the steps taken by the Government to improve access to emergency care, maternal healthcare and treatment for communicable diseases in tribal and hard-to-reach habitations across the country, State-wise especially in Tamil Nadu; and

(e) the measures being adopted by the Government to enhance telemedicine, mobile medical units and digital health infrastructure in these areas to reduce

disparities in healthcare delivery?

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

(a) to (e): Under National Health Mission (NHM), the performance of various health programmes is regularly assessed in the country including remote, hilly and tribal areas, 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.

Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on healthcare administrative data reported by States/UTs. Details of availability of healthcare facilities and specialized human resources & gaps in the country including remote, hilly and tribal areas, State/UT-wise, may be seen at the following link of HDI 2022-23:

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

The 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 especially for the under-served and marginalized groups in rural areas and

tribal regions. This Ministry 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.

A total of 1.82 lakh Ayushman Arogya Mandirs (AAMs) have been established and operationalized in the country by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs), including 30,817 AAMs in 178 tribal districts, which deliver expanded range of comprehensive primary healthcare services encompassing preventive, promotive, palliative, rehabilitative, and curative care.

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (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, 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.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to provide support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated District Public Health Laboratories (IPHLs) and Critical Care Hospital Blocks (CCBs) which provides emergency & critical care services in the country. 168 IPHL

and 110 CCBs have been approved in the tribal districts under PM-ABHIM.

The Government is making sustained efforts to ensure universal health coverage for tribal women across the country, including in Tamilnadu, through the Reproductive, Maternal, Newborn Child, Adolescent Health Plus Nutrition (RMNCAH+N) strategy under NHM, focusing on antenatal care, institutional deliveries, post-natal care and family planning services; Promotion of institutional deliveries through schemes such as Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK); Regular outreach activities, health education and screening by ASHAs and other frontline workers in tribal habitations.

The teleconsultation services, available at all operational AAMs across the country including tribal regions, 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. Total teleconsultations conducted at AAMs are 42.66 crore, as on 31.12.2025.

Mobile Medical Units (MMUs) are supported under NHM to provide outreach services in remote villages with difficult terrain which are underserved and inaccessible. As per NHM-MIS report, a total of 1477 MMUs have been deployed across the country including Tamilnadu, as on 30.06.2025.

Under the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), launched on 15th November, 2023 by MoTA, further relaxation in NHM norms has been provided up to 10 MMUs per district with Particularly Vulnerable Tribal Groups (PVTG) areas. Norms have been relaxed for one

additional Auxiliary Nurse Midwife (ANM) for each Multi Purpose Centre (MPC) constructed by MoTA. As per MMU portal, 763 MMUs under PM-JANMAN and 155 MMUs under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) are operational across the country for providing basic health services in tribal areas till 31.12.2025.

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.

बिहार में स्वास्थ्य सेवाओं को सुदृढ़ करना

1241. श्री अभय कुमार सिन्हा:

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

(क) क्या महिलाओं में एनीमिया की गंभीर स्थिति तथा विशेषज्ञ डॉक्टरों की कमी को देखते हुए सरकार बिहार राज्य में सार्वजनिक स्वास्थ्य सेवाओं को सुदृढ़ करने को सर्वोच्च प्राथमिकता दे रही है;

(ख) यदि हाँ, तो राज्य में स्वास्थ्य अवसंरचना को मजबूत करने, कुपोषण की रोकथाम करने तथा विशेषज्ञ मानव संसाधनों की उपलब्धता बढ़ाने हेतु सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है;

(ग) राष्ट्रीय स्वास्थ्य मिशन तथा आयुष्मान भारत के अंतर्गत अब तक बिहार में स्थापित स्वास्थ्य इकाइयों का तथा उन पर किए गए व्यय का ब्यौरा क्या है; और

(घ) क्या सरकार का उक्त राज्य में, विशेषकर औरंगाबाद लोक सभा निर्वाचन क्षेत्र में, स्वास्थ्य केंद्रों

एवं कुपोषण की स्थिति का कोई आकलन करने का प्रस्ताव है?

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

(क) से (घ): जन स्वास्थ्य राज्य का विषय है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम), स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधा केंद्रों में पर्याप्त मानव संसाधनों की उपलब्धता और बिहार सहित देश के सभी लोगों, विशेष रूप से महिलाओं के लिए गुणवत्तापूर्ण स्वास्थ्य सेवाओं की उपलब्धता और पहुंच में सुधार के लिए सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय, एनएचएम के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, जन स्वास्थ्य 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 अभिलेख (आरओपी) के रूप में प्रस्तावों को मंजूरी देती है। बिहार सहित राज्यों/ संघ राज्य क्षेत्रों को जारी किए गए आरओपी का ब्यौरा निम्नलिखित वेब लिंक पर उपलब्ध है:

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

हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई) (बुनियादी ढांचा और मानव संसाधन), 2022-23 एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य परिचर्या प्रशासनिक आंकड़ों पर आधारित है। बिहार सहित देश में राज्य/संघ राज्य क्षेत्र-वार स्वास्थ्य सुविधा केंद्रों/इकाइयों/बुनियादी ढांचे और विशेष मानव संसाधनों की उपलब्धता का विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता है:

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

देश भर में कुल 1.82 लाख आयुष्मान आरोग्य मंदिर (एएएम) स्थापित और कार्यशील किए जा चुके हैं, जिनमें बिहार के 12,144 एएएम शामिल हैं, जो निवारक, प्रोत्साहक, प्रशामक, पुनर्वास

और उपचारात्मक परिचर्या सहित व्यापक प्राथमिक स्वास्थ्य परिचर्या की एक विस्तृत श्रृंखला प्रदान करते हैं।

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के तहत 64,180 करोड़ रुपये का बजट आवंटित किया गया है, जिसका उद्देश्य उप-स्वास्थ्य केंद्रों, शहरी स्वास्थ्य एवं आरोग्य केंद्रों, ब्लॉक जन स्वास्थ्य इकाइयों, एकीकृत जिला जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और गहन चिकित्सा अस्पताल ब्लॉकों (सीसीबी) के अवसंरचना विकास के लिए सहायता प्रदान करना है। बिहार राज्य के लिए वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक पीएम-एबीएचआईएम के तहत कुल 3109.33 करोड़ रुपये की राशि स्वीकृत की गई है।

पंद्रहवें वित्त आयोग (एफसी-XV) ने स्थानीय सरकारों के माध्यम से स्वास्थ्य क्षेत्र के विशिष्ट घटकों के लिए 70,051 करोड़ रुपये के अनुदान की सिफारिश की है, जिसे केंद्र सरकार ने स्वीकार कर लिया है। स्थानीय सरकारों के माध्यम से स्वास्थ्य के लिए ये अनुदान वित्त वर्ष 2021-2022 से वित्त वर्ष 2025-26 तक पांच वर्षों की अवधि में वितरित किए जाएंगे और जमीनी स्तर पर स्वास्थ्य व्यवस्था को सुदृढ़ करने में सहायक होंगे। वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 के लिए बिहार राज्य के लिए एफसी-XV स्वास्थ्य अनुदान के तहत कुल 6016.95 करोड़ रुपये आवंटित किए गए हैं।

भारत सरकार मातृ एवं शिशु कुपोषण से निपटने के लिए देश के साथ-साथ औरंगाबाद लोकसभा निर्वाचन क्षेत्र सहित बिहार में राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की प्रजनन मातृ नवजात शिशु किशोर स्वास्थ्य और पोषण (आरएमएनसीएच+एन) कार्यनीति के तहत कई महत्वपूर्ण पोषण संबंधी पहलों को लागू कर रही है, जैसे एनीमिया मुक्त भारत, पोषण पुनर्वास केंद्र, माताओं का पूर्ण स्नेह, स्तनपान प्रबंधन केंद्र और विटामिन ए अनुपूरण कार्यक्रम। इसके अलावा, सरकार ने मिशन पोषण 2.0 अभियान भी शुरू किया है, जिसका एक लक्ष्य गर्भवती महिलाओं और स्तनपान कराने वाली माताओं में एनीमिया की व्याप्तता और प्रसार को कम करना है।

एनएचएम के तहत, विभिन्न स्वास्थ्य कार्यक्रमों के प्रदर्शन का नियमित रूप से मूल्यांकन किया जाता है, जिसमें समीक्षा बैठकें, प्रमुख उपलब्धियों की मध्यावधि समीक्षा, वरिष्ठ अधिकारियों के क्षेत्रीय दौरे, सेवा प्रदायगी के लिए मानदंड निर्धारित करके प्रदर्शन को बढ़ावा देना और उपलब्धियों को पुरस्कृत करना आदि शामिल हैं। बिहार राज्य सहित विभिन्न योजनाओं की प्रगति और कार्यान्वयन स्थिति का आकलन और निगरानी करने के लिए वार्षिक रूप से सामान्य समीक्षा मिशन (सीआरएम) आयोजित किए जाते हैं।

REPATRIATION OF ILLEGAL INDIAN EMIGRANTS

1242. SHRI RAJEEV RAI:

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

- (a) whether many Indians who had earlier immigrated to USA and European countries through illegal means have been repatriated by these countries in last two years;
- (b) if so, the details of such immigrants repatriated in the last three years, year-wise;
- (c) whether it is a fact that these countries have repatriated Indian illegal emigrants to the USA in very inhuman and tortuous conditions, if so, the details thereof;
- (d) whether the Government has taken up the matter with the USA and got any assurance from that country regarding humane expatriation of illegal emigrants to our country;
- (e) if so, the details thereof and if not, the reasons therefor; and
- (f) whether the Government is considering to propose an international

convention to discuss the issue and chalk out guidelines for repatriation of illegal emigrants to their native country in just and humane conditions, 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): Most of the foreign countries do not provide information on illegal stay in their countries, except when they are under orders of deportation and travel document/nationality verification is required. The procedure followed for deportation of foreign nationals also varies from country to country. Some countries do not arrest the deportee and keep them in detention/deportation centers until deportation. Moreover, the information about arrest/detention and deportation is not shared with Indian Missions/Posts and the deportation is done directly by the host Government if the deportee has valid travel document. Indian Missions/Posts are contacted by the host Governments only in such cases where the nationality verification and issuance of Emergency Certificate (EC) to the deportee is required. However, based on the data available with our Missions abroad, country-wise and year-wise details of Indian nationals detained and deported are given in the enclosed **Statement**.

There are several reasons for detention and deportation of Indians abroad, including entry into the country without valid visa, overstay beyond validity of visa or residency card, working without work permit, violating labour regulations, absconding from the employer and facing of civil or criminal cases,

etc.

(c) to (f): Government of India works in close coordination with U.S. authorities on all matters pertaining to deportation of Indian citizens. Such deportations are subject to an unambiguous verification of their Indian nationality.

The Ministry of External Affairs remains engaged with the U.S. side to ensure the humane treatment of deportees during deportation operations. The Ministry strongly registered its concerns with the U.S. authorities on the treatment of deportees, particularly with respect to use of shackles, especially on women and children. Concerns with regards to religious / cultural sensitivities including the use of turbans and dietary preferences have also been formally taken up with the U.S. side. This Ministry has not received any complaint pertaining to treatment of deportees on any flight after February 5, 2025.

The U.S. authorities have conveyed that the Restraining Policy for U.S. deportation flights is in place since 19 November 2012 as part of the Standard Operating Procedure of the U.S. Immigration and Customs Enforcement (ICE). They have also conveyed that their policy of shackling deportees is followed to ensure the safety and security of all passengers on these flights. In the past, they claim that there have been instances of violence by deportees against fellow deportees and supporting crew members on such deportation flights. While women and minors are generally not shackled, the flight officer in charge of a deportation flight, in the interest of the safety of the mission, has the final say on the matter.

The Government of India accords highest priority to the safety, security, and well-being of Indian nationals abroad and remains engaged with U.S. authorities on addressing illegal immigration and human trafficking.

STATEMENT

Country-wise and year-wise details of Indian nationals detained and deported

Sl. No.	Name of the Country	Name of the Mission/Post	Number of Indian nationals deported from foreign countries		
			2023	2024	2025
1	Afghanistan	EOI, Kabul	0	0	0
2	Albania	EOI, Tirana	0	0	0
3	Algeria	EOI, Algiers	0	1	2
4	Angola	HCI, Luanda	0	0	0
5	Argentina	EOI, Buenos Aires	0	0	0
6	Armenia	EOI, Yerevan	0	0	0
7	Australia	HCI, Canberra	9	0	0
8	Australia	CGI, Melbourne			
9	Australia	CGI, Sydney	7	28	16
10	Australia	CGI, Perth	0	0	0
11	Australia	CGI, Brisbane	0	1	3
12	Austria	EOI, Vienna			
13	Azerbaijan	EOI, Baku	0	0	0
14	Bahrain	EOI, Bahrain	0	0	0
15	Bangladesh	HCI, Dhaka	0	0	0
16	Bangladesh	AHCI, Chittagong	0	0	0
17	Bangladesh	AHCI, Khulna	0	0	0
18	Bangladesh	AHCI, Rajshahi	0	0	0
19	Bangladesh	AHCI, Sylhet	0	0	0
20	Belarus	EOI, Minsk			

21	Belgium	EOI, Brussels	19	5	4
22	Belize	EOI, Mexico city	0	0	0
23	Bhutan	EOI, Thimphu	0	0	1
24	Bhutan	CGI, Phuntsholing	0	0	0
25	Bolivia	EOI, La Paz	0	0	0
26	Botswana	HCI, Gaborone	0	0	0
27	Brazil	EOI, Brasilia	0	0	0
28	Brazil	CGI, Sao Paulo	0	0	0
29	Bulgaria	EOI, Sofia	0	0	0
30	Burkina Faso	EOI, Ouagadougou	0	0	0
31	Cabo Verde	EOI, Praia	0	0	0
32	Cambodia	EOI, Phnom Penh			
33	Cameroon	HCI, Yaounde	0	0	0
34	Canada	HCI, Ottawa	48	30	48
35	Canada	CGI, Toronto	60	63	198
36	Canada	CGI, Vancouver			
37	Chad	EOI, N'Djamena			
38	Chile	EOI, Santiago	0	0	0
39	China	EOI, Beijing	3	4	7
40	China	CGI, Shanghai	2	1	1
41	China	CGI, Guangzhou	21	26	8
42	China	CGI, Hong Kong	207	201	300
43	Colombia	EOI, Bogota	0	60	0
44	Comoros	EOI, Antananarivo	0	0	0
45	Cote D'Ivoire	EOI, Abidjan	0	0	0
46	Croatia	EOI, Zagreb			
47	Cuba	EOI, Havana	0	0	0
48	Cyprus	EOI, Nicosia	173	183	163
49	Czech Republic	EOI, Prague			

50	Democratic Republic of Congo	EOI, Kinshasa	0	0	0
51	Denmark	EOI, Copenhagen	0	0	0
52	Djibouti	EOI, Djibouti	0	0	0
53	Dominican Republic	EOI, Santo Domingo			
54	Ecuador	EOI, Quito			
55	Egypt	EOI, Cairo	2	0	0
56	Equatorial Guinea	EOI, Malabo			
57	Eritrea	EOI, Asmara	0	0	0
58	Estonia	EOI, Tallinn			
59	Eswatini	HCI, Mbabane	0	0	0
60	Ethiopia	EOI, Addis Ababa	0	0	0
61	Fiji	HCI, Suva	0	0	0
62	Finland	EOI, Helsinki	0	0	0
63	France	EOI, Paris			
64	France	CGI, Marseille	0	0	5
65	France	CGI, Saint Denis (Reunion Island)	0	1	0
66	Gabon	HCI, Libreville			
67	Georgia	EOI, Tbilisi	0	0	155
68	Germany	EOI, Berlin	0	79	16
69	Germany	CGI, Frankfurt			
70	Germany	CGI, Hamburg			
71	Germany	CGI, Munich			
72	Ghana	HCI, Accra	0	0	0
73	Greece	EOI, Athens			
74	Guatemala	EOI, Guatemala	0	0	4

		City			
75	Guyana	HCI, Georgetown	0	11	5
76	Hungary	EOI, Budapest	0	0	0
77	Iceland	EOI, Reykjavik			
78	Indonesia	EOI, Jakarta	0	0	11
79	Indonesia	CGI, Medan	0	0	3
80	Indonesia	CGI, Bali	20	20	10
81	Iran	EOI, Tehran	0	0	0
82	Iran	CGI, Bandar Abbas			
83	Iran	CGI, Zahedan			
84	Iraq	EOI, Baghdad	0	0	0
85	Iraq	CGI, Erbil	0	0	0
86	Ireland	EOI, Dublin	0	2	5
87	Israel	EOI, Tel Aviv			
88	Italy	EOI, Rome	2	6	9
89	Italy	CGI, Milan			
90	Jamaica	HCI, Kingston			
91	Jamiaca	HCI, Kingston			
92	Japan	EOI, Tokyo	16	11	12
93	Japan	CGI, Oska Kobe			
94	Japan	CGI, Fukuoka	0	0	0
95	Jordan	EOI, Amman	59	79	61
96	Kazakhstan	EOI, Astana	0	0	0
97	Kazakhstan	ROI, Almaty	0	0	0
98	Kenya	HCI, Nairobi	1	1	1
99	Kenya	AHCI, Mombasa	0	0	0
100	Kuwait	EOI, Kuwait			
101	Kyrgyzstan	EOI, Bishkek			
102	Lao PDR	EOI, Vientiane	0	0	0

103	Latvia	EOI, Riga	0	0	0
104	Lebanon	EOI, Beirut	1	5	2
105	Liberia	EOI, Monrovia	0	0	0
106	Libya	EOI, Tripoli	0	0	0
107	Lithuania	EOI, Vilnius	0	0	4
108	Madagascar	EOI, Antananarivo	0	0	0
109	Malawi	HCI, Lilongwe	1	0	0
110	Malaysia	HCI, Kuala Lumpur	1182	1259	1675
111	Maldives	HCI, Male	117	194	150
112	Mali	EOI, Bamako	0	0	0
113	Malta	EOI, Malta	0	0	3
114	Mauritania	EOI, Nouakchott	0	0	0
115	Mauritius	HCI, Port Louis			
116	Mexico	EOI, Mexico City	0	0	0
117	Mongolia	EOI, Ulaanbaatar	0	0	0
118	Morocco	EOI, Rabat			
119	Mozambique	HCI, Maputo	0	0	0
120	Myanmar	EOI, Yangoon	89	148	1,605
121	Myanmar	CGI, Mandalay			
122	Myanmar	CGI, Sittwe	0	0	0
123	Namibia	HCI, Windhoek	0	0	0
124	Nepal	EOI, Kathmandu			
125	Nepal	CGI, Birgunj	0	0	0
126	Netherlands	EOI, The Hague	58	11	3
127	New Zealand	EOI, Wellington	19	20	6
128	New Zealand	CGI, Auckland	0	0	0
129	Niger	EOI, Niamey	0	0	0
130	Nigeria	HCI, Abuja	0	0	1
131	Nigeria	AHCI, Lagos			

132	North Korea	EOI, Pyongyang			
133	Norway	EOI, Oslo	0	0	0
134	Oman	EOI, Muscat	47	25	25
135	Pakistan	HCI, Islamabad	0	0	0
136	Palestine	ROI, Ramallah	0	0	0
137	Panama	EOI, Panama	0	215	79
138	Papua New Guinea	HCI, Port Moresby	1	1	0
139	Paraguay	EOI, Asuncion	0	0	0
140	Peru	EOI, Lima	0	0	0
141	Phillipines	EOI, Manila			
142	Poland	EOI, Warsaw	24	14	12
143	Qatar	EOI, Doha	1,414	1,136	796
144	Republic of Congo	EOI, Brazzaville	0	0	0
145	Republic of Guinea	EOI, Conakry	0	0	0
146	Romania	EOI, Bucharest			
147	Russia	EOI, Moscow	0	35	284
148	Russia	CGI, St. Petersburg			
149	Russia	CGI, Vladivostok	0	0	1
150	Russia	CGI, Kazan			
151	Russia	CGI, Yekaterinaburg			
152	Rwanda	HCI, Kigali	0	0	0
153	Sao Tome and Principe	EOI, Sao Tome and Principe	0	0	0
154	Saudi Arabia	EOI, Riyadh	29592	5235	4335
155	Saudi Arabia	CGI, Jeddah	7542	8831	8921
156	Senegal	EOI, Dakar	0	0	0

157	Serbia	EOI, Belgrade	2	5	10
158	Seychelles	HCI, Victoria, Mahe	0	0	0
159	Sierra Leone	EOI, Freetown			
160	Singapore	HCI, Singapore	21	13	15
161	Slovakia	EOI, Bratislava	0	8	27
162	Slovenia	EOI, Ljubljana	0	0	0
163	South Africa	HCI, Pretoria	0	0	0
164	South Africa	CGI Johanesburg	0	0	0
165	South Africa	CGI, Cape Town	0	0	1
166	South Africa	CGI, Durban	0	0	0
167	South Korea	EOI, Seoul	4	0	0
168	South Sudan	EOI, Juba	0	0	0
169	Spain	EOI, Madrid			
170	Spain	CGI, Barcelona	0	0	0
171	Sri Lanka	HCI, Colombo			
172	Sri Lanka	AHCI, Kandy			
173	Sri Lanka	CGI, Jaffna	0	0	0
174	Sri Lanka	CGI, Hambantota	0	0	0
175	Sudan	EOI, Khartoum			
176	Suriname	EOI, Paramaribo	0	0	0
177	Sweden	EOI, Stockholm	27	16	13
178	Switzerland	EOI, Bern			
179	Switzerland	CGI, Geneva	0	0	0
180	Syria	EOI, Damascus	0	0	0
181	Taiwan	India Taipei Association	0	0	0
182	Tajikistan	EOI, Dushanbe			
183	Tanzania	HCI, Dar-e-Salaam	0	0	0
184	Tanzania	CGI, Zanzibar	0	0	0

185	Thailand	EOI, Bangkok			
186	Thailand	COI, Chiangmai	0	0	0
187	Timor Leste	EOI, Dili	0	0	0
188	Togo	EOI, Lome	0	0	0
189	Trinidad & Tobago	HCI, Port of Spain	0	0	0
190	Tunisia	EOI, Tunis	2	0	0
191	Turkiye	EOI, Ankara	23	10	3
192	Turkiye	CGI, Istanbul			
193	Turkmenistan	EOI, Ashgabat	0	0	0
194	UAE	EOI, Abu Dhabi	666	899	1,662
195	UAE	CGI, Dubai	2,841	5,221	7,896
196	Uganda	HCI, Kampala			
197	Ukraine	EOI, Kyiv	11	5	5
198	United Kingdom	HCI, London			
199	United Kingdom	CGI, Birmingham	75	33	70
200	United Kingdom	CGI, Edinurgh	0	0	0
201	United Kingdom	CGI, Manchester	0	0	0
202	United Kingdom	CGI, Belfast	0	0	0
203	Uruguay	EOI, Buenos Aires	0	0	0
204	USA	EOI, Washington	617	1,368	3414 (till mid Dec 2025)
205	USA	CGI, New York	18	26	47
206	USA	CGI, Chicago	0	0	0
207	USA	CGI, Atlanta	5	14	31
208	USA	CGI, Houston	14	42	234
209	USA	CGI, San Fransisco	19	17	49
210	USA	CGI, Seattle	0	3	31
211	USA	CGI, Los Angeles	0	0	0

212	Uzbekistan	EOI, Tashkent	0	0	0
213	Venezuela	EOI, Caracas	0	14	0
214	Vietnam	EOI, Hanoi	0	0	0
215	Vietnam	CGI, Ho Chi Minh City			
216	Yemen	EOI, Riyadh	0	0	0
217	Zambia	HCI, Lusaka	0	0	0
218	Zimbabwe	EOI, Harare	0	0	0

INFECTIOUS DISEASES

1243. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

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

- (a) whether the Government has any proposal to support measures to transition India's healthcare system from a predominant focus on infectious diseases to advanced and personalised medicine, including genomics, precision diagnostics and targeted therapies and if so, the details thereof;
- (b) the details of major programmes, research initiatives and institutions involved in the said transition during the last three years;
- (c) whether adequate infrastructure, skilled manpower and regulatory frameworks are in place to support personalised medicine, especially in public healthcare systems and if so, the details thereof;
- (d) the manner in which Government proposes to ensure equitable access and affordability of such advanced healthcare technologies to economically weaker sections and patients in rural and remote areas; and

(e) the steps taken or proposed to be taken by the Government to integrate personalised medicine with existing national health programmes while continuing effective control of infectious and communicable diseases?

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

(a) to (e): The Government of India has undertaken various initiatives on advanced, personalized medicine including genomics, precision diagnostics and targeted therapies.

The 'GENOMEINDIA', funded by the Department of Biotechnology of the Central Government has completed whole genome sequencing (WGS) database of over 10,000 individuals representing all major population groups, across the country. GenomeIndia data represents Government of India's commitment to scientific inquiry and is poised to reshape health and science in India and beyond, fostering sustainable development through democratizing and disseminating this national genetic resource knowledge.

Ministry of Science and Technology has also launched the state-of-the-art Phenome India 'National Biobank' at the CSIR-Institute of Genomics and Integrative Biology in New Delhi. The Biobank aims to serve as the backbone of a nationwide cohort study, collecting comprehensive genomic, lifestyle, and clinical data from 10 thousand individuals across the country.

Department of Biotechnology has informed that under the BioE3 Policy, it has identified Precision Biotherapeutics as one of the thematic

areas. Under this thematic area, DBT facilitates R&D, and manufacturing of indigenous mRNA therapeutics, monoclonal antibodies and Cell and Gene Therapies, by industry and academia, as cost effective solutions for improved health outcomes. The support traverses discovery and application oriented research to bridging the gap for scale up.

As reported by the Department of Biotechnology, Unique Methods for Management of Inherited Disorders (UMMID) initiative was started by them to address the burden of genetic disorders in the country. One of the components of the UMMID initiative is establishing NIDAN Kendras (National Inherited Disorders Administration Kendras) for providing clinical care broadly encompassing the activities of prenatal testing for genetic disorders, newborn screening for relatively common treatable genetic metabolic disorders, and genetic counseling of pregnant mothers carrying fetuses with high risk of genetic disorder.

Further, DBT it supports Indian Tuberculosis Genomic Surveillance Consortium programme (InTGS) aiming to catalogue the existing and emerging drug resistance mutations in *Mycobacterium tuberculosis*. The initiative aims to leverage genomics and artificial intelligence for a faster and more comprehensive detection of drug resistance and support evidence-based strategies for more effective TB control and management.

The Department of Pharmaceuticals implements the Scheme for Promotion of Research and Innovation in Pharma-MedTech Sector (PRIP) to strengthen research and innovation by supporting projects across the

innovation lifecycle from early research to product development and commercialisation. The PRIP scheme provides for disbursement of financial assistance to industries, MSMEs, start-ups for eligible R&D projects for the development or expeditious validation of new medicines; complex generics and biosimilars; and novel medical devices in identified priority areas taken up either in-house or in collaboration with the academia.

The Department of Health Research (DHR) has implemented the DHR-ICMR Advanced Molecular Oncology Diagnostic Services (DIAMOnDS) Scheme, with the aim of providing free of cost advanced molecular oncopathology diagnostic services to the poor and needy lung and breast cancer patients. Through its network of 25 DIAMOnDS centres across the country, the scheme aims to facilitate biomarker based precision and personalized treatment to the cancer patients. Moreover, through its Health Technology Assessment in India (HTAI) Attached Office, DHR supports cost-effective studies for affordable advanced technology and their integration into National Health Programmes.

DHR through Indian Council of Medical Research (ICMR) promotes indigenous innovation by supporting high-risk, high-reward R&D to translate new diagnostics, drugs, biologics and medical devices from proof-of-concept to product development, including patient-specific and targeted therapies. This is complemented by national facilities such as mPRAGATI at IIT Delhi for precision design, fabrication, testing and validation.

Further DHR through its Human Resource Development (HRD)

scheme supports capacity building in health research including personalised medicine and advanced technologies. ICMR through its pioneer initiatives like MedTech Mitra, Patent Mitra and Clinical Trial Network – INTENT supports regulatory handholding and clinical trials respectively. This support system is assisting quick translation of useful products and tools for betterment of health of the people.

ICMR has played a central role in shaping India's environment for ethical research on advanced biomedical technologies by issuing national ethical guidelines governing biomedical research, biobanking, genomic data use, and secondary analysis of clinical samples and by co-developing national guidelines for gene therapy product development and oversight, providing a facilitatory pathway for advanced and targeted therapies.

DATA ON MIGRANT WORKERS

1244. SHRI RAMASAHAYAM RAGHURAM REDDY:

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

- (a) whether the Government has a designated and periodically updated database for Indian migrant workers in foreign countries, if so, the details thereof, State-wise and gender-wise for Andhra Pradesh indicating the periodicity thereof;
- (b) whether steps have been taken to address issues such as lack of wages and trafficking faced by migrant workers from Srikakulam and Vizianagaram districts of Andhra Pradesh in Gulf countries, if so, the details thereof; and

(c) the details of grievance redressal mechanisms available for these migrant workers and its operational mechanism?

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): Ministry maintains data in respect of Indian workers, holding Emigration Check Required (ECR) passports, proceeding for employment to any of the notified ECR category countries, through e-Migrate portal. Country-wise and gender-wise data on the number of Emigration Clearances (ECs) granted to the emigrants from Andhra Pradesh during the last five years is given below:

EC count gender-wise for Andhra Pradesh From 01.01.2021 to 31.12.2025		
Year	Gender	EC Count
2021	Female	998
2021	Male	4484
2022	Female	4704
2022	Male	14643
2023	Female	3287
2023	Male	13100
2024	Female	4807
2024	Male	11808
2025	Female	5787
2025	Male	12583
	Total	76201

The Government of India accords highest priority to the safety, security, protection and wellbeing of Indian workers, including those from Andhra

Pradesh, abroad. There are established channels to enable them to reach out to the Embassy/Consulate in case they need any assistance. They can contact the Embassy/Consulate through walk-in, email, multilingual 24x7 emergency numbers, WhatsApp number, grievance redressal portal like MADAD/CPGRAMS/eMigrate, and social media etc. There are dedicated Labour Wings in Indian Missions/Posts abroad for handling such matters, where there is a sizeable number of Indian migrant workers. Pravasi Bharatiya Sahayata Kendras have been set up in key locations such as New Delhi, Dubai, Riyadh, Jeddah, and Kuala Lumpur to provide guidance and counselling to the Indian workers.

Indian Missions/Posts regularly organize Open Houses and Consular Camps in remote areas to get feedback from Indian workers residing in such areas and to address their grievances, if any. On receipt of complaint from or on behalf of the emigrant, the same is taken up pro-actively with concerned Foreign Employer (FE) and the work place of the aggrieved worker is also visited, if required. The complaints pertaining to employment issues are also taken up with the local labour department and other relevant authorities of the host country for redressal.

Further, as additional safeguard for protection and safety of the female domestic sector workers, Government has authorized only State run Recruiting Agencies (RAs) to recruit Indian female workers holding ECR category passports for overseas employment in the notified 19 ECR countries through the e-Migrate Portal. Moreover, there is a minimum age criteria of 30 years for

female workers holding ECR category passport for overseas employment to protect them against exploitation.

The Embassy/Consulate abroad also utilizes the Indian Community Welfare Fund (ICWF) from time to time to provide financial and legal assistance to Indian nationals in distress on a means-tested basis. Under ICWF, the major assistance includes Boarding & Lodging, Air Passage to India, legal assistance, emergency medical care, transportation of mortal remains to India, and payment of small fines and penalties.

INTERNATIONAL REGULATORY APPROACHES FOR e-CIGARETTES

1245. SHRI TANGELLA UDAY SRINIVAS:

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

- (a) whether the Government has examined or compiled information on international regulatory approaches for products such as e-cigarettes and heated tobacco products, including the number of countries regulating them under adult-only access frameworks and the manner in which such regulations differ from those for conventional cigarettes;
- (b) the details of countries that have shifted from prohibition to regulation and the scientific studies, public-health risk assessments and epidemiological evidence considered in such decisions;
- (c) the key outcomes observed in these countries, including changes in adult and youth usage, illicit trade, enforcement outcomes and public-

health indicators as compared to cigarette use;

(d) whether the Government proposes to undertake a comparative and evidence-based assessment of global experiences to inform policymaking in India; 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): The Ministry enacted Prohibition of Electronic Cigarettes Act (PECA), 2019 to prohibit the production, manufacture, import, export, transport, sale, distribution, storage and advertisement of electronic cigarettes and similar devices, which are harmful and has potential for initiating tobacco use amongst youth.

As per the White Paper by Indian Council of Medical Research on Electronic Nicotine Delivery System (ENDS), 2019, the use of ENDS or e-cigarettes adversely affects almost all the human body systems with impact across the life course, from the womb to tomb. Some of the major impacts of ENDS or e-cigarettes are as under:

- The cartridges used in ENDS or e-cigarettes are filled with liquid nicotine, flavoring agents and other chemicals. A typical cartridge contains about as much nicotine as a pack of 20 regular cigarettes and can act as a potential source for nicotine addiction.
- Furthermore, the amount of nicotine and other chemicals in these

products varies widely, and thus, the consumer remains unaware of the actual contents of the products they use.

- The flavoring agents used in e-cigarettes to attract consumers can adversely affect the health of the users due to their cytotoxic effect, which has been demonstrated by various studies.
- ENDS can adversely affect pregnant women, whether they are users or exposed to passive aerosol. It also poses risks to foetal, infant, and child brain development.
- E-cigarette use adversely affects the cardiovascular system, impairs respiratory, immune cell function and airways in a way similar to cigarette smoking and is responsible for severe respiratory disease.
- Human bronchial cells grown in a medium-exposed to e-cigarette aerosol have shown a similar pattern of gene expression to those grown in a medium-exposed to tobacco smoke. Such exposure induces DNA damage and cell death independently of nicotine in cell lines.
- Studies on these nicotine solvents had shown a varied degree of release of potential carcinogens, which includes acetaldehyde, formaldehyde and acetone, depending on the battery output voltage. The liquid-vaporizing solutions also contain toxic chemicals and metals that have been demonstrated to be responsible for several adverse health effects, including cancers and diseases of the heart, lungs and brain.

GROWTH IN DEMAND AND PRODUCTION CAPACITY OF CHEMICALS

1246. SHRI BALWANT BASWANT WANKHADE:

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

- (a) the actual market size of the Indian chemicals and petrochemicals sector at the end of 2025;
- (b) whether the projected target of USD 300 billion by 2025 has been achieved, if so, the details thereof;
- (c) the extent of growth in demand and production capacity recorded during the period leading up to 2025, vis-a-vis earlier projections;
- (d) whether the said target has been achieved, if so, the details thereof and if not, the reasons therefor, including constraints related to investments, infrastructure, policy implementation or global market conditions; and
- (e) the roadmap and policy measures being pursued to achieve the long-term target of USD 1 trillion by the year 2040?

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

(a) to (e): The output for Chemicals and Petrochemicals as per the Annual Survey of Industries (ASI) done by the Ministry of Statistics and Programme Implementation for last five-years is given in the table below. It may please be noted that the Survey of Industries (ASI) for Financial Year 2024-25 has not been published yet.

The output for Chemicals & Petrochemicals in Rs. Crore					
Year	2019-20	2020-21	2021-22	2022-23	2023-24

Total Output	11,99,309	11,91,354	16,03,219	19,32,057	18,71,943

The chemical sector is largely delicensed except for a group of three hazardous chemicals. The sector offers substantial opportunities for growth, diversification as it also feeds several downstream industries such as Agriculture, Fertilizers, Pharmaceuticals, Nutraceuticals, Electronics, Semiconductors, Textiles, Automobiles, Consumer goods, Construction sector, etc.

As per the Foreign Direct Investment Policy, 100% FDI under the automatic route is allowed in the chemicals and petrochemicals sector (excluding fertilizers) for both manufacturing and trading activities, thereby facilitating investments in the sector. From April 2000 to September 2025, cumulative FDI equity inflows for the Chemicals sector is INR 1,47,453.93 crore, accounting for 3.11% of total FDI equity inflows into the country. The details of last five years are as under:

Financial Year (April-March)	FDI Equity Inflow from CHEMICALS (OTHER THAN FERTILIZERS) Sector	
	(In INR Crore)	(In USD Million)
(1)	(2)	(3)
2020-21	6,300.21	847.07
2021-22	7,202.22	965.78
2022-23	14,662.04	1,850.01
2023-24	6,985.32	843.97
2024-25	8,943.45	1,060.56
2025-26 (Up to September 2025)	4,598.19	534.12

Further, Department of Chemicals and Petrochemicals has been taking various measures to support the sector. The measures are as follows:

Petroleum, Chemicals and Petrochemicals Investment Regions (PCPIR):

To attract investments in chemicals & petrochemicals sector, Department had notified the Petroleum, Chemicals and Petrochemical Investment Region (PCPIR) Policy. PCPIRs are conceptualized as cluster-based model of Development with common infrastructure and support services. Three PCPIRs have been set up at Dahej (Gujarat), Vishakhapatnam–Kakinada (Andhra Pradesh) and Paradeep (Odisha). Currently, 2,246 chemical units are functional in these PCPIRs having a cumulative investment of Rs. 3,49,192 crore and these regions have generated employment of 3.7 lakh persons.

Plastic Parks: The Department implements the Scheme for Setting up of Plastic Parks under the scheme of New Scheme of Petrochemicals. The Scheme promotes setting up of need-based Plastic Parks with requisite state-of-the-art infrastructure and enabling common facilities. The objective is to consolidate and synergize the capacities of downstream plastic processing industry to help increase investment, production and export in the sector as well as generate employment. Under the Scheme, the Government of India provides grant funding up to 50% of the project cost to the State government subject to a ceiling of Rs. 40 crore per project. In accordance with the Scheme Guidelines, 9 Plastic Parks have been approved so far and the same are at different levels of implementation.

Free Trade Agreements: Further, various Comprehensive Economic Partnership Agreements (CEPAs) and other Free trade agreements with different countries and regional groupings have been negotiated by the Government in the recent years to promote greater integration of the sector with the global value chains. These countries / regional blocks include Oman, the United Kingdom, the United Arab Emirates, European Free Trade Association and Australia.

In addition to these infrastructure-led initiatives, the Department has also undertaken the following initiatives aimed at research and development, technology upgradation, and human resource development, to promote the sector.

Centre of Excellence: The Department of Chemicals and Petrochemicals has formulated a scheme on setting up of Centres of Excellence. The objective is to provide grant-in-aid to educational and research institutions to improve existing technology and promote development of new applications of polymers and plastics. The emphasis of the Scheme is on modernization and upgradation of existing manufacturing processes as well as improving the quality of products. Under the scheme, the Government of India provides financial support up to 50 per cent of the total project cost subject to an upper limit of Rs. 5 crores. So far, 18 CoEs have been approved under the Scheme. Earlier, the CoE scheme was only available for petrochemical sector. Now, the revised scheme includes chemicals sector also.

Skilling and Human Resource Development through CIPET: The Central Institute of Petrochemicals Engineering & Technology (CIPET) is a technical education institution under the Department of Chemicals & Petrochemicals, engaged in skill development, technology support, as well as academic and research activities for the promotion of the petrochemical and allied industry in the country. CIPET has 48 centers across the country. During 2024-25, CIPET provided training to 75,763 persons and during 2025-26 (till 15.01.2026), 46,381 persons have been imparted skill training.

IMPACT OF PM-ABHIM ON RURAL HEALTH ACCESS

1247. DR. PRABHA MALLIKARJUN:

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

- (a) the current status of availability of doctors, specialists, nurses and diagnostic services in Rural Primary Health Centres and Community Health Centres in the country;
- (b) whether the Government has assessed the impact of Ayushman Bharat Health Infrastructure Mission on rural health access and if so, the details thereof;
- (c) the steps taken by the Government to expand telemedicine, mobile medical units and digital health services in remote areas of the country; and
- (d) whether any State or district-level gaps have been identified and if so, the details thereof along with the corrective measures proposed in this regard?

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

(a) to (d): The details of doctors, specialists, nurses in Rural Primary Health Centres and Community Health Centres in the country are available on the website of the Ministry of Health and Family Welfare at the following link of Health Dynamics of India (HDI) 2022–23:

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

PM-ABHIM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (2021-22 to 2025-26). The scheme envisages a new generation of reforms to integrate and strengthen health service delivery and public health action including health research so that the communities are Atmanirbhar in managing such pandemics or health crisis. The measures under the scheme are aimed at strengthening health systems and institutions in order to provide a continuum of care at all levels, namely primary, secondary, and tertiary, as well as preparing health systems to respond effectively to current and future pandemics and disasters.

The impact of the PM-ABHIM on health service availability and access, including in rural and underserved areas, has been assessed based on a

review of the Mission's progress and outcomes. This assessment includes findings from the evaluation of Centrally Sponsored Schemes of the Health Sector conducted by the Development Monitoring and Evaluation Office (DMEO), NITI Aayog, under Package-7.

The assessment indicates that PM-ABHIM is a highly relevant and equity-oriented intervention aimed at addressing critical gaps in public health infrastructure.

The assessment further notes that PM-ABHIM represents a transformative step towards strengthening the public health system, with a focus on improving the availability and accessibility of essential health services at the district and block levels. The Mission complements existing health programmes and contributes to building a more resilient and responsive health system for rural and remote areas.

The Ayushman Bharat Digital Mission (ABDM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of healthcare ecosystem through digital highways. Under the ABDM, specific measures have been instituted to ensure data quality, patient consent, and interoperability in the digital health ecosystem.

Additionally, digital platforms such as e-Sanjeevani platform to provide teleconsultation services to strengthen digital healthcare and improve accessibility especially in rural and underserved areas. The teleconsultation services, available at all operational AAMs across the country including rural

areas, 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.

Under the National Health Mission (NHM), states receive support for deploying Mobile Medical Units (MMUs) especially for populations in remote, hard-to-reach, underserved, and unserved areas to improve access to public healthcare. A total of 1,498 MMUs are supported under NHM to the States.

The Ministry of Health and Family Welfare has launched an open-source toolkit and a dashboard under Indian Public Health Standards (IPHS). The IPHS Dashboard is a cutting-edge digital platform designed to monitor public health facilities' compliance with the IPHS 2022 standards. These tools help states identify gaps and receive targeted support to achieve the required standards and facilitate timely interventions.

The HMIS portal enables real-time report generation at State, District and below levels. The concerned stakeholders of the States/UTs can generate district level reports from HMIS and analyse key performance indicators of CHCs and PHCs.

ABDUCTION OF INDIAN NATIONALS IN MALI

1248. SHRI ESWARASAMY K.:

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

(a) Whether the Government is aware of the reported abduction of five Indian nationals from Tamil Nadu working on an electrification project in Mali, if so, the

details thereof;

(b) The details of the diplomatic steps taken by the Government, including coordination with the Indian Embassy in Bamako and international agencies, to ensure their safe and early release;

(c) Whether any communication has been received from the Non-Resident Tamils Welfare Board or the State Government of Tamil Nadu regarding this incident and if so, the action taken thereon; and

(d) The measures being taken by the Government to ensure the safety and security of Indian citizens employed in high-risk regions in abroad?

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

(a): The Ministry is aware of the abduction of five Indian nationals, who were working on an electrification project in Mali, employed by M/s Sri Vinayaka Power Engineering, a sub-contractor of Transrail Lighting Ltd. On 06 November 2025, a group of armed assailants attacked the labour camp in Kobri village, Kayes region and abducted five technicians who were staying there.

(b): The Government of India, through its Embassy in Bamako, has taken up the matter with the Government of Mali and is coordinating with Malian authorities for safe and early release of the abducted Indian nationals. The Government of Mali has assured of its cooperation for the safe release of Indian nationals. Further, the Embassy of India in Bamako is in regular contact with the employer of the abducted five Indian nationals. The Ministry has also

been in communication with the Embassy of Mali in India in this regard.

(c): Yes, the Government of India has received a communication from the Non-Resident Tamils Welfare Board regarding the five Indian nationals and conveyed them steps taken by the Government for their safe and early release.

(d): The Government remains in close coordination with relevant host Governments to facilitate appropriate security arrangements for Indian nationals working in high risk regions abroad. In situations where the security environment poses potential risks, Indian Missions issue advisories, alerting Indian citizens to exercise caution and follow safety measures. Missions remain in regular communication with Indian employers and community representatives to monitor developments and ensure the continued safety and well being of Indian nationals.

UTILISATION OF NIRBHAYA FUND

1249. SHRI TANUJ PUNIA:

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

- (a) the details of the funds sanctioned, allocated/utilized under the Nirbhaya Fund Scheme during the last two years, State/UT-wise; and
- (b) the details of the compensation being provided under the said scheme during the said period, State/UT-wise?

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

(a) and (b): The projects/schemes that are specifically aimed at ensuring safety and security of women and girls are considered for funding under Nirbhaya Fund. Upto the financial year 2025-26, a total amount of Rs 8212.85 Crore has been allocated under the Nirbhaya Fund. The total amount released and utilized out of the Nirbhaya fund is Rs 6581.84 Crore.

As per Section 396 of Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, every State Government in coordination with the Central Government is mandated to prepare a victim compensation scheme for providing funds for the purpose of compensation to the victim or their dependents who have suffered loss or injury as a result of the crime and who require rehabilitation.

All the State/ Union Territories have notified victim compensation scheme in their respective State/ UT. Through the Central Victim Compensation Fund (CVCF) scheme under Nirbhaya Fund, financial assistance of Rs. 200.00 Crores, as one time grant has been released by Ministry of Home Affairs (MHA) to all the States/ UTs in financial year 2016-17 to support their respective State Victim Compensation Schemes.

State/ UT-wise details of utilisation of fund since inception of Nirbhaya Fund are given in the enclosed **Statement**.

STATEMENT

Fund released to States/ UTs and utilised under Nirbhaya Fund

Sl.no	States/ UTs	(Rs. In crore)
1	Andhra Pradesh	138.00
2	Arunachal Pradesh	58.23
3	Assam	129.12
4	Bihar	159.22
5	Chhattisgarh	125.82

6	Goa	21.51
7	Gujarat	278.59
8	Haryana	93.77
9	Himachal Pradesh	52.35
10	Jammu and Kashmir	57.30
11	Jharkhand	79.43
12	Karnataka	574.14
13	Kerala	123.90
14	Madhya Pradesh	294.55
15	Maharashtra	347.90
16	Manipur	55.14
17	Meghalaya	48.70
18	Mizoram	57.88
19	Nagaland	73.66
20	Odisha	176.26
21	Punjab	89.79
22	Rajasthan	213.16
23	Sikkim	26.59
24	Tamil Nadu	402.97
25	Telangana	309.94
26	Tripura	30.12
27	Uttar Pradesh	714.20
28	Uttarakhand	66.94
29	West Bengal	165.39
30	A&N Islands	16.67
31	Chandigarh	80.93
32	DNH & DD	17.33
33	Delhi	522.73
34	Ladakh	5.96
35	Lakshadweep	9.32
36	Puducherry	20.07

गोरखपुर में पासपोर्ट सेवाएं

1250. श्री रवीन्द्र शुक्ला उर्फ रवि किशन :

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि;

(क) उत्तर प्रदेश के गोरखपुर तथा सटे जिलों के नागरिकों को पासपोर्ट एवं वाणिज्य दूतावासीय सेवाएं प्रदान करने हेतु वर्तमान में उपलब्ध सुविधाओं का ब्यौरा क्या है;

(ख) गोरखपुर जिले में स्थित पासपोर्ट सेवा केंद्र/डाकघर पासपोर्ट सेवा केंद्र में कार्यकुशलता, आवेदनों के निपटान में लगने वाले समय तथा लंबित मामलों की संख्या का ब्यौरा क्या है;

(ग) गोरखपुर/पूर्वांचल क्षेत्र से विदेशों में कार्यरत अनिवासी भारतीयों से संबंधित मएडीएडी एवं कॉन्सुलर सेवा पोर्टल के माध्यम से प्राप्त तथा निस्तारित शिकायतों की संख्या का ब्यौरा क्या है; और

(घ) क्या भविष्य में गोरखपुर में पासपोर्ट एवं वाणिज्य दूतावासीय सेवाओं के विस्तार अथवा उन्नयन की कोई योजना प्रस्तावित है 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): गोरखपुर और उत्तर प्रदेश के आसपास के जिलों के नागरिकों को पासपोर्ट संबंधी सेवाएं प्रदान करने के लिए गोरखपुर में एक पासपोर्ट सेवा केंद्र (पीएसके) कार्यरत है, जहां प्रतिदिन कुल 1,155 नियुक्तियां (940 सामान्य श्रेणी की नियुक्तियां, 80 तत्काल श्रेणी की नियुक्तियां और 135 पुलिस क्लियरेंस सर्टिफिकेट (पीसीसी) श्रेणी की नियुक्तियां) जारी की जाती हैं। इसके अतिरिक्त, गोरखपुर के आसपास के जिलों जैसे देवरिया, महाराजगंज, कुशीनगर, मऊ, आजमगढ़ और अंबेडकर नगर में डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) भी कार्यरत हैं, जो क्षेत्र के नागरिकों को पासपोर्ट सेवाएं प्रदान करते हैं।

इसके अतिरिक्त, जून 2018 में विदेश मंत्रालय ने 'भारत में कहीं भी आवेदन करें' योजना की शुरुआत की थी जिसके तहत पासपोर्ट के लिए भारत के किसी भी सार्वजनिक स्वास्थ्य

केंद्र/जनसंख्या स्वास्थ्य केंद्र (पीएसके) में आवेदन किया जा सकता है। इसके अतिरिक्त, विदेश मंत्रालय क्षेत्र में पासपोर्ट संबंधी कार्यवाही के लिए संबंधित आरपीओ के तहत नियमित रूप से मोबाइल पासपोर्ट वैन तैनात करता रहा है।

इसके अतिरिक्त, मिशन/ केंद्र विदेश में रहने वाले भारतीय नागरिकों को आवश्यकता पड़ने पर हर संभव कौंसली सहायता प्रदान करते हैं। भारतीय नागरिक विदेश स्थित भारतीय मिशन/ केंद्र से सीधे मिलकर, ईमेल, सोशल मीडिया प्लेटफॉर्म, चौबीसों घंटे चलने वाले आपातकालीन टेलीफोन नंबर और मिशनों/केंद्रों द्वारा स्थापित टोल फ्री हेल्पलाइन, साथ ही मदद, सीपीग्राम्स जैसे शिकायत निवारण पोर्टलों के माध्यम से संपर्क कर सकते हैं और अपनी शिकायतों का शीघ्र निवारण करवा सकते हैं। भारतीय मिशन/ केंद्र आवश्यकता पड़ने पर कानूनी सहायता भी प्रदान करते हैं। जिन क्षेत्रों में भारतीय समुदाय की संख्या अधिक है, वहां मिशन और केंद्र वकीलों का एक स्थानीय पैनल भी रखते हैं। विदेश में संकट में फंसे भारतीय नागरिकों को उनकी आकस्मिक खर्चों की पूर्ति के लिए सभी भारतीय मिशनों / केंद्रों में स्थापित भारतीय समुदाय कल्याण कोष (आईसीडब्ल्यूएफ) के तहत आय के आधार पर सहायता प्रदान की जाती है। इसके अतिरिक्त, दुबई, शारजाह, रियाद, जेद्दा और क्वालालम्पुर में प्रवासी भारतीय सहायता केंद्र (पीबीएसके) स्थापित किए गए हैं, ताकि विदेश में संकट में फंसे भारतीय नागरिकों को सहायता प्रदान की जा सके। भारतीय नागरिकों के लिए समय-समय पर सलाह जारी की जाती है, जिसमें उनसे उचित सावधानी बरतने और सतर्क रहने का आग्रह किया जाता है। सरकार विदेशों में रहने वाले भारतीय नागरिकों के जीवन को प्रभावित करने वाले घटनाक्रमों पर निरंतर नजर रखती है और उनके हितों और कल्याण की रक्षा के लिए सभी आवश्यक उपाय करती है।

(ख): पीएसके और पीओपीएसके, जिनमें पीएसके गोरखपुर भी शामिल है, में प्राप्त आवेदनों पर उसी दिन कार्रवाई की जाती है। यदि आवेदन तत्काल श्रेणी का है, तो पीएसके गोरखपुर में प्रक्रिया पूरी होते ही उसे तुरंत प्रिंटिंग के लिए भेज दिया जाता है। यदि आवेदन सामान्य श्रेणी का है, तो उसे उसी दिन पुलिस सत्यापन के लिए भेज दिया जाता है। पुलिस सत्यापन प्राप्त होने के बाद, उसे

तुरंत प्रिटिंग के लिए भेज दिया जाता है। पीएसके गोरखपुर में कोई भी पासपोर्ट आवेदन लंबित नहीं है।

(ग): वर्ष 2023-2025 की अवधि के लिए मदद पोर्टल पर दर्ज और हल की गई शिकायतों का ब्यौरा।

वर्ष	प्राप्त शिकायतें	हल की गई शिकायतें	लंबित	निपटान %
2023	5794	5474	3663	94
2024	5704	5467	3900	96
2025	6158	6454	3604	104*

* 100% से अधिक निपटान दर पिछले वर्षों से लंबित शिकायतों के समाधान को दर्शाती है।

(घ): विदेश मंत्रालय ने पहले ही सेवा प्रदाता को पीएसके गोरखपुर को अधिक स्थान/विस्तार क्षमता वाले नए स्थान पर स्थानांतरित करने की मंजूरी और निदेश दे दिया है।

मुरादाबाद, उत्तर प्रदेश में आयुष उपचार

1251. श्रीमती रुचि वीरा:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) मुरादाबाद जिले की स्वास्थ्य आवश्यकताओं की समीक्षा सरकार द्वारा किस प्रकार की गई है, जहां पूर्णतः क्रियाशील आयुष अस्पताल के अभाव में पंचकर्म, यूनानी चिकित्सा तथा प्राकृतिक चिकित्सा जैसे विशिष्ट उपचारों तक पहुंच सीमित है;
- (ख) आयुष अवसंरचना के उन्नयन हेतु राज्य सरकार के साथ समन्वय में सरकार द्वारा प्रदान किए गए सहयोग का ब्यौरा क्या है, जिसमें प्रशिक्षित कार्मिकों की तैनाती, उपचार उपकरणों की उपलब्धता, औषधालयों का विकास तथा डिजिटल स्वास्थ्य अभिलेख जैसी सुविधाओं का प्रावधान शामिल है; और
- (ग) मुरादाबाद जिले में एक समर्पित आयुष अस्पताल की स्थापना के लिए सरकार द्वारा तैयार

किए गए रोडमैप का ब्यौरा क्या है, जिसमें बेड क्षमता, ओपीडी एवं आईपीडी सेवाएं, आपातकालीन देखभाल, औषधि इकाइयां तथा योग-वेलनेस केंद्र सुविधाएं शामिल हैं, ताकि क्षेत्र में उपचार सेवाओं में सुधार हो सके तथा रोजगार के अवसर सृजित किए जा सकें?

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

(क) से (ग) : जन स्वास्थ्य राज्य का विषय होने के कारण, मुरादाबाद जिले की विशिष्ट उपचारों तक पहुंच के संदर्भ में स्वास्थ्य देखभाल संबंधी आवश्यकताओं जैसे पंचकर्म, यूनानी चिकित्सा और प्राकृतिक चिकित्सा की समीक्षा करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। उत्तर प्रदेश सरकार की रिपोर्ट के अनुसार, मुरादाबाद जिले में 12 आयुर्वेदिक अस्पताल (जिसमें 25 बिस्तरों वाले अस्पताल का एक यूनिट और 15 बिस्तरों वाले अस्पताल के दो यूनिट शामिल हैं), 01 यूनानी अस्पताल, 16 होम्योपैथिक अस्पताल, 03 योग कल्याण केंद्र, 03 आयुष्मान आरोग्य मंदिर और 01 होम्योपैथिक मेडिकल कॉलेज वर्तमान में कार्यरत हैं। सभी अस्पतालों में डॉक्टर और दवाएं उपलब्ध हैं, और योग कल्याण केंद्रों (वाईडब्ल्यूसी) तथा आयुष स्वास्थ्य एवं कल्याण केंद्रों जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) के रूप में जाना जाता है, में प्रतिदिन योग सत्र आयोजित किए जाते हैं।

राष्ट्रीय आयुष मिशन (एनएम) की केंद्रीय प्रायोजित योजना के तहत, राज्य वार्षिक कार्य योजनाओं (एसएपी) के माध्यम से राज्य सरकारों से प्राप्त प्रस्तावों के अनुसार उन्हें उपचार उपकरणों और कुशल कर्मियों की तैनाती सहित आयुष अवसंरचना के उन्नयन के लिए सहायता प्रदान की जाती है। राज्य सरकार द्वारा दी गई सूचना के अनुसार, रोगी और दवा डेटा की वास्तविक समय पर निगरानी के लिए आयुष इंटेलिजेंट मेडिसिन मैनेजमेंट सिस्टम (एआईएमएमएस) राज्य में स्थापित और कार्यरत है। आयुष मंत्रालय ने वित्त वर्ष 2021-22 से पांच वर्षों (2021-22 से 2025-26) के लिए कुल 122.00 करोड़ रुपये के बजटीय आवंटन के साथ

एक केंद्रीय क्षेत्र की योजना आयुष औषधी गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) कार्यान्वित की जा रही है। एओजीयूएसवाई योजना का एक घटक उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और दवा परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उनका उन्नयन है। विस्तृत दिशानिर्देश <https://ayush.gov.in/resources/pdf/schemes/aoushdhi.pdf> पर उपलब्ध हैं।

एनएएम के तहत, ओपीडी/आईपीडी सेवाओं के माध्यम से योग सहित विभिन्न आयुष उपचारों से उपचार प्राप्त करने के लिए 50/30/10 बिस्तर वाले एकीकृत आयुष अस्पतालों की स्थापना का प्रावधान है। तदनुसार, राज्य सरकारें एनएएम दिशानिर्देशों के प्रावधान के अनुसार एसएएपी के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त करती हैं।

INLAND WATER TRANSPORT

1252. SHRI PUSHPENDRA SAROJ:

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

- (a) the number of inland waterway terminals, multimodal terminals and river ports developed or operated under National Waterway-I (Ganga) in Uttar Pradesh;
- (b) the Jal Marg Vikas Project where cargo or passenger operations were disrupted during the last two years due to dredging delays, maintenance backlogs or navigational depth constraints;
- (c) the terminal-wise duration and frequency of such disruptions;
- (d) the impact on cargo volumes handled, vessel turnaround time and utilisation of sanctioned terminal capacity;

- (e) whether accountability or penalties were fixed on Inland Waterways Authority of India (IWAI) executing agencies, contractors or concessionaires for failure to meet dredging and maintenance obligations, if so, the details thereof; and
- (f) the measures taken to ensure assured depth, time-bound maintenance and predictable year-round operations to improve the commercial viability of inland water transport infrastructure in Uttar Pradesh?

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

(a): One permanent Multi-Modal Terminal (MMT) at Varanasi; 2 floating terminals at Prayagraj, 3 floating terminals at Varanasi, one each at Gazhipur and Ballia and 15 Community Jetties (floating) at various locations on the National Waterway (NW)-I (River Ganga) in Uttar Pradesh have been developed and are operational.

(b) to (d): No disruption of cargo or passenger operations were reported / observed during the last two years on NW-1 except an incident of instant grounding of MV Aai (Cargo vessel) in February 2025, which was due to adoption of alternate channel other than main navigation channel.

(e): Accountability or penalties fixed by Inland Waterways Authority of India (IWAI) on executing agencies namely M/s Knowledge Marine and Engineering Works (KMEW) Ltd. for Rs. 3,09,93,150/- and M/s Dharti Dredging and Infrastructure Ltd. (DDIL) for Rs. 3,73,21,990/- due to non-mobilization of dredgers on time as per contract provisions.

(f): To provide end to end fairway and to ensure assured depth, time-bound maintenance and predictable year-round operations, NW-1 has been divided into 10 stretches for fairway development works. Contracts for all 10 stretches have been awarded and fairway maintenance activities are ongoing including two stretches in Uttar Pradesh i.e. Varanasi – Ghazipur and Ghazipur-Majhaua.

ANGANWADI GYAN KENDRAS

1253. SHRI BAIJAYANT PANDA:

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

- (a) whether the Government has started implementing the transformation of well-performing Anganwadi centres into Anganwadi Gyan Kendras, if so, the details thereof and if not, the timeline of its implementation and locations identified therefor; and
- (b) whether infrastructure upgradation of the centres is under consideration and if so, the details of the new infrastructure to be added along with its estimated budget per Kendra?

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

(a) and (b) : Under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0), currently there is no component for transformation of Anganwadi Centres (AWCs) into Anganwadi Gyan Kendras.

Under Mission Poshan 2.0, two lakh Anganwadi Centres located in

Government buildings @ 40,000 AWCs per year (@ Rs. 1 Lakh per AWC) are strengthened as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education in the 15th Finance Commission cycle. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi centres with LED screens, water filtration system, Poshan Vatika, ECCE material and BALA paintings. As on 31.01.2026, a total of 2 lakh AWCs have been approved for upgradation across the country.

महिला सेक्स वर्कर

1254. श्री राजेश रंजन:

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

- (क) क्या देश भर के विभिन्न राज्यों/संघ राज्य क्षेत्रों में अलग-अलग नामों से जाने जाने वाले रेड लाइट इलाकों में महिला सेक्स वर्कर सालों से गैर-कानूनी रूप से काम कर रही हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और वहां कार्यरत महिला सेक्स वर्करों की राज्य-वार संख्या क्या है;
- (ग) क्या सरकार का इन महिला सेक्स वर्करों को सामाजिक-आर्थिक और संवैधानिक अधिकार जैसे पेंशन और स्वास्थ्य देखभाल प्रदान करने का इरादा है;
- (घ) यदि हाँ, तो इसके लिए निर्धारित समय-सीमा क्या है; और
- (ङ) यदि नहीं, तो इसके क्या कारण हैं?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (ङ): भारत के संविधान की सातवीं अनुसूची के अंतर्गत "पुलिस" और "लोक व्यवस्था" राज्य के विषय हैं। कानून व्यवस्था बनाए रखने, नागरिकों के जीवन और संपत्ति की सुरक्षा करने, मानव दुर्व्यापार और दुर्व्यापार पीड़ितों के लैंगिक शोषण से संबंधित अपराधों की जांच और

अभियोजन का दायित्व संबंधित राज्य सरकारों पर है और वे इससे निपटने के लिए सक्षम हैं।

भारत सरकार मानव दुर्व्यापार सहित महिलाओं और बच्चों के विरुद्ध अपराधों की रोकथाम और उनसे निपटने के मामले को सर्वोच्च महत्व देती है और दुर्व्यापार के खतरे को रोकने के लिए पूरी तरह से प्रतिबद्ध है। केंद्र सरकार ने दुर्व्यापार को समाप्त करने, पीड़ितों की सुरक्षा और पुनर्वास के लिए कई विधायी और योजनाबद्ध उपाय किए हैं।

भारतीय न्याय संहिता (बीएनएस), 2023 की धारा 143 और 144 मानव दुर्व्यापार के खिलाफ भारत के कानूनी ढांचे के महत्वपूर्ण घटक हैं। ये धाराएं भारतीय दंड संहिता, 1860 की धारा 370 और 370ए के अंतर्गत पहले से मौजूद अपराधों को प्रतिस्थापित करती हैं और उनका दायरा बढ़ाती हैं। बीएनएस की धारा 143 में विभिन्न तरह से बल का उपयोग करके शोषण के लिए किसी व्यक्ति की भर्ती, लाने-ले जाने, आश्रय, भेजने या हासिल करने को दुर्व्यापार बताया गया है। यह धारा दुर्व्यापार के लिए कठोर दंड का प्रावधान करती है, जिसमें एक से अधिक व्यक्तियों या बच्चों के दुर्व्यापार के लिए कड़े दंड का प्रावधान है। इसके अलावा, बीएनएस, 2023 की धारा 144 दुर्व्यापार पीड़ितों के शोषण, जिसमें यौन शोषण भी शामिल है, से संबंधित है। यह धारा दुर्व्यापार पीड़ित बच्चों और वयस्कों के शोषण के लिए अलग-अलग दंड का प्रावधान करती है, जिसमें अलग-अलग अवधि का कारावास और जुर्माने शामिल हैं। बीएनएस की धारा 111 के तहत संगठित अपराध का एक नया दोष जोड़ा गया है, जिसमें व्यक्तियों के दुर्व्यापार का अपराध और वेश्यावृत्ति के लिए मानव दुर्व्यापार शामिल है। बीएनएस की धारा 95, जो किसी अपराध को अंजाम देने के लिए बच्चे को काम पर रखने, नियुक्त करने करने या शामिल करने से संबंधित है, और बीएनएस की धारा 99, जो वेश्यावृत्ति के प्रयोजनों के लिए बच्चे को खरीदने से संबंधित है, भी मानव दुर्व्यापार के संदर्भ में प्रासंगिक हैं। इसके अतिरिक्त, महिलाओं के विरुद्ध कुछ गंभीर अपराधों जैसे वेश्यावृत्ति के उद्देश्य से बच्चे की खरीद (धारा 99), संगठित अपराध (धारा 111), भीख मंगवाने के उद्देश्य से बच्चे का अपहरण या उसे अपंग करने (धारा 139) के लिए अनिवार्य न्यूनतम दंड निर्धारित किए गए हैं। इसके अतिरिक्त, भारतीय नागरिक सुरक्षा संहिता (बीएनएसएस), 2023 में

भी मानव तस्करी को संज्ञेय और गैर-जमानती अपराध माना गया है। बीएनएसएस की धारा 396 पीड़ित मुआवजा योजना के लिए एक ढांचा स्थापित करती है, जिसके तहत प्रत्येक राज्य सरकार को अपराध के परिणामस्वरूप हानि या चोट झेलने वाले पीड़ित या उसके आश्रितों जिन्हें पुनर्वास की आवश्यकता है, को मुआवजा देने के लिए धन उपलब्ध कराने हेतु एक योजना तैयार करना अनिवार्य है। अनैतिक व्यापार (रोकथाम) अधिनियम, 1956 वेश्यावृत्ति और व्यावसायिक यौन शोषण के लिए मानव दुर्व्यापार और संबंधित अपराधों को रोकने के लिए अधिनियमित किया गया है।

केंद्र सरकार के विभिन्न मंत्रालयों/विभागों द्वारा देशभर में महिलाओं के सामाजिक और आर्थिक सशक्तीकरण के लिए कई योजनाएं/पहलें कार्यान्वित की गई हैं, जिनमें महिला सेक्स वर्कर भी शामिल हैं, बशर्ते वे इन योजनाओं/पहलें के तहत निर्धारित पात्रता शर्तों को पूरा करती हों। इस संबंध में कुछ प्रमुख योजनाएं/कार्यक्रम निम्नलिखित हैं:-

- (i) महिला एवं बाल विकास मंत्रालय ने वित्तीय वर्ष 2022-23 से प्रभावी 15वें वित्त आयोग की अवधि के दौरान, महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए केंद्र प्रायोजित मिशन शक्ति व्यापक योजना का कार्यान्वयन किया है। मिशन शक्ति के अंतर्गत, शक्ति सदन का एक घटक है जो बेसहारा महिलाओं और कठिन परिस्थितियों में फंसी महिलाओं को आश्रय, भोजन और व्यावसायिक प्रशिक्षण सहित आवश्यक सहायता प्रदान करता है।
- (ii) महिला एवं बाल विकास मंत्रालय सक्षम आंगनवाड़ी एवं पोषण 2.0 योजना का कार्यान्वयन भी करता है। यह एक सार्वभौमिक योजना है, जिसके तहत छह वर्ष तक के बच्चों और गर्भवती महिलाओं एवं स्तनपान कराने वाली माताओं के लिए पोषण एवं प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा की निःशुल्क सेवाएं प्रदान की जाती हैं।
- (iii) प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) के तहत, पहले बच्चे के लिए 5000 रुपये और दूसरे बच्चे के लिए यदि वह बेटी है, 6000 रुपये का नकद लाभ, प्रत्यक्ष

लाभ अंतरण के माध्यम से प्रदान किया जाता है।

- (iv) बीमा कवरेज और पेंशन के माध्यम से सामाजिक सुरक्षा प्रदान करने के लिए राष्ट्रीय सामाजिक सहायता कार्यक्रम (एनएसएपी), अटल पेंशन योजना (एपीवाई), प्रधानमंत्री सुरक्षा बीमा योजना (पीएमएसबीवाई) और प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई) कार्यान्वित की गई है।
- (v) विशेष रूप से ग्रामीण क्षेत्रों में महिलाओं के लिए श्रमसाध्यता को कम करने और जीवन को सुगम बनाने के उद्देश्य से, स्वच्छ भारत मिशन के तहत 11.6 करोड़ से अधिक शौचालयों का निर्माण किया गया है, उज्ज्वला योजना के माध्यम से 10.3 करोड़ परिवारों को खाना पकाने का स्वच्छ ईंधन उपलब्ध कराया गया है और जल जीवन मिशन के माध्यम से लगभग 15 करोड़ परिवारों को सुरक्षित और पीने योग्य नल जल का कनेक्शन प्रदान किया गया है।
- (vi) प्रधानमंत्री आवास योजना ग्रामीण (पीएमएवाई-जी) और प्रधानमंत्री आवास योजना शहरी (पीएमएवाई-यू) का उद्देश्य ग्रामीण क्षेत्रों में सभी बेघर परिवारों और कच्चे तथा जर्जर घरों में रहने वाले परिवारों को बुनियादी सुविधाओं से युक्त पक्के मकान उपलब्ध कराकर तथा शहरी क्षेत्रों में झुग्गी-झोपड़ी में रहने वालों सहित आर्थिक रूप से कमजोर वर्गों (ईडब्ल्यूएस) की आवास की आवश्यकता को पूरा करके 'सभी के लिए आवास' प्रदान करना है।
- (vii) आयुष्मान भारत योजना के तहत, सरकार 1200 से अधिक चिकित्सा पैकेजों के माध्यम से 55 करोड़ से अधिक नागरिकों को निःशुल्क उपचार प्रदान कर रही है। इनमें से 141 से अधिक चिकित्सा पैकेज विशेष रूप से महिलाओं की चिकित्सा आवश्यकताओं को पूरा करने के लिए तैयार किए गए हैं। इस योजना के अंतर्गत सात प्रकार की जांच (टीबी, उच्च रक्तचाप, मधुमेह, मुख का कैंसर, स्तन कैंसर, गर्भाशय ग्रीवा कैंसर और मोतियाबिंद) उपलब्ध कराई जाती हैं, जिनसे महिला सेक्स वर्कर्स

सहित करोड़ों महिलाओं को लाभ हुआ है। शहरी और ग्रामीण दोनों क्षेत्रों में 150,000 से अधिक स्वास्थ्य एवं आरोग्य केंद्र (एबी-एचडब्ल्यूसी), जिन्हें आयुष्मान आरोग्य मंदिर भी कहा जाता है, समुदाय के लिए स्वास्थ्य सेवा सुलभ कराते हैं। आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएमजेएवाई) विश्व की सबसे बड़ी सार्वजनिक वित्त पोषित स्वास्थ्य बीमा योजना है, जिसमें गरीब और वंचित महिलाओं पर विशेष ध्यान दिया जाता है।

- (viii) देश भर में 13,000 से अधिक प्रधानमंत्री भारतीय जनऔषधि केंद्र (पीएमबीजेके) कार्यशील हैं। पीएमबीजेके किफायती दवाओं और चिकित्सा उपकरणों जिनमें महिलाओं के लिए विशेषतौर पर लगभग 40 वस्तुएं शामिल हैं, के अलावा 'सुविधा सैनिटरी नैपकिन' नामक सैनिटरी नैपकिन की बिक्री भी करते हैं, जिनकी कीमत प्रति पैड मात्र 1 रुपये है।
- (ix) केंद्र सरकार ने प्रधानमंत्री गरीब कल्याण अन्न योजना (पीएमजीकेएवाई) के तहत अंत्योदय अन्न योजना (एएवाई) के अंतर्गत आने वाले परिवारों और प्राथमिकता वाले परिवारों (पीएचएच) के लगभग 81.35 करोड़ लाभार्थियों को उनकी पात्रता के अनुसार अनाज वितरित किया था। सरकार ने 2024 से अगले पांच वर्षों तक मुफ्त अनाज उपलब्ध कराने को जारी रखने का निर्णय लिया है।
- (x) प्रधानमंत्री कौशल विकास योजना (पीएमकेवीवाई) और प्रधानमंत्री इंटरनशिप योजना के तहत महिलाओं को कौशल विकास और व्यावसायिक प्रशिक्षण प्रदान किया जाता है।
- (xi) प्रधानमंत्री जन धन योजना (पीएम-जेडीवाई) के तहत भी महिलाएं सबसे बड़ी लाभार्थी भी हैं, जो दुनिया की सबसे बड़ी वित्तीय समावेशन पहलों में से एक है और विभिन्न कल्याणकारी योजनाओं, ऋण तथा बीमा सेवाओं के तहत प्रत्यक्ष लाभ सुलभ कराती है।
- (xii) मुद्रा योजना, प्रधानमंत्री स्ट्रीट वेंडर्स आत्मनिर्भर निधि (पीएम स्वनिधि), विकसित

भारत-रोजगार गारंटी और आजीविका मिशन (ग्रामीण) (वीबी-जी राम जी) जैसी योजनाएं रोजगार/स्वरोजगार और ऋण सुविधाएं प्रदान करती हैं। इन योजनाओं के अंतर्गत अधिकांश महिला लाभार्थी हैं।

PATTERNS OF FERTILIZER CONSUMPTION AND YIELD OUTCOMES

1255. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

- (a) whether the Government has examined the data indicating wide variation in fertilizer consumption growth and instability, including high consumption in Bargarh, Balasore and Bhadrak and high instability in Kandhamal and Jharsuguda districts of Odisha alongside persistently lower rice yields than the national average, if so, the details thereof, district-wise;
- (b) whether the Government maintains the data on fertilizer consumption per hectare, growth rates and volatility and if so, the details thereof, district-wise;
- (c) whether such data is used to tailor fertilizer allocation, subsidy delivery and supply-chain planning, if so, the details thereof;
- (d) whether non-significant growth in fertilizer use in districts such as Kendrapara and Jharsuguda has been linked to constraints like irrigation gaps, soil problems or access to credit and inputs, if so, the details thereof; and

- (e) the steps taken to align fertilizer policy with balanced nutrient management and productivity goals in low-yield, high-dependence agrarian regions such as Odisha?

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

(a) to (c): The availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate in the State of Odisha during the ongoing Rabi 2025-26 season. The information regarding requirement, availability, sales and closing stock of these fertilizers in the State of Odisha during the ongoing Rabi 2025-26 season is as under:

FERTILIZER POSITION FOR RABI 2025-26 (TILL 02/02/26)						
FIG. IN LMT						
S. No.	Product	Seasonal Requirement for RABI 2025-26	Pro rata Requirement From 01/10/25 to 02/02/26	Availability From 01/10/25 to 02/02/26	Cumulative DBT Sales From 01/10/25 to 02/02/26	Closing Stock as on 02/02/26
1	UREA	1.90	1.06	2.20	0.88	1.32
2	DAP	0.75	0.48	1.14	0.38	0.76
3	MOP	0.25	0.15	0.35	0.09	0.26
4	NPKS	0.90	0.52	1.32	0.35	0.96

However, the distribution of fertilizers within the State at district level is done by the concerned State government.

Accordingly, the State Agriculture Department of Odisha has informed that it has examined the data on fertilizer consumption growth and has observed that districts like Balasore, Bargarh and Bhadrak are having predominantly paddy growing areas in both Kharif and Rabi season. Farmers of these districts apply recommended dose of fertilizers to get more yield. But

Jharsuguda is an industrial area where farmers are not applying higher dose of chemical fertilizers. Similarly, Kandhamal is predominantly a hilly region and farmers generally depend on organic source of cultivation and less dependent on chemical fertilizers. A comparative statement of cropping area, paddy yield and fertilizer consumption for the year 2024-25 is given below:

Sr. No.	District	Gross-cropped Area (ha)	Fertilizer Consumption (in Kg/ha)	Paddy Yield (in Kg/ha)
1	Balasore	318480	139.60	5143
2	Bargarh	513190	144.05	5344
3	Bhadrak	191830	143.31	4504
4	Jharsuguda	90090	71.22	2624
5	Kandhamal	177570	15.05	2780
6	Kendrapada	240060	37.48	3848

Besides, the district wise paddy area, yield and fertilizer consumption for the year 2024-25 are given in the enclosed **Statement**. The fertilizer consumption data of all districts are being used for fertilizer allocation and supply chain planning in both Kharif and Rabi seasons every year.

(d): As informed by the State, Jharsuguda has lack of irrigation facilities and the soil status is medium and farmers use less fertilizers. Kendrapada has irrigation facilities and the soil type is coastal alluvial having high fertility status and farmers apply recommended dosage of fertilizers based on the soil fertility status. Further, adequate availability of fertilizers is being supplied to both the districts as per their requirements.

(e): The Government of India is promoting the judicious and balanced use of fertilizers through the Soil Health and Fertility Scheme, which has been under

implementation since 2014–15. The core objective of the scheme is to provide Soil Health Cards (SHCs) to all farm holdings in the country in order to promote balanced and integrated nutrient management (INM) for improving soil fertility, crop productivity, and sustainability of agriculture.

Under the scheme, soil samples are collected and analysed as per standard scientific procedures for key soil health parameters including pH, Electrical Conductivity, Organic Carbon, available Nitrogen, Phosphorus, Potassium, Sulphur, and important micronutrients such as Zinc, Copper, Iron, Manganese and Boron. Diagnostic soil health assessment of farmers' fields is undertaken periodically, and Soil Health Cards are issued at least once in three years, providing crop-wise and soil-specific fertilizer recommendations. Since 2014-15, a total of 25.77 crore Soil Health Cards have been generated and distributed across the country. To support timely soil testing and faster delivery of SHCs, a strong soil testing infrastructure has been created, comprising 8302 Soil Testing Laboratories, including 1082 Static, 163 Mobile, 6376 Mini, and 681 Village Level Soil Testing Labs. In addition, 1020 school mini soil laboratories have been established under the School Soil Health Programme, to build awareness among students and rural communities. Since inception, Rs 1970 crore has been released under the scheme. Large-scale capacity building has also been undertaken through 93,781 farmers' trainings, 6.80 lakh field demonstrations, and 7425 farmers' melas and awareness campaigns on SHC-based recommendations.

Under Nutrient Based Subsidy (NBS) Scheme for Phosphatic and

Potassic (P&K) fertilizers, an additional subsidy of Rs. 500/MT and Rs. 300/MT is being provided for fortification of any notified P&K fertilizers with Zinc and Boron micro-nutrient respectively to promote balanced nutrient management.

Further, as per information received from the State Government of Odisha, the Department of Agriculture and Farmers' Empowerment have taken several steps for balance use of fertilizers for enhancing the crop production side by side maintaining the soil health, as below:

- I. Soil sample testing from farmers' field is being analysed and soil health cards are being distributed with fertilizer recommendation for different crops.
- II. Nigrani Samitis have been constituted at Gram Pachayat level for creating awareness among farmers for judicious use of chemical fertilizers.
- III. Demonstration of Green manuring under State sector scheme of PIPP-Green Manuring
- IV. Introduction of Balabhadra Jaibik chasa mission promoting organic farming
- V. Distribution of bio-inputs under different schemes such as Comprehensive Rice Fallow Management, NFSM Oilseeds etc.

STATEMENT

District wise Paddy area, yield and nutrient consumption in Odisha for the year 2024-25					
Sl. No	District	Paddy Area ('000Ha)	Yield (Kg/Ha)	Production ('000MT)	Nutrient Consumption (kg/Ha)
1	Angul	120.09	3621	434.88	26.5

2	Balasore	232.79	5143	1197.2	139.6
3	Bargarh	351.2	5344	1876.94	144.05
4	Bhadrak	146.08	4504	658.01	143.31
	Bolangir	185.09	5194	961.32	72.29
6	Boudh	62.92	1385	87.15	40.36
7	Cuttack	108.15	5315	574.86	64.16
8	Deogarh	39.12	3043	119.03	67.65
9	Dhenkanal	92.51	3156	291.94	34.3
10	Gajapati	41.15	3857	158.71	49.1
11	Ganjam	285.9	5431	1552.59	55.63
12	Jagatsinghpur	80.48	4806	386.75	49.48
13	Jajpur	135.21	4012	542.45	67.87
14	Jharsuguda	39.89	2624	104.68	71.22
15	Kalahandi	254.71	5322	1355.45	80.89
16	Kandhamal	43.79	2780	121.73	15.05
17	Kendrapara	122.31	3848	470.71	37.48
18	Keonjhar	156.68	3287	515	49.39
19	Khordha	92.94	5364	498.54	61.85
20	Koraput	131.51	4270	561.59	87.79
21	Malkangiri	119.42	3211	383.5	50.98
22	Mayurbhanj	311.09	3275	1018.78	60.47
23	Nabarangpur	126.52	4756	601.79	250.12
24	Nayagarh	89.16	2776	247.52	61.25
25	Nuapada	115.64	2987	345.37	44.47
26	Puri	123.87	3477	430.74	118.96
27	Rayagada	54.02	5106	275.85	65.75
28	Sambalpur	130.2	5613	730.81	157.24
29	Subarnapur	145.52	5577	811.61	85.33
30	Sundargarh	186.18	3554	661.74	37.14
TOTAL		4124.14	4359	17977.24	78.21

TRANSFORMATION OF POLYMER AND PLASTIC INDUSTRY

1256. SHRIMATI DAGGUBATI PURANDESWARI:

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

- (a) the circular economy roadmap for the polymer and plastic industry transformation by 2030;

- (b) whether the Government is promoting recycled plastics usage through incentives and regulatory mandates, if so, the details thereof;
- (c) whether the Government is providing support for developing bio-degradable polymer alternatives to conventional plastics, if so, the details thereof;
- (d) the waste segregation and collection mechanisms for ensuring effective plastic recycling;
- (e) whether the Government is establishing infrastructure for processing and converting plastic waste into value-added products, if so, the details thereof; and
- (f) the manner in which the Government balance plastic waste reduction with domestic polymer industry competitiveness?

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

(a) and (f): To promote the circular economy in the country for polymer and plastic industry a regulatory frame work for management of plastic waste has been developed. To reduce plastic waste generation and safe disposal various policy measures are prescribed under Plastic Waste Management (PWM) Rules. These rules have been notified by the Ministry of Environment, Forest and Climate Change (MoEF&CC). The rules give thrust on plastic waste minimization through ban on high-litter single-use plastic products; source segregation of the plastic waste; Extended Producer Responsibility (EPR) of

Producers, Importers, and Brand Owners (PIBOs) for the entire lifecycle of their plastic packaging; mandatory targets for reuse, recycling and use of recycled content for plastic packaging.

(b): The Ministry of Environment, Forest and Climate Change has notified the Guidelines on the Extended Producer Responsibility (EPR) for plastic packaging on 16th February, 2022. The Guidelines stipulate mandatory targets on Producers, Importers and Brand owners (PIBOs) for recycling of plastic packaging waste, reuse of rigid plastic packaging and use of recycled plastic content

Since 2022, as per information available on the dashboard of Centralized online EPR portal for plastic packaging, there are 3012 plastic waste processors registered under EPR guidelines and around 191 lakh tonnes of plastic packaging waste has been processed.

(c): The Department through CIPET and the Centres of Excellence is promoting research in the area of promotion of bioplastics. CIPET through its Research and Developmental wing has been developing innovative solutions in the area of development of sustainable packaging (rigids/flexible) using biopolymers like PLA (polylactic acid), PBAT (polybutylene adipate-co-terephthalate, and PHB (polyhydroxybutyrate), Seaweed etc. The Department's Centres of Excellence (CoE) at IIT Guwahati and IIT Madras are also working on promoting bio-plastics and their applications. IIT Guwahati is developing the technology for production of Poly Lactic Acid and its applications development. IIT Madras is working on developing packaging from

bio-based resources.

Further to promote and develop Compostable/ Biodegradable Plastic Materials as replacement of Single Use Plastics, CIPET has established test facility at 11 centres to determine the aerobic biodegradability in soil as per ISO: 17556-2019 and compostable polymers testing as per IS/ISO: 17088:2021. Recently, BIS with active involvement of CIPET and other members, has published a provisional Indian Standard IS 17899T:2022 for Assessment of Biodegradability of Plastics in Varied Conditions. This standard addresses the aspects like biodegradation, negative effects of resulting biomass on terrestrial plant growth/organism and negative effects on the quality of the resulting biomass including the presence of high levels of regulated heavy metals. This standard is applicable for assessing the biodegradability of plastics under aerobic and anaerobic conditions.

(d) and (e): As per Plastic Waste Management Rules, 2016, local bodies and Gram Panchayats are inter alia mandated to ensure segregation, collection, channelization of waste for recycling either on their own or by engaging agencies.

Under Solid Waste component of Swachh Bharat Mission - Urban 2.0 (SBM-U 2.0), launched on 01.10.2021 with the objective of attaining 100% Garbage Free Cities (GFC), central assistance is provided for setting up various type of waste processing facilities such as Material Recovery Facilities (MRFs), composting plants, bio-methanation plants, Refused Derived Fuel (RDF) processing facilities, plastic waste processing facilities, waste to

electricity plants, Construction and Demolition (CandD) waste plants, sanitary landfill including Waste to Energy Plants/ CBG plant.

States have opted for different types of waste processing facilities based on their resources, technology, topography, type of waste involved, climatic conditions etc. The following initiatives have also been taken for plastic waste management:

- I. A **'Plastic Waste Management Advisory'** has been developed capturing the plastic waste generation and various ways to manage plastic waste through reduce, reuse, recycle and recovery techniques.
- II. **'Swachh Survekshan and Star Rating Protocol'** have been introduced aligned with Plastic Waste Management (amendment) Rules 2021 to encourage cities to phase out single-use plastic, etc.

With the support of the Department of Chemicals and Petrochemicals, CIPET has established four demonstration Plastic Waste Management Centre (PWMC) at Bhagalpur, Bengaluru (including e-waste), Varanasi and Sanand to develop cost effective recyclates and host Demonstration Facility for recycling technology.

PROGRESS OF SAGARMALA PROJECTS IN MAHARASHTRA

1257. SHRI ARVIND GANPAT SAWANT:

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

- (a) the key features of the Sagarmala Project along with the targets that

Government has set thereunder;

- (b) the details of the progress of the Sagarmala Project indicating the particular projects approved and completed thereunder in Maharashtra;
- (c) the amount of funds allocated, released and utilized for Sagarmala projects in Maharashtra during the last five years, year-wise;
- (d) the steps taken to achieve the targets of the scheme within the stipulated time; and
- (e) the measures taken by the Government to address challenges relating to law, land acquisition and forest clearances to ensure smooth implementation of the project?

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

(a): Sagarmala is a central sector scheme of Ministry of Ports, Shipping and Waterways with the target to promote port-led development in the country. Under Sagarmala scheme, the ministry provides financial assistance under 5 pillars namely, Port Modernization, Port Connectivity, Port-Led Industrialization, Coastal Community Development, and Coastal Shipping and Inland Water Transport to the implementing agencies like States/ UTs Governments, Major Ports and other organisations.

(b) and (c): As on date, 31 projects costing ₹2,041 crore have been approved for financial assistance under Sagarmala scheme in the state of Maharashtra. Out of these, 20 projects have been completed and 11 projects are under implementation. The details of these 31 projects including project status,

project cost, funding share under Sagarmala scheme, and fund released are given in the enclosed **Statement**.

(d) and (e): Regular meetings are held with the implementing agencies and Govt. of Maharashtra for timely approvals and resolution of issues. Further, the ministry hold meetings of Maritime States Development Council (MSDC) and National Sagarmala Apex Committee (NSAC) involving the central line ministries and maritime States/UTs to address challenges relating to law, land acquisition and forest clearances regarding project implementation. The maritime States are also encouraged to hold State Sagarmala Committee (SSC) meetings at state level for synergy among various stakeholders for expeditious implementation of the projects.

STATEMENT**The list of projects in Maharashtra funded under Sagarmala scheme:**

Sl. No.	Project Name	Implementing Agency	Project Status	Project Cost (₹crore)	Ministry Share (₹ crore)	Fund Released (₹ crore)
1	Construction of Third Chemical Berth at Pirpau, Mumbai Port Terminal	Mumbai Port Authority	Completed	161.00	140.46	140.46
2	Construction of break water at Mandwa	Maharashtra Maritime Board	Completed	72.14	30.00	30.00
3	Ro-Ro service at Mandwa - Phase 2 of Mandwa port development	Maharashtra Maritime Board	Completed	63.00	27.51	27.51
4	Construction of Ro-Ro jetties at Vasai	Maharashtra Maritime Board	Completed	6.73	3.33	3.33
5	Construction of approach jetty and sloping berth jetty and approach road to facilitate Ro-Ro jetty at Bhayander	Maharashtra Maritime Board	Completed	7.25	3.54	3.54
6	Construction of Ro-Rojetty atNarangi (Virar)	Maharashtra Maritime Board	Completed	6.75	3.40	3.40
7	Construction of jetties at Ghodbunder	Maharashtra Maritime Board	Completed	7.40	3.70	3.70
8	Construction of Ro Ro Jetty at Malvan Passenger Jetty at	Maharashtra Maritime Board	Completed	10.63	4.84	4.84

	Sindhudurg Port					
9	Dredging in the Navigational Channel for Ro-Ro Pax Services at Mandwa	Maharashtra Maritime Board	Completed	16.54	8.27	8.27
10	Stage II expansion of Mirkawada Fishing Harbour,RatnagiriDistt.	Maharashtra Maritime Board	Completed	75.00	17.95	17.95
11	Centre of Excellence in Maritime and Shipbuilding -CEMS - Maharashtra-6 out of 24 Labs in Maharashtra	Indian Register of Shipping	Completed	191.00	12.48	12.08
12	Construction of passenger boat landing jetty at KanhojiAngre Island, Mumbai	Mumbai Port Authority	Completed	7.68	3.84	3.84
13	Construction of Coastal Berth at Jawaharlal Nehru Port Terminal	Jawaharlal Nehru Port Authority	Completed	143.00	25.00	25.00
14	Construction of Fishing Harbor at Karanja, Raigad Distt.	Maharashtra Maritime Board	Completed	149.80	68.51	68.27
15	Construction of Tourism jetty at Belapur, Maharashtra	Maharashtra Maritime Board	Completed	6.50	4.05	4.05
16	Construction of tourism Jetty at Veldur, Distt.-Ratnagiri, Maharashtra	Maharashtra Maritime Board	Completed	7.06	3.45	3.45
17	Construction of Ro-Ro Jetty at AmbadaveShigwan in Raigad Distt.	Maharashtra Maritime Board	Completed	7.37	3.44	3.44

18	'Construction of Approach road to Kharwadeshwari Jetty in Distt. Palghar	Maharashtra Maritime Board	Completed	15.00	7.50	7.50
19	Passenger Jetty at Janjira Fort, Raigad District	Maharashtra Maritime Board	Completed	121.23	55.41	52.63
20	SCADA and PLC automation system at Marine Oil Terminal at Mumbai Port	Mumbai Port Authority	Completed	22.77	22.77	22.77
21	Modernization of existing Fishing Harbor at Sassoon Dock, Mumbai	Maharashtra Fisheries Development Corporation	Under Implementation	92.52	23.13	11.56
22	Development of Fishing Harbour at Mallet Bunder, Mazgaon	Mumbai Port Authority	Under Implementation	96.60	48.30	45.88
23	Construction of Ro-Pax jetty and Terminal at Mora, Distt. Raigad	Maharashtra Maritime Board	Under Implementation	82.92	41.46	20.73
24	Development of Ro-Ro Service at Rewas	Maharashtra Maritime Board	Under Implementation	21.66	10.83	5.53
25	Construction of fishing harbour at Anandwadi (Deogad) in Sindhudurg	Maharashtra Fisheries Development Corporation	Under Implementation	88.44	12.50	11.25
26	Construction of Approach Jetty and sloping berth jetty and Approach Road to facilitate Ro-	Maharashtra Maritime Board	Under Implementation	6.59	3.29	2.64

	Ro Jetty at Manori					
27	Construction of jetty at Arnala fort Vasai, Distt. Thane	Maharashtra Maritime Board	Under Implementation	9.94	4.97	4.72
28	Up-gradation/modernization of International Cruise Terminal at Indira Dock, Mumbai	Mumbai Port Authority	Under Implementation	363.30	139.15	132.19
29	Tourism Jetty at Kashid in Raigad District	Maharashtra Maritime Board	Under Implementation	99.82	49.91	47.41
30	Augmentation of Firefighting facilities at Pir Pau Terminal of Mumbai Port	Mumbai Port Authority	Under Implementation	52.69	26.34	25.03
31	Construction of Approach road to Jetty, Narangi, Raigarh Distt.	Maharashtra Maritime Board	Under Implementation	29.41	14.70	13.97

IMPLEMENTATION OF LEGAL AID AND NALSA SCHEMES**1258. ADV. CHANDRA SHEKHAR:**

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

- (a) the progress achieved under NALSA schemes such as SPRUHA 2025, Veer Parivar Sahayata Yojana, JAGRITI 2025 and the Human–Wildlife Conflict Victims Scheme during 2025-26, including the number of beneficiaries covered (over 1.12 crore persons provided legal advice through Tele-Law), and financial utilization from the Department of Justice allocations;
- (b) the actions taken to address issues of unequal access and delays in legal aid amid reports of federalism-related challenges; and
- (c) the manner in which these initiatives align with the World Bank’s emphasis on inclusive growth through improved access to justice and the IMF 2025 concerns regarding strengthening social safety and judicial systems for resilient development?

**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 Scheme such as SPRUHA, 2025; Veer Parivar Sahayata Yojana, 2025; JAGRITI 2025; and the Human–Wildlife Conflict Victims Scheme are implemented by NALSA as legal aid Schemes, whereas Tele-Law is a program under the

Central Sector Scheme named Designing Innovative Solution for Holistic Access to Justice (DISHA) of the Department of Justice through which 1.12 crore beneficiaries have been rendered pre-litigation advice till date.

The NALSA SPRUHA (Supporting Potential and Resilience of the Unseen, Held-back and Affected) Scheme, 2025 is a newly introduced initiative to provide comprehensive legal and social support to prisoners, undertrial inmates, and their dependents, with emphasis on rehabilitation and reintegration. It addresses legal, social, and economic vulnerabilities through free legal aid, counselling, bail and parole assistance, linkage with welfare schemes, coordination with prison and district authorities, legal awareness, and post-release support to reduce recidivism and promote social reintegration.

The NALSA Veer Parivar Sahayata Yojana, 2025, launched in July 2025, aims to ensure timely free legal aid to defence personnel, ex-servicemen, and their dependents, particularly for property, family, consumer, and succession matters. Between July 2025 and September 2025, 5,219 beneficiaries were assisted through 417 Legal Aid Clinics at Zila Sainik Boards. During this period, 692 legal aid and outreach activities were conducted with the support of 525 Para Legal Volunteers and 355 Panel Lawyers, reflecting rapid operationalisation and expanding outreach.

The NALSA (JAGRITI – Justice Awareness for Grassroots Information and Transparency Initiative) Scheme, 2025, aims to strengthen grassroots legal

awareness by integrating Legal Services Institutions with Local Self-Government bodies and community infrastructure. Between July 2025 and December 2025, 690 District Units and 2,129 Taluk Units were established, and over 35,000 Permanent Legal Aid Clinics were set up. A total of 35,24,711 persons were made aware of legal aid and welfare schemes. The Scheme focused largely on issues such as POCSO, child marriage, and domestic violence, reflecting a strong focus on protection of women and children.

The NALSA Scheme for Victims of Human–Wildlife Conflict, 2025 aims to address legal, social, and economic challenges faced by affected individuals in forest-fringe and tribal areas by facilitating legal aid, awareness, compensation, and allied reliefs in line with Articles 21 and 48A of the Constitution.

The details of funds allocated by the Government for implementation of various legal aid services and programmes framed under the Legal Services Authorities Act, 1987, during the financial year viz. 2025-26 (upto December 2025) is as under:

Rs. in Crore

Grants to NALSA	Grants Utilised by NALSA
200.00 (Grants-in-aid)	144.65
195.84 (under LADCS Scheme)	194.17

(b) and (c): The National Legal Services Authority (NALSA) was established under the Legal Services Authorities Act, 1987 to coordinate, monitor, and

strengthen the implementation of legal aid across the country. NALSA operates through a decentralized institutional framework comprising 37 State Legal Services Authorities (SLSAs), 707 District Legal Services Authorities (DLSAs) and 2,440 Taluk Legal Services Committees (TLSCs) and works in close coordination with all States and Union Territories, in the spirit of cooperative federalism, to address issues of unequal access and delays in legal aid and to ensure uniform, timely, and equitable delivery of legal services, particularly to marginalized and vulnerable sections of society.

All legal aid activities and schemes formulated by NALSA are implemented in accordance with the provisions of the Legal Services Authorities (LSA) Act, 1987. Accordingly, all eligible beneficiaries under the Act are provided access to justice through the various legal aid programmes and activities undertaken by NALSA which aims to remove economic and social barriers in access to justice for marginalized communities.

TRAFFICKING OF INDIANS FOR CYBER FRAUD IN THE OVERSEAS

1259. SHRI K. C. VENUGOPAL:

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

- (a) the number of Indian citizens trafficked abroad and forced into cyber fraud operations;

- (b) whether bilateral agreements exist to dismantle scam centres operating overseas, if so, the details thereof;
- (c) the role of MEA in securing repatriation of victims;
- (d) whether crypto-based laundering is being tracked effectively across borders, if so, the details thereof; and
- (e) the deterrent measures that exist against recruiters in India?

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): Government has been made aware of instances of dubious firms involved in fake recruitment job offers having lured Indian nationals mostly through social media channels to South-East Asian countries including Cambodia, Myanmar, Lao PDR and made them to carry out cyber crime and other fraudulent activities from scam centres operating in these countries. The exact number of Indian nationals stranded in these countries is not known as Indian nationals reach these scam centres on their own volition through fraudulent/unscrupulous recruitment agents/agencies and through illegal channels. With the concerted efforts of our Embassies in Cambodia, Lao PDR and Myanmar, the number of Indian nationals rescued in the last four years (till December 2025) is mentioned in the table below:

S.No.	Country	No. of Indian Nationals rescued			
		2022	2023	2024	2025
1	Cambodia	44	207	982	1,300
2	Lao PDR	74	244	558	1,421
3	Myanmar	338	89	147	1,594

Government accords utmost priority to the safety, security and well-being of Indian nationals abroad. Government of India has raised this issue at political level with the host Government from time to time. Missions/Posts take up the issue of rescue and repatriation of Indian nationals actively with the local Ministry of Foreign Affairs and other concerned Government agencies of the host country like Immigration, Labour Department, Home Affairs, Defence and Border Affairs and law enforcement agencies.

Ministry issues advisories and social media posts about the fake job rackets from time to time. Similar communications are also issued by the respective Indian Missions/Posts abroad through their official websites, social media handles and print media. Our Missions in South-East Asian countries issue advisories, upon receiving such information on Indian nationals being lured by fake job rackets in South-East countries, to job seekers, and advise them to verify all antecedents of recruiting agents and companies before accepting any kind of employment offer and not be enticed and entrapped in the fraudulent job offers in these countries.

Ministry, in coordination with the Indian Missions/Posts abroad and offices of Protectors of Emigrants in India, takes quick and decisive action whenever instances of exploitation of job seekers by illegal agents come to notice. A list of 3,505 unregistered recruiting agents (till December 2025) has been notified on e-Migrate portal to caution prospective emigrants. This information is regularly updated based on the complaints filed by the aggrieved individuals and based on the inputs received from our Missions/Posts abroad. The complaint against the illegal agents and the dubious firms luring Indian youth in false recruitment offers through various channels are regularly shared with the respective State Governments and other agencies such as I4C, MHA for suitable action. To spread awareness on cyber crime, the Central Government has taken steps which inter-alia include, dissemination of relevant information through SMS, I4C social media account, radio campaigns, engaged MyGov for publicity in multiple channels, organizing cyber safety and security awareness weeks in association with States/UTs, newspaper advertisement on digital arrest scams, announcements in Delhi Metros on digital arrest, and other modus operandi of cyber crimes.

शिरडी में अमृत फार्मसी

1260. श्री भाऊसाहेब राजाराम वाकचौरे:

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

(क) क्या सरकार का शिरडी संसदीय निर्वाचन क्षेत्र में श्री साईं बाबा संस्थान न्यास द्वारा संचालित साईं बाबा अस्पताल और श्री साईनाथ जनरल अस्पताल में आर्थिक रूप से कमजोर रोगियों और पुरानी बीमारियों से पीड़ित रोगियों को उपचार के लिए सस्ती दवाएं और विश्वसनीय इंप्लांट उपलब्ध कराने के लिए अमृत फार्मसी खोलने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) इस संबंध में दिशा-निर्देशों और वित्तीय सहायता का ब्यौरा क्या है; और

(ग) इन दोनों अस्पतालों में अमृत फार्मसी कब तक खुलने की संभावना है?

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

(क) से (ग): वर्तमान में श्री साई बाबा संस्थान ट्रस्ट द्वारा संचालित साई बाबा अस्पताल और श्री साईनाथ जेनरल हॉस्पिटल में अमृत फार्मसी खोलने का कोई प्रस्ताव नहीं है।

QUALITY AND PRICE CONTROL OF FERTILIZERS

1261. SHRI ZIA UR REHMAN:

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

- (a) whether the Government is aware that farmers are facing issues related to availability, pricing and quality of fertilizers across the country, State/district-wise including Sambhal district in Western Uttar Pradesh; and
- (b) if so, the measures taken/proposed to be taken to ensure timely supply, fair pricing and quality control of fertilizers for farmers?

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

(a) and (b): Following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country, including the State of Uttar Pradesh:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise and month-wise requirement of fertilizers.
- (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).
- (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.

The availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate across the States during the ongoing Rabi 2025-26 season. The

information regarding requirement, availability, sales and closing stock of these fertilizers in the States, including the State of Uttar Pradesh, during the ongoing Rabi 2025-26 season are given in the enclosed **Statement-I**.

However, the distribution of fertilizers within the State at district level is done by the concerned State government.

Further, as per information received from the State Government of Uttar Pradesh, the availability of fertilizers viz. Urea, DAP and NPKS in Sambhal district has remained adequate during the FY 2025-26. The information regarding availability, sales and stock position of these fertilizers in Sambhal district for the period 01.04.2025 to 31.01.2026 is as under:

(Qty. in MT)

S. No.	Fertilizer	Availability	Sale	Stock
1	Urea	1,68,554	1,54,549	14,005
2	DAP	26,939	23,253	3,686
3	NPK	55,740	43,451	12,289

Moreover, in order to ensure the availability of Urea at affordable prices, Urea is supplied under the Urea Subsidy Scheme at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of Urea is Rs. 242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of Urea at farm gate and net market realization by the urea units is given as subsidy to the Urea manufacturer/importer

by the Government of India. Accordingly, all farmers are being supplied Urea at the subsidized rate.

Further, for Phosphatic and Potassic (P&K) fertilizers, the Government has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010. Under NBS policy, P&K fertilizers are covered under Open General License (OGL) and companies are free to import / manufacture these fertilizers as per their business dynamics. 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

In addition, to make DAP available at affordable price of Rs. 1,350 per 50 kg bag, special provisions like Rs. 3,500 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 Rabi 2025-26 season to keep the prices of fertilizers stable.

Moreover, in order to address the issue of overpricing/black-marketing, fertilizers are declared as an essential commodity under the Essential

Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

Besides, for ensuring adequate availability of good quality fertilizers to the farmers, Fertilizer Control Order (FCO)-1985 has laid down fertilizer-wise detailed specifications. Any fertilizer, not meeting the said specifications, cannot be sold in the country for agricultural purpose. Clause 19 of FCO strictly prohibits the sale or manufacture of fertilizers which are not of prescribed standards. Any sale of substandard/fake/adulterated fertilizers is punishable under Essential Commodities Act, 1955. The State Governments are the enforcement agencies and are adequately empowered to enforce the provisions of FCO. Every sample drawn by Inspector is analysed as per the methods of analysis given in FCO in a Laboratory notified by Central/State Government. CFQCTI, a subordinate office of INM Division DA&FW has, 4 laboratories viz. Central Fertilizer Quality Control and Training Institute (CFQCandTI) and its three Regional Fertilizer Control Laboratories (RFCLs) located at Navi Mumbai, Chennai and Kalyani. Any violation of fertilizer control order invokes both penal action of punishment from 3 month to 7 years and administrative action of cancellation/ Suspension of

authorization letter. Accordingly, the details regarding enforcement measures taken by the States, as informed by them, from 01.04.2025 to 31.01.2026, to check overpricing and sales of sub-standard fertilizers are given in the enclosed **Statement-II.**

Furthermore, whenever any case of non-standard fertilizer is reported by the State/UT's Agriculture Department, D/o Fertilizers recovers the subsidy amount from the pending subsidy claims of the concerned fertilizer company immediately, as per the applicable procedure.

STATEMENT- I**STATE WISE FERTILIZERS AVAILABILITY POSITION FOR RABI 2025-26 (TILL 02/02/26) fig. in LMT**

S.No State		U R E A					D A P					MOP					NPKS				
		Require ment RABI 2025-26	Pro rata Require ment From 01/10/ 25 to02/0 2/26	Availa bility From 01/10/ 25 to02/0 2/26	Cumul ative DBT Sales From 01/10/ 25 to02/0 2/26	Closin g Stock as on 02/02/ 26	Requir ement RABI 2025- 26	Pro rata Require ment From 01/10/2 5 to02/02 /26	Availabi lity From 01/10/2 5 to02/02/ 26	Cumula tive DBT Sales From 01/10/2 5 to02/02/ 26	Closin g Stock as on 02/02/2 6	Require ment RABI 2025-26	Pro rata Require ment From 01/10/25 to02/02/2 6	Availability From 01/10/25 to02/02/26	Cumulative DBT Sales From 01/10/25 to02/02/26	Closing Stock as on 02/02/26	Require ment RABI 2025-26	Pro rata Requireme nt From 01/10/25 to02/02/26	Availability From 01/10/25 to02/02/26	Cumulative DBT Sales From 01/10/25 to02/02/26	Closing Stock as on 02/02/26
1	Andaman and Nicobar	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	9.38	6.87	8.58	7.21	1.38	2.20	1.95	3.43	2.55	0.88	1.00	0.70	1.14	0.62	0.52	9.50	7.67	10.70	7.14	3.56
3	Arunachal Pradesh	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	0.00	0.00	0.00	0.00
4	Assam	1.65	1.17	1.72	1.38	0.34	0.28	0.21	0.64	0.34	0.30	0.36	0.27	0.31	0.12	0.19	0.35	0.26	0.29	0.15	0.13
5	Bihar	13.50	10.93	12.48	10.86	1.61	3.90	3.61	5.57	4.00	1.57	1.50	1.40	1.64	1.19	0.44	3.50	3.36	5.23	3.12	2.10
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	2.88	2.61	2.89	1.46	1.42	1.00	0.96	1.79	0.73	1.06	0.50	0.40	0.49	0.08	0.41	0.60	0.50	1.19	0.22	0.96
8	Dadra and Nagar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.15	0.12	0.11	0.09	0.02	0.03	0.03	0.02	0.02	0.00	0.01	0.01	0.00	0.00	0.00	0.02	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	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01
12	Gujarat	13.90	11.30	12.41	11.03	1.38	2.90	2.42	3.06	2.39	0.68	0.64	0.54	0.71	0.45	0.26	4.50	3.83	4.68	3.05	1.65
13	Haryana	11.60	10.06	12.02	10.38	1.64	2.70	2.60	3.21	2.40	0.81	0.30	0.20	0.32	0.11	0.21	1.20	1.01	0.50	0.23	0.28
14	Himachal Pradesh	0.33	0.29	0.51	0.32	0.19	0.01	0.01	0.03	0.02	0.01	0.04	0.03	0.02	0.01	0.01	0.26	0.23	0.22	0.12	0.09
15	Jammu and kashmir	0.68	0.28	0.70	0.34	0.36	0.24	0.15	0.34	0.13	0.20	0.13	0.03	0.11	0.01	0.10	0.02	0.01	0.01	0.00	0.00

16	Jharkhand	1.20	0.91	1.30	0.85	0.45	0.25	0.25	0.55	0.38	0.16	0.02	0.02	0.04	0.01	0.02	0.30	0.24	0.43	0.19	0.24
17	Karnataka	7.60	5.18	7.76	4.73	3.03	1.98	1.46	2.83	1.56	1.27	0.97	0.67	1.32	0.66	0.66	7.20	5.05	10.44	5.25	5.19
18	Kerala	0.62	0.51	0.55	0.41	0.15	0.08	0.07	0.16	0.08	0.07	0.50	0.39	0.47	0.30	0.16	0.61	0.50	0.79	0.52	0.27
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	23.00	22.52	24.34	22.17	2.18	7.50	7.02	6.88	5.48	1.40	1.00	0.81	0.95	0.52	0.43	11.50	10.54	7.49	4.85	2.65
21	Maharashtra	11.25	8.22	12.06	8.20	3.86	2.60	2.02	3.67	1.95	1.72	1.50	1.07	1.50	0.66	0.84	12.00	9.23	16.89	7.99	8.91
22	Manipur	0.09	0.06	0.07	0.04	0.02	0.01	0.01	0.02	0.01	0.01	0.05	0.03	0.02	0.01	0.01	0.01	0.01	0.01	0.00	0.01
23	Meghalaya	0.01	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	0.00	0.00	0.00
24	Mizoram	0.00	0.00	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	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	0.01	0.00	0.00	0.00	0.00
26	Odisha	1.90	1.06	2.20	0.88	1.32	0.75	0.48	1.14	0.38	0.76	0.25	0.15	0.35	0.09	0.26	0.90	0.52	1.32	0.35	0.96
27	Puducherry	0.08	0.06	0.06	0.05	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.01	0.01	0.00	0.00	0.05	0.04	0.05	0.03	0.02
28	Punjab	15.00	13.07	16.01	12.82	3.19	4.50	4.31	5.47	3.72	1.76	0.60	0.41	0.63	0.24	0.39	1.50	1.40	0.94	0.58	0.37
29	Rajasthan	15.00	13.97	17.34	15.71	1.64	3.33	3.23	4.27	3.54	0.73	0.10	0.08	0.14	0.08	0.06	1.50	1.42	1.68	1.11	0.57
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	6.50	4.97	6.05	4.77	1.29	1.55	1.26	1.89	1.25	0.64	1.80	1.38	1.26	0.80	0.47	5.14	4.01	5.57	3.69	1.89
32	Telangana	10.40	7.31	8.41	7.27	1.15	1.45	1.16	2.22	1.76	0.46	0.65	0.46	0.81	0.29	0.53	7.00	4.84	7.43	4.50	2.93
33	Tripura	0.10	0.06	0.11	0.04	0.07	0.01	0.01	0.02	0.01	0.02	0.03	0.03	0.03	0.00	0.03	0.02	0.01	0.03	0.01	0.02
34	Uttarakhand	1.01	0.74	0.99	0.84	0.15	0.15	0.10	0.37	0.20	0.18	0.05	0.04	0.06	0.02	0.05	0.20	0.16	0.11	0.07	0.04
35	Uttar Pradesh	40.00	33.36	41.40	33.95	7.45	14.00	13.52	15.69	10.86	4.82	1.50	1.19	1.95	1.12	0.84	7.50	7.02	9.89	5.88	4.01
36	West Bengal	8.20	5.85	8.83	5.73	3.10	1.99	1.52	2.61	1.60	0.99	2.20	1.67	1.77	1.04	0.72	7.00	5.65	9.02	5.15	3.87
	ALL INDIA	196.06	161.50	198.95	161.55	37.43	53.43	48.37	65.90	45.37	20.51	15.69	12.00	16.03	8.43	7.60	82.38	67.53	94.91	54.23	40.73

STATEMENT-II						
Cumulative Statement of Enforcement Activities						
Action taken by the State Governments to check black marketing, hoarding, quality check, diversion etc during the period from 01.04.2025 to 30.01.2026						
	Black Marketing			Sub Standard Quality		
States	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered
Andhra Pradesh	80	10	9	346	0	0
Arunachal Pradesh	0	0	0	0	0	0
Assam	12	6	1	46	1	0
Bihar	1241	782	116	5	0	0
Chhattisgarh	295	13	4	145	5	0
Dadar and Nagar	0	0	0	0	0	0
Delhi	0	0	1	3	0	0
Goa	544	180	6	32	1	0
Gujarat	46	3	1	117	2	0
Haryana	65	15	10	51	12	6
Himachal Pradesh	0	0	0	0	0	0
Jammu and Kashmir	143	44	2	66	2	0
Jharkhand	57	20	11	2	0	0
Karnataka	368	25	1	244	14	2
Kerala	0	0	0	50	0	0
Madhya Pradesh	0	0	91	739	44	4
Maharashtra	16	0	16	1567	1354	44
Manipur	0	0	0	0	0	0
Meghalaya	0	0	0	0	0	0
Mizoram	1	0	0	0	0	0
Nagaland	14	0	14	101	0	0
Odisha	4	3	2	55	1	1
Puducherry	0	0	0	0	0	0
Punjab	37	1	1	293	92	3
Rajasthan	652	118	47	506	1	2
Tamilnadu	14	0	4	33	25	0
Telangana	5	9	3	128	0	0
Tripura	0	0	0	0	0	0
Uttar Pradesh	2341	2901	179	164	151	20
Uttarakhand	0	0	0	0	0	0
West Bengal	0	0	0	286	0	0
Total	5935	4130	519	4979	1705	82

WOMEN EMPOWERMENT SCHEME**1262. DR. NISHIKANT DUBEY:**

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

- (a) the details of women empowerment related schemes being run by the Government in the State of Jharkhand during the last three years;
- (b) the details of the amount utilized by the Government on these schemes during the said period, year and district-wise;
- (c) the extent to which the said schemes have been successful in achieving their objectives;
- (d) the number of Anganwadis in said State especially in Santhal Pargana districts;
- (e) the details of the benefits extended to the child and mother through these Centres in the said districts along with the number of beneficiaries availing the said benefits since 2019, yearwise and Anganwadi-wise; and
- (f) the details of the schemes being implemented/under consideration for girls below 18 years of age?

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

(a) to (c): The Government gives utmost priority to the safety, security and empowerment of women in the country. Government has adopted a multi-

pronged approach on a life-cycle continuum basis to address the issue of women for their educational, social, economic and political empowerment so that they lead the process of development of India.

In the past few years, a number of initiatives have been taken for holistic development and empowerment of women in the country including the State of Jharkhand.

Under Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM), nearly 10.29 crore women are connected with women's self-help groups that are transforming rural socio-economic landscape in in country.

In order to enhance the employability of female workers, the Government is providing training to them through a network of Women Industrial Training institutes, National Vocational Training Institutes and Regional Vocational Training Institutes.

A number of enabling provisions for creating congenial work environment for women workers have been incorporated in Labour Codes viz. the Code on Wages, 2019, the Industrial Relations Code, 2020, the Occupational Safety, Health and Working Conditions Code, 2020 and the Code on Social Security, 2020.

The Viksit Bharat-Guarantee for Rozgar and Ajeevika Mission (Gramin) (VB-G RAM G) Act, 2025 mandates that at least one third of the jobs generated under the scheme should be given to women.

Pradhan Mantri Awaas Yojana – Gramin (PMAY-G) Scheme focuses on woman ownership of houses and it has been decided that the allotment of house shall be made, with some exceptions, in the name of the woman or jointly in the name of the husband and wife.

Construction of over 17.53 crore toilets under ‘Swachh Bharat Mission’, clean cooking gas connections to over 10.49 crore women below poverty line under ‘Ujjawala Yojana’ and connecting over 15.79 crore rural household with tap drinking water connections under ‘Jal Jeevan Mission’ have transformed the lives of women by reducing their drudgery and care burden.

National Agriculture Market or e-NAM, an online trading platform for agricultural commodities is helping women overcome and compensate for the barriers they face in accessing markets. National Cooperative Development Corporation (NCDC) is playing a significant role to uplift women cooperatives as large number of women are engaged and involved in cooperatives dealing with activities related to food grain processing, plantation crops, oilseeds processing, fisheries, dairy and livestock, spinning mills, handloom and power loom weaving, Integrated Cooperative Development Projects, etc.

To ensure economic independence of women through skill development and vocational training, the Government has also introduced Skill India Mission. Government has also set up the Pradhan Mantri Kaushal Kendras under the Pradhan Mantri Kaushal Vikas Yojana across the country. Emphasis has been

laid on creating additional infrastructure both for training and apprenticeship for women

There are schemes like Pradhan Mantri Mudra Yojana and Prime Minister's Employment Generation Programme (PMEGP) which have been launched for helping women set up their own enterprises.

In 2017, the Maternity Benefit Act was amended to increase paid maternity leave from 12 weeks to 26 weeks for the first two children. This Act also provides for paid maternity leave to women workers and crèche facility within prescribed distance in all establishments having fifty or more employees

In order to bring women in the mainstream of political leadership at the grass root level, Government has reserved at least 33% of the seats in Panchayati Raj Institutions (PRIs) for women through the 73rd amendment to the Constitution. As per available data, there are more than 12.06 lakh Elected Women Representatives (EWRs) in PRIs, which is approximately 49.75% of the total elected representatives.

The greatest leap forward for women empowerment and representation of women in the highest political offices in the country has been the notification by Government of the Nari Shakti Vandan Adhiniyam, 2023 (Constitution One Hundred and Sixth Amendment) Act, 2023 on 28th September, 2023, for reservation of one-third of seats for women in the House of People (Lok Sabha)

and in the State Legislative Assemblies including Legislative Assembly of NCT of Delhi.

The Ministry of Women and Child Development has been implementing the Umbrella Scheme named as 'Mission Shakti' during the 15th Finance Commission period with effect from the financial year 2022-23. It is aimed at strengthening interventions for women safety, security and empowerment.

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.

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) is a centrally sponsored scheme aims to provide cash incentive through Direct Benefit Transfer (DBT) mode to Pregnant Women and Lactating Mothers (PWandLM) for partial compensation for wage loss so that she can take adequate rest before and after delivery and to improve her health seeking behaviour. Benefit of ₹5,000/- in two instalments are provided for first child. Further, as per the new guideline for 'Mission Shakti', applicable with effect from 01.04.2022, the scheme seeks to promote positive behavioural change towards girl child by providing additional cash incentive of ₹6,000/- for the second child, if that is a girl child. Benefits

have been extended to over 4.26 crore women through this scheme since inception till 31.01.2026. Anganwadi cum Crèche under Palna component aims to support mothers by providing them childcare support. SANKALP: HEW facilitates inter-sectoral convergence of schemes and programs meant for women at the Central, State/ UT and District levels for creating an environment in which women are able to realize their full potential.

The Anganwadi Services under Mission Saksham Anganwadi and Poshan 2.0 is a universal, no-entry barriers scheme under which pregnant women and lactating mothers are eligible for the services including the Supplementary Nutrition Programme (SNP).

Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN) aims to target the development of 75 Particularly Vulnerable Tribal Groups (PVTGs) in order to saturate PVTG households and habitations with basic facilities such as safe housing, clean drinking water and sanitation, improved access to education, health and nutrition, road and telecom connectivity, and sustainable livelihood opportunities. Under the PM-JANMAN Scheme, Ministry of Women and Child Development has sanctioned 2500 new AWCs in PVTG habitations by way of convergence with Saksham Anganwadi and Poshan 2.0 including 495 AWCs in the State of Jharkhand.

Total fund allocated to State of Jharkhand under PM JANMAN amounts to Rs. 59.4 Cr out of which Rs. 13.32 cr has been released.

The year-wise details of funds released to the State of Jharkhand for various schemes are given in the enclosed **Statement-I**.

(d): As per Poshan Tracker as on December 2025, the number of Anganwadis in Jharkhand is 38,871. The total number of Anganwadis in Santhal Pargana districts comprising of Dumka, Godda, Deoghar, Jamtara, Sahibganj and Pakur are 9,726.

(e): As per Poshan Tracker as on December 2025, the number of beneficiaries in Santhal Pargana districts comprising of Dumka, Godda, Deoghar, Jamtara, Sahibganj and Pakur are 6,63,611. The year-wise number of beneficiaries in the State of Jharkhand are given in the enclosed **Statement-II**.

(f): The Government is implementing several schemes/ programmes for overall development of girls below 18 years of age in the country including the State of Jharkhand.

The Scheme for Adolescent Girls (SAG) has been subsumed under Mission Saksham Anganwadi and Poshan 2.0 w.e.f. 01.04.2022. The targeted beneficiaries under this scheme are girls in the age group of 14 – 18 years in the Aspirational Districts and all North Eastern States.

Beti Bachao Beti Padhao (BBBP) Scheme benefits girls under 18 years of age by promoting education, skill development, and sports participation through initiatives like 'Khelo India.' The scheme aims to help improve the Sex Ratio at Birth (SRB), increase institutional deliveries, Antenatal Check-up (ANC)

Registration and reduce dropout rates among girls at secondary and higher secondary levels by raising awareness.

Anemia Mukht Bharat (AMB) Programme aims to reduce anemia among vulnerable groups, including children aged 6-59 months, adolescent boys and girls (15-19 years).

Samagra Shiksha is an integrated scheme for school education from pre-school to class XII, supporting the implementation of the National Education Policy 2020 and the Right to Education Act, 2009. It emphasizes early childhood care and education, foundational literacy and numeracy, a holistic and inclusive curriculum, enhancing learning outcomes, bridging social and gender gaps, and ensuring equity and inclusion at all education levels.

Kasturba Gandhi Balika Vidyalaya (KGBV) scheme seeks to bridge gender and social category gaps in school education by providing residential schooling facilities for girls up to Class XII. Under the scheme, the girls in the age group of 10-18 years from Scheduled Caste (SC), Scheduled Tribe (ST), Other Backward Class (OBC), minority communities, and BPL families are covered.

Vigyan Jyoti Programme encourages girls to pursue education and careers in STEM (Science, Technology, Engineering, Mathematics) fields to improve gender balance. It targets meritorious girls from Class IX to Class XII and includes student-parent counselling, career counselling, additional

academic support classes, tinkering activities, special lectures, visits to scientific institutions, labs, industries, and science camps and workshops.

STATEMENT-I

Year-wise details of funds released under Mission Shakti

SI. No.	States	Amount released (Rs. In Crores)		
		2022-23	2023-24	2024-25
1.	Jharkhand	29.39	12.83	39.37

STATEMENT-II

Year-wise number of beneficiaries of Anganwadi Scheme in the State of Jharkhand since 2019

Year	Beneficiaries in Jharkhand
2022	39,94,290
2023	36,42,759
2024	32,12,871
By April 2025	31,03,326

PRIORITISATION FOR NEW GOVERNMENT MEDICAL COLLEGE

1263. SHRI JAGANNATH SARKAR:

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

- (a) the details of the districts which do not have any Government medical college in the country, State/UT-wise along with the population of each such district as per the latest Census or official estimates;

- (b) the total number of districts with a population above 5 lakh, 10 lakh and 15 lakh that are currently without a Government medical college in the country, district-wise; and
- (c) the details of any concrete roadmap of the Government along with timelines to ensure that high-population districts without Government medical colleges are prioritised for opening of new medical colleges so as to reduce regional healthcare disparities?

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

(a) to (c): As informed by the National Medical Commission (NMC), there are a total of 818 medical colleges, including (AIIMS and INIs), across the country as of now. The State/UT-wise details of these medical colleges are given in the enclosed **Statement-I**.

Ministry of Health and Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. A total of 157 Medical Colleges have been approved in the various districts across the country. State wise details of Medical Colleges approved under the scheme are given in the enclosed **Statement-II**. Further, support has also been provided

for Strengthening/Upgradation of existing State Government/Central Government medical colleges to increase the number of MBBS (UG) and PG seats under another CSS Scheme. Under these schemes, additional 4977 MBBS seats and 8058 PG seats have been approved in medical colleges across the country.

STATEMENT-I

State/UT Wise Medical Colleges across the country

Sl. No	State/UT	Private Colleges	Govt Colleges	Total Colleges
1	Andhra Pradesh	20	19	39
2	Andaman and Nicobar	0	1	1
3	Arunachal Pradesh	0	1	1
4	Assam	0	16	16
5	Bihar	12	13	25
6	Chandigarh	0	1	1
7	Chhattisgarh	5	11	16
8	Dadra and Nagar Haveli	0	1	1
9	Delhi	2	9	11
10	Goa	0	1	1
11	Gujarat	19	24	43
12	Haryana	9	8	17
13	Himachal Pradesh	1	7	8
14	Jammu and Kashmir	1	11	12
15	Jharkhand	3	7	10
16	Karnataka	48	24	72
17	Kerala	22	14	36
18	Madhya Pradesh	14	21	35
19	Maharashtra	42	43	85
20	Manipur	1	3	4
21	Meghalaya	1	2	3
22	Mizoram	0	1	1
23	Nagaland	0	1	1
24	Odisha	6	15	21

25	Puducherry	7	2	9
26	Punjab	7	6	13
27	Rajasthan	15	34	49
28	Sikkim	1	0	1
29	Tamil Nadu	40	38	78
30	Telangana	29	37	66
31	Tripura	2	1	3
32	Uttar Pradesh	37	51	88
33	Uttarakhand	4	6	10
34	West Bengal	15	26	41

STATEMENT-II

State-wise details of 157 Medical Colleges approved under the Centrally Sponsored scheme for 'Establishment of new medical colleges attached with existing district/referral hospitals'

S.No	State/UT	No. of colleges	Districts
Phase-I (58)			
1	A and N Islands	1	Port Blair
2	Arunachal Pradesh	1	Naharlagun
3	Assam	4	Dhubri, Nagaon, North Lakhimpur, Diphu
4	Bihar	3	Purnia, Saran (Chhapara), Samastipur
5	Chhattisgarh	2	Rajnandgaon, Sarguja
6	Himachal Pradesh	3	Chamba, Hamirpur, Nahan (Sirmour)
7	Haryana	1	Bhiwani
8	Jharkhand	3	Dumka, Hazaribagh, Palamu (Daltonganj)
9	Jammu and Kashmir	5	Anantnag, Baramulla, Rajouri, Doda, Kathua

S.No	State/UT	No. of colleges	Districts
10	Madhya Pradesh	7	Datia, Khandwa, Ratlam, Shahdol, Vidisha, Chindwara, Shivpuri
11	Maharashtra	1	Gondia
12	Meghalaya	1	West Garo Hills (Tura)
13	Mizoram	1	Falkawn
14	Nagaland	1	Naga Hospital (Kohima)
15	Odisha	5	Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri
16	Punjab	1	SAS Nagar
17	Rajasthan	7	Barmer, Bharatpur, Bhilwara, Churu, Dungarpur, Pali, Sikar
18	Uttar Pradesh	5	Basti, Faizabad, Firozabad, Shahjahanpur, Bahraich
19	Uttarakhand	1	Almora
20	West Bengal	5	Birbhum (Rampur Hat), Cooch Behar, Diamond Harbour, Purulia, Raiganj (North Dinajpur)
Phase –II (24)			
1	Bihar	5	Sitamarhi, Jhanjharpur, Siwan, Buxar, Jamui
2	Jharkhand	2	Koderma, Chaibasa (Singhbhum)
3	Madhya Pradesh	1	Satna
4	Odisha	1	Jajpur
5	Rajasthan	1	Dholpur
6	Uttar Pradesh	8	Etah, Hardoi, Pratapgarh, Fatehpur, Siddharthnagar (Domariyaganj), Deoria, Ghazipur, Mirzapur
7	West Bengal	5	Barasat, Uluberia, Arambagh, Jhargram, Tamluk
8	Sikkim	1	Gangtok

S.No	State/UT	No. of colleges	Districts
Phase-III (75)			
1	Andhra Pradesh	3	Piduguralla, Paderu, Machilipatnam
2	Assam	1	Kokrajhar
3	Chhattisgarh	3	Korba, Mahasamund, Kanker
4	Gujarat	5	Narmada, Navsari, Panchmahal, Porbandar, Morbi
5	Jammu and Kashmir	2	Udhampur, Handwara (Distt. Kupwara)
6	Karnataka	4	Chikkamagaluru, Haveri, Yadgiri, Chikkaballapura
7	Ladakh	1	Leh
8	Madhya Pradesh	6	Rajgarh, Mandla, Neemuch, Mandsaur, Sheopur, Singrauli
9	Maharashtra	1	Nandurbar
10	Manipur	1	Churachandpur
11	Nagaland	1	Mon
12	Odisha	1	Kalahandi
13	Punjab	2	Kapurthala, Hoshiarpur
14	Rajasthan	15	Alwar, Baran, Bansawara, Chittorgarh, Jaisalmer, Karauli, Nagaur, Shri Ganganagar, Sirohi, Bundi, SawaiMadhopur, Tonk, Hanumangarh, Jhunjhunu, Dausa
15	Uttarakhand	3	Rudrapur (Distt. Udham Singh Nagar), Pithoragarh, Haridwar
16	Uttar Pradesh	14	Bijnaur, Kushinagar, Sultanpur, Gonda, Lalitpur, LakhimpurKheri, Chandauli, Bulandshahar, Sonbhadra, Pilibhit, Auraiya, Kanpur Dehat,

S.No	State/UT	No. of colleges	Districts
			Kaushambi, Amethi
17	Tamil Nadu	11	Tiruppur, Nilgiris, Ramanathapuram, Namakkal, Dindigul, Virudhunagar, Krishnagiri, Tiruvallur, Nagapattinam, Ariyalur, Kallakurichi
18	West Bengal	1	Jalpaiguri

ASSESSMENT OF NATIONAL AYUSH MISSION (NAM) SCHEME

1264. SHRI PRADYUT BORDOLOI:

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

- (a) whether the Government has assessed the uptake of the centrally-sponsored National AYUSH Mission (NAM) across the country;
- (b) if so, the details thereof, State/UT-wise including the number of AYUSH service units functional along with bed-capacity and utilisation and if not, the reasons therefor;
- (c) the details of the detailed outlay and outcomes achieved under AYURSWASTHYA Yojana and AYURGYAN Scheme along with overall coverage, State/UT-wise;

- (d) whether any remedial steps have been taken by the Government for redressal of the complaints and bring about further improvement in these Schemes and if so, the details thereof;
- (e) whether the Government has established quality-control, standardisation and evidence validation frameworks for AYUSH treatments and medicinal plants;
- (f) if so, the details thereof and if not, the reasons therefor; and
- (g) the details of the physical and financial performance of AYUSH schemes, State/UT-wise along with gaps, if any, identified in the performance of these Schemes?

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

(a) and (b) : Ministry of Ayush, Government of India is constantly assessing the uptake of the Centrally Sponsored Scheme of National Ayush Mission (NAM) across the country, through regular and vigorous monitoring of implementation of the scheme for its better outcome through various methods mentioned as follows:

- i. Collecting activity-wise physical/financial progress on regular interval from the State/UT Governments.

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

Under NAM, as per the proposals received from State/UT Governments, the States/UTs are supported for establishment of 50/30/10 bedded Integrated Ayush Hospitals (IAHs). The State/UT-wise approved IAHs are given in the enclosed **Statement-I**.

(c): Ministry of Ayush has been implementing the Central Sector Schemes namely AYURGYAN and AYURSWASTHYA since 2021-22. Being the Central Sector Schemes, financial assistance is provided to the eligible organizations/institutions across the country, and the scheme is not specific to any State/UT and thus fund is not allocated State/UT-wise. The detailed outlay

and outcomes achieved, since inception of the schemes, are given in the enclosed **Statement-II**.

(d) : Time to time third party evaluation of the above said Schemes are being carried out in addition to Stake holders consultation and as per the recommendations/suggestions necessary value addition is being done in the Schemes for its effective implementation.

(e) and (f) : A series of Standard Treatment Guidelines within the Ayush system of medicine has been developed by the Ayush Vertical under the Directorate General of Health Services (DGHS), as an initiative towards establishing quality-control and standardisation for Ayush treatments. It has conducted national-level modular training for Ayush physicians, ensuring a standardized and quality approach to health care. Further, Indian Public Health Standards (IPHS) for Ayushman Arogya Mandir (Ayush) and Ayush Hospitals, have also been launched. It is a set of uniform standards for infrastructure, human resources, medicines, and service quality. These standards enable States and UTs to deliver quality Ayush healthcare services.

(g) : Under NAM, the State/UT Governments have been provided financial assistance for implementation of different activities as approved in SAAPs. The State/UT-wise status of released grant-in-aid and reported expenditure are given in the enclosed **Statement-III**.

STATEMENT-I

State/UT- wise details of Integrated Ayush Hospitals supported under National Ayush Mission from 2014-15 to 2024-25:

Sl. No	State/UT	Location (District)	System of medicine	No. of Beds	Funds Sanctioned Allocated (Rs. In Lakhs)	Status
1	Andaman and Nicobar Island	Junglighat, Port Blair (South Andaman)	Ayurveda, Homoeopathy, Yoga and Naturopathy	50	224.95	Functional
2	Andhra Pradesh	Kakinada	Ayurveda, Homoeopathy, Yoga and Naturopathy	50	1500.00	Construction Completed
		Visakhapatnam	Ayurveda, Homoeopathy, Yoga and Naturopathy	50	749.97	Under construction
3	Arunachal Pradesh	Bhalukpong (West Kameng)	Ayurveda, Homoeopathy, Yoga	50	575.00	Under Construction
		Likabali (Lower Siang)	Ayurveda, Homoeopathy, Yoga	50	475.00	Under Construction
		Yingkiong (Upper Siang)	Ayurveda, Homoeopathy, Yoga and Naturopathy	10	150.00	Under Construction
		Seppa (East Kameng)	Ayurveda, Homoeopathy, Yoga and Naturopathy	10	30.00	Under Construction

		Ziro (Lower Subansiri)	Ayurveda, Homoeopathy , Yoga and Naturopathy	10	30.00	Under Constructio n
4	Assam	Dudhnoi (Goalpara)	Ayurveda	50	1073.80	Functional
		Majuli	Ayurveda	50	1362.93	Functional
		Kokrajhar	Ayurveda and Homoeopathy	50	100.00	Constructio n not started
		Baksa	Ayurveda and Homoeopathy	50	100.00	Under Constructio n
		Morigaon	Ayurveda and Homoeopathy	50	100.00	Constructio n not started
		Kaliabor (Nagaon)	Ayurveda and Homoeopathy	50	100.00	Constructio n not started
		Diphu (Karbi Anglong)	Ayurveda and Homoeopathy	30	25.00	Constructio n not started
		Bajali	Ayurveda and Homoeopathy	10	70.00	Under construction
5	Bihar	Patna	Ayurveda, Homoeopathy , Unani and Yoga	50	902.70	Constructio n Completed
6	Chandigarh	Sector -34, (Chandigarh)	Ayurveda and Homoeopathy	50	648.53	Functional
7	Chhattisgarh	Janjgir-Champa	Ayurveda, Homoeopathy , Unani	10	255.50	Functional
		Mahasamund	Ayurveda, Homoeopathy	10	255.50	Functional

			, Unani			
		Koria	Ayurveda, Homoeopathy , Unani	10	255.50	Under construction
		Korba	Ayurveda, Homoeopathy , Unani	10	255.50	Functional
		Kanker (Uttar Bastar Kanker)	Ayurveda, Homoeopathy , Unani	10	255.50	Functional
		Narayanpur	Ayurveda, Homoeopathy , Unani	10	255.50	Under construction
		Bijapur	Ayurveda, Homoeopathy , Unani	10	255.50	Functional
		Dantewada (Dakshin Bastar)	Ayurveda, Homoeopathy , Unani	10	255.50	Constructio n Completed
		Dalli Rajhara (Balod)	Ayurveda	30	215.50	Functional
		Surajpur	Ayurveda, Homoeopathy , Unani	10	100.00	Under construction
8	Dadra Nagar Haveli and Daman and Diu	Silvasa (Dadra and Nagar Haveli)	Ayurveda	50	726.20	Under construction
9	Goa	Velguem (North Goa)	Ayurveda, Homoeopathy , Yoga and Naturopathy	50	674.00	Under construction
		Margao (South Goa)	Ayurveda, Homoeopathy , Yoga and	50	1343.19	Under construction

			Naturopathy			
10	Gujarat	Surat	Ayurveda, Homoeopathy , Yoga	50	1500.00	Functional
		Atkot	Ayurveda, Homoeopathy , Yoga	30	300.00	Constructio n not started
11	Haryana	Hisar	Ayurveda, Homoeopathy , Unani and Yoga	50	675.34	Functional
12	Himachal Pradesh	Kullu	Ayurveda, Sowa Rigpa , Homoeopathy , Yoga and Naturopathy	50	1409.62	Under construction
		Mandi	Ayurveda, Sowa Rigpa , Homoeopathy , Yoga and Naturopathy	50	25.00	Constructio n not started
		Dharamshala	Ayurveda, Sowa Rigpa , Homoeopathy , Yoga and Naturopathy	50	500.00	Constructio n not started
13	Jammu and Kashmir	Kishtwar	Ayurveda, Homoeopathy , Unani, Yoga and Naturopathy	50	500.00	Under construction
		Kupwara	Ayurveda, Homoeopathy , Unani, Yoga and	50	729.39	Under construction

			Naturopathy			
		Bilawar (Kathua)	Ayurveda, Homoeopathy , Unani, Yoga and Naturopathy	50	735.21	Under construction
		Kulgam	Ayurveda, Homoeopathy , Unani, Yoga and Naturopathy	50	918.17	Functional
		Samba	Ayurveda, Homoeopathy , Unani, Yoga and Naturopathy	50	467.05	Under construction
		Gadi Garh	Ayurveda, Homoeopathy , Unani, Yoga and Naturopathy	10	100.00	Constructio n not started
		Bandipayeen	Ayurveda, Homoeopathy , Unani, Yoga and Naturopathy	10	75.00	Under Constructio n
14	Jharkhand	Itki, Ranchi	Ayurveda and Homoeopathy	50	1500.00	Under construction
		Gumla	Ayurveda and Homoeopathy	10	750.00	Under construction
		Bokaro	Ayurveda and Homoeopathy	10	750.00	Under construction
		Deoghar	Ayurveda and Homoeopathy	10	750.00	Under construction
		Palamu	Ayurveda and	10	750.00	Under

			Homoeopathy			construction
		Dumka	Ayurveda and Homoeopathy	10	750.00	Construction Completed
		Jamshedpur	Ayurveda and Homoeopathy	50	1500.00	Under construction
15	Karnataka	Gadag	Ayurveda and Homoeopathy	50	966.21	Functional
		Mangalore	Ayurveda and Homoeopathy	50	909.96	Functional
		Thrithahalli	Ayurveda and Homoeopathy	10	135.03	Under construction
16	Kerala	Chalakuddy, Thrissur Distt.	Ayurveda, Homoeopathy, Siddha and Yoga and Naturopathy	50	1050.00	Construction Completed
		Mattannur, Kannur	Ayurveda, Homoeopathy, Siddha and Yoga and Naturopathy	50	925.00	Construction Completed
		Adoor, Pathanamthitta	Homoeopathy, Yoga and Naturopathy	10	150.00	Construction not started
		Attapadi	Ayurveda, Homoeopathy, Siddha and Yoga and Naturopathy	50	15.00	Construction not started
		Kottarakara-Kollam	Ayurveda, Siddha and Yoga and Naturopathy	30	150.00	Under Construction

		Wayanad	Ayurveda and Yoga	30	125.00	Construction not started
		Idukki	Homeopathy and Yoga	30	125.00	Construction not started
		Aranmula, Ranni, Pathanamthitta	Ayurveda and Yoga	30	35.00	Construction not started
		Varkala	Yoga and Naturopathy	50	225.00	Under Construction
		Kappukad, Thiruvanthapuram	Ayurveda, Siddha and Yoga	50	37.50	Construction not started
17	Lakshadweep	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 and Unani	50	167.62	Under construction
		Ahmed Nagar	Ayurveda, Homoeopathy and Unani	30	648.03	Functional
		Jalgaon	Ayurveda,	30	224.05	Under

			Homoeopathy , Yoga and Unani			construction
		Jalna	Ayurveda, Homoeopathy , Yoga and Unani	50	302.87	Under construction
		Thane	Ayurveda, Homoeopathy , Yoga and Unani	50	452.87	Constructio n not started
		Nagpur	Ayurveda, Homoeopathy , Yoga and Unani	50	361.37	Under construction
		Gondia	Ayurveda, Homoeopathy , Yoga and Unani	50	187.50	Constructio n not started
		Chhatrapati Sambhaji Nagar	Ayurveda, Homoeopathy , Yoga and Unani	50	187.50	Constructio n not started
		Buldhana	Ayurveda, Homoeopathy , Yoga and Unani	50	187.50	Constructio n not started
		Gadchiroli	Ayurveda, Homoeopathy , Yoga and Unani	30	131.25	Constructio n not started
		Wardha	Ayurveda, Homoeopathy , Yoga and Unani	30	131.25	Constructio n not started

19	Manipur	Moreh, Tengnoupal	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	664.50	Functional
		Churancandpur	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	660.00	Constructio n Completed
		Kwakeithel Konjeng Leikai	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	393.59	Functional
		Keirao AC, Imphal East District	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	677.30	Functional
		Chandel	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	387.50	Under construction
		Jiribam	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	287.50	Under construction
		Kangpokpi	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	287.50	Under construction
		Bishnupur	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	387.50	Under construction
		Noney	Ayurveda, Homoeopathy and Yoga and	10	287.50	Under construction

			Naturopathy			
		Thoubal	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	387.50	Under construction
		Senapati	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	237.50	Under construction
20	Madhya Pradesh	Bhopal	Ayurveda and Yoga	50	800.00	Functional
		Indore	Ayurveda, Homoeopathy and Yoga	50	830.00	Construction Completed
		Narsinghpur	Ayurveda, Unani, Homoeopathy and Yoga	50	576.92	Functional
		Amarkantak	Ayurveda, Unani, Homoeopathy	50	700.00	Under construction
		Mandleshwar (Khargaon Disstt.)	Ayurveda, Unani, Homoeopathy and Yoga	50	674.75	Construction Completed
		Balaghat	Ayurveda, Unani, and Homoeopathy	50	550.00	Under construction
		Sehore	Ayurveda, Unani, and Homoeopathy	50	925.00	Construction Completed
		Gunna	Ayurveda, Unani, and Homoeopathy	50	250.00	Under construction
		Panna	Ayurveda,	50	250.00	Under

			Unani, and Homoeopathy			construction
		Bhind	Ayurveda, Unani, and Homoeopathy	50	250.00	Under construction
		Barwani	Ayurveda, Unani, and Homoeopathy	30	125.00	Under construction
		Sujalpur	Ayurveda, Unani, and Homoeopathy	50	200.00	Under construction
		Sheopur	Ayurveda, Unani, and Homoeopathy	50	200.00	Under construction
21	Meghalaya	Sohra (Cherapunje), CHC, East Khasi Hills	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	1033.44	Functional
		Umtrew Village, Rhi Bhoi District,	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	923.63	Under construction
		Jowai, West Jaintia Hills Dist)	Homoeopathy , Yoga, Ayurveda	30	200.00	Under construction
22	Mizoram	Aizawl	Ayurveda, and Homoeopathy	50	280.72	Under construction
		Saitul	Ayurveda, and Homoeopathy	10	250.00	Under construction
23	Nagaland	Noklak, Tuensang District	Ayurveda, Homoeopathy and Yoga	30	911.04	Functional
		Razha,	Ayurveda,	50	925.00	Functional

		Chedema	Homoeopathy and Yoga			
		Sapangya (Chungtia)	Ayurveda, Homoeopathy and Yoga	50	426.68	Under construction
		Yachem, Longleng	Ayurveda, Homoeopathy and Yoga	30	275.00	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 and Naturopathy	50	800.00	Construction Completed
		Behrampur	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	800.00	Construction Completed
		Balasore	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	400.00	Under Construction
25	Puducherry	Villianur	Ayurveda, Homoeopathy and Siddha	50	1064.57	Functional
		Yanam	Ayurveda, Homoeopathy and Siddha	50	1047.75	Under Construction

		Karaikal	Ayurveda, Homoeopathy and Siddha	30	200.00	Constructio n not started
26	Punjab	Dyalpur Sodhin Zirakpur (Mohali)	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50	650.00	Under construction
		Moga (Initially at Tarn taran)	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50	755.00	Functional
27	Rajasthan	Bhilwara	Ayurveda, Homoeopathy and Unani,	50	618.43	Functional
		Ajmer	Ayurveda, Homoeopathy and Unani,	50	609.94	Functional
		Churu	Ayurveda, Homoeopathy and Unani,	50	541.16	Functional
		Bikaner	Ayurveda, Homoeopathy and Unani,	50	541.16	Functional
		Jaipur	Ayurveda, Homoeopathy and Unani,	50	766.16	Functional
		Sikar	Ayurveda, Homoeopathy and Unani,	50	676.16	Functional
		Sawaimadhopur	Ayurveda, Homoeopathy and Unani, Yoga and	50	500.00	Under Constructio n

			Naturopathy			
		Bharatpur	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50	500.00	Under Constructio n
		Kithana	Ayurveda, Homoeopathy and Unani	30	250.00	Constructio n not started
		Bhilwara (Asind)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Bhilwara (Bijoliya)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Karuli (Mandrayal)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Alwar (Behror)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Alwar (Neemrana)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Jodhpur (Shekhala)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Dausa (Nangal Raja Watan)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Jaipur - A (Paota)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Sikar (Dhod)	Ayurveda, Homoeopathy	10	45.00	Under Constructio

			and Unani			n
		Sikar (Shreemadhampur)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Barmer (Gira)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Jalore (Bagoda)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Baran (Kishanganj)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Jhalawar (Bakani)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Kota (Sultanpur)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Pali (Rohat)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Ajmer (Masuda)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Ajmer (Peesangan)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Dholpur (Sepau)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Bharatpur (Sewer)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Nagaur	Ayurveda,	10	45.00	Under

		(Kheenvasar)	Homoeopathy and Unani			Constructio n
		Sri Ganganagar (Rai Singh Nagar)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Dungarpur (Dovra)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
		Pratapgarh (Arnod)	Ayurveda, Homoeopathy and Unani	10	45.00	Under Constructio n
28	Sikkim	Kyongsa, Gyalshing, West Sikkim	Ayurveda and Homoeopathy	50	959.46	Functional
		NIT, Deorali	Sowa-Rigpa	30	410.49	Under construction
29	Tamil Nadu	Theni	Siddha, Yoga and Naturopathy	50	733.33	Functional
		Thiruvannamalai	Siddha, Yoga and Naturopathy	50	733.33	Functional
		Pudukkottai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	400.00	Constructio n Completed
		Namakkal	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	250.00	Functional
		AAGHIM	Ayurveda,	50	1000.00	Under

		Campus, Chennai	Homoeopathy and Unani, Siddha, Yoga and Naturopathy			construction
		Kottar, Nagercoil	Ayurveda	30	525.00	Under construction
30	Telangana	Siddipet	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	730.41	Constructio n Completed
		Vikarabad	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	730.41	Constructio n Completed
		Jayashankar Bhupalapally,	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	730.41	Constructio n Completed
31	Tripura	Paradise Chowmuhani, Agartala	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	819.33	Functional
		South Sabroom	Ayurveda, Homoeopathy and Yoga	50	622.26	Functional
32	Uttar Pradesh	Jaunpur	Ayurveda, Unani, Homoeopathy	30	525.00	Under construction

			and Yoga			
		Bulandsheher (initially at Kushi Nagar)	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Bilhour, Kanpur Nagar	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		West Katli, Lucknow	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Badrasi, Varanasi	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Nawab Ganj, Baraily	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Basti	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Sirathu Koushambi	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Sonbhadra	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Orai Jalaun	Ayurveda, Unani,	50	900.00	Functional

			Homoeopathy and Yoga			
		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, Balila District	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Raibareilly	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Baghpat	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Functional
		Fatehpur	Ayurveda,	50	900.00	Functional

			Unani, Homoeopathy and Yoga			
		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	1165.00	Under construction
		Gorakhpur	Ayurveda, Unani, Homoeopathy and Yoga	50	1165.00	Under construction
		Sambhal	Ayurveda, Unani, Homoeopathy and Yoga	50	1165.00	Under construction
		Mirzapur	Ayurveda, Unani, Homoeopathy and Yoga	50	900.00	Under construction
33	Uttarakhand	Haldwani	Ayurveda and Homoeopathy	50	556.61	Functional
		Jakhnidhar, Tehri	Ayurveda and Homoeopathy	50	1377.41	Under construction
		Tanakpur, Champawat	Ayurveda and Homoeopathy	50	400.00	Under construction
		Kotdwar, Pauri	Ayurveda, Unani,	50	300.00	Under construction

			Homoeopathy and Yoga			
		Pathri, Haridwar	Ayurveda, Unani, Homoeopathy and Yoga	10	492.50	Under construction
		Bheemtal, Nainital	Ayurveda, Unani, Homoeopathy and Yoga	10	307.50	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

STATEMENT-II

Details of outlay and outcomes achieved under Ayurgyan and Ayurswasthya Yojana since inception (FY 2021-22 to FY 2025-26 as on 02.02.2026) of the schemes are as follows:

Ayurgyan Scheme:

The main aim of the scheme is to support Research and Innovation in Ayush by providing Extra Mural Research activities and Education by providing academic activities, training, Capacity Building etc. The Scheme has 03 components viz.

(i) Capacity Building and Continuing Medical Education (CME) in Ayush (ii)

Research and Innovation in AYUSH from FY 2021-22 and 3rd component namely Ayurveda Biology Integrated Health Research has also been added under the scheme from FY 2023-24.

Detailed outlay and outcome of the scheme

- Under Ayurgyan Scheme, an amount of Rs.92.58 Crore has been released to various organizations/institutions against the allocation of Rs.98.27 Crore.
- Under this Scheme, 299 projects/program (i.e. 258 training programmes under Capacity Building and Continuing Medical Education; 30 under Research and Innovation in Ayush; and 11 Under ABIHR component) have been supported.

Ayurswasthya Yojana:

The main aim of the scheme is roll out of authentic classical Ayush interventions to promote Ayush intervention for community health care and to support establishment of advanced/ specialized Ayush medical health unit in reputed Ayush and Allopathy institutions both in Government and Non-Government sector. The Scheme has 02 components viz. Ayush and Public Health; and Up-gradation of facilities to Centre of Excellence (CoE).

Detailed outlay and outcome of the scheme:

- Under Ayurswasthya Yojana, an amount of Rs.134.06 Crore has been released to various organizations/institutions against the allocation of Rs.146.10 Crore.
- Under this Scheme, 53 projects/program (i.e. 25 Ayush and Public Health; and 28 Under Up-gradation of facilities to Centre of Excellence (CoE) have been supported.

STATEMENT-III

State/UT-wise status of Grant-in-aid released under NAM and expenditure reported by the States/UTs from the years 2014-15 to 2024-25.

(Rs. in Lakh)

Sl. No.	Name of States/UTs	Amount Approved/ Sanctioned /Allocated	Central Share released	Matching State Share released	Expenditure reported by the States/UTs Government		
					Central Share	State share	Total Expenditure
1	Andaman and Nicobar Islands	3265.78	3172.52	93.26	3119.73	93.26	3212.99
2	Andhra Pradesh	16181.87	10075.24	6106.63	8738.88	4885.45	13624.33
3	Arunachal Pradesh	7241.01	6516.88	724.14	6516.88	724.10	7240.98
4	Assam	22692.49	20423.24	2269.25	20423.24	2269.25	22692.49
5	Bihar	13435.93	8091.86	5344.08	6502.21	4045.13	10547.35
6	Chandigarh	2206.70	2206.70	0.00	2108.75	0.00	2108.75
7	Chhattisgarh	22949.60	13935.89	9013.70	12613.79	7650.74	20264.53
8	Dadra and Nagar Haveli and Daman and Diu	1613.47	1583.43	30.04	1478.67	8.18	1486.85
9	Delhi	859.41	726.31	133.10	725.98	0.00	725.98
10	Goa	4892.63	2935.58	1957.05	2875.70	1917.66	4793.36

Sl. No.	Name of States/UTs	Amount Approved/ Sanctioned /Allocated	Central Share released	Matching State Share released	Expenditure reported by the States/UTs Government		
					Central Share	State share	Total Expenditure
11	Gujarat	26575.30	16127.16	10448.14	12579.76	8181.46	20761.22
12	Haryana	25591.68	15477.57	10114.11	15243.37	9957.98	25201.35
13	Himachal Pradesh	19877.72	17896.15	1981.57	17896.15	1981.58	19877.72
14	Jammu and Kashmir	29155.58	26191.38	2964.20	26191.38	2964.20	29155.58
15	Jharkhand	27883.85	16864.86	11019.00	16274.22	10625.24	26899.46
16	Karnataka	43517.52	26519.45	16998.06	23027.31	14671.73	37699.04
17	Kerala	58741.74	35572.42	23169.32	35006.53	22792.06	57798.59
18	Ladakh	497.32	497.32	0.00	497.32	0.00	497.32
19	Lakshadweep	1942.25	1942.25	0.00	1936.55	0.00	1936.55
20	Madhya Pradesh	67337.56	41182.19	26155.37	41182.19	26155.37	67337.56
21	Maharashtra	21766.82	13356.21	8410.61	11437.66	7180.14	18617.80
22	Manipur	10551.09	9504.66	1046.43	9352.19	988.82	10341.01
23	Mizoram	6594.29	5934.86	659.43	5934.86	659.42	6594.28
24	Meghalaya	8107.38	7296.64	810.74	7296.64	810.74	8107.38
25	Nagaland	10267.09	9240.38	1026.72	9240.38	1026.72	10267.09
26	Odisha	18024.79	11079.39	6945.40	10653.61	6684.16	17337.77
27	Puducherry	4286.79	3050.48	1236.31	2671.93	985.44	3657.37
28	Punjab	11309.78	6902.92	4406.86	6893.18	4400.72	11293.91
29	Rajasthan	68528.33	41834.61	26693.72	41385.86	26395.14	67781.00
30	Sikkim	4819.22	4332.60	486.62	4332.59	486.62	4819.21
31	Tamil Nadu	47645.14	28587.15	19057.99	26250.57	17500.38	43750.96
32	Telangana	19971.61	12280.61	7691.00	12280.61	7691.00	19971.61
33	Tripura	6359.98	5731.19	628.78	5475.66	567.52	6043.17
34	Uttar Pradesh	171658.05	104006.92	67651.13	97328.19	62613.55	159941.75
35	Uttarakhand	19332.32	17405.14	1927.18	17405.14	1927.17	19332.31
36	West Bengal	30196.29	18600.73	11595.56	17268.86	10707.65	27976.51
	Total	855878.37	567082.88	288795.49	540146.54	269548.58	809695.13

STRENGTHENING OF FERTILIZER QUALITY CONTROL LABORATORIES**1265. SHRI PRABHAKAR REDDY VEMIREDDY:**

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

- (a) the detailed list of Fertilizer Testing Laboratories presently functioning in the country, State/UT-wise, including those in Andhra Pradesh, along with their sanctioned sample testing capacity;
- (b) the details of the total funds approved, released and utilised for strengthening/modernisation of these laboratories during the last five years, year-wise, State-wise and laboratory-wise;
- (c) the total number of fertilizer samples tested by the said laboratories during the last five years, year-wise, State-wise and laboratory-wise indicating the number of samples found substandard/spurious, if any; and
- (d) the details of sanctioned manpower, vacancies and steps taken to fill up vacancies in the said laboratories, along with measures taken to ensure timely testing and quality enforcement across the country?

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

- (a): The list of State wise Fertilizer Testing Laboratories along with their sanctioned sample testing capacity during 2024-25 as received from Central Fertilizer Quality Control and Training Institute (CFQC&TI) under Department of

Agriculture and Farmers Welfare (DA&FW) are given in the enclosed **Statement-I**.

(b): The details of the total funds approved, released and utilised for strengthening/modernisation of these laboratories during the last five years are given in the enclosed **Statement-II**.

(c): The details of total number of fertilizer samples tested by the said laboratories during the last five years indicating the number of samples found substandard/spurious are given in the enclosed **Statement-III**.

(d): The matter pertaining to details of sanctioned manpower, vacancies and steps taken to fill up vacancies in the said laboratories vary from State to State wherein the State Governments are empowered to decide the target of the lab, sanctioned staff, the procedure to fill up the vacancies.

For timely testing of fertilizers, the Department of Agriculture and Farmers Welfare (DA&FW) has notified Fertilizer Control Order. 1985 wherein testing protocol, time limit for analysis equipment for labs are prescribed and all laboratories notified by Central Government and State Government are bound to follow similar testing protocol for analysis of fertilizers. As on date there are 84 Notified Laboratories wherein 04 by Central Government and 80 by State Governments.

Towards quality enforcement across the country, the Department of Agriculture and Farmers Welfare (DA&FW), Government of India and State

Governments have formulated parameters/provisions to check the quality of fertilizers produced/imported/sold in the country including detection of adulteration. In this regard, the Government of India and State Governments appoints Fertilizer Inspectors under Fertilizer Control Order, 1985 to check/ensure the quality of fertilizers distributed to the farmers of the country. The Fertilizer Inspectors are empowered to enter upon and search any premises where any fertilizer is manufactured/imported or stored or exhibited for sale, if the Inspectors have reason to believe that any fertilizer has been manufactured/imported/sold/offered for sale, stored, exhibited for sale or distributed contrary to the provisions of the order. The Inspectors could draw samples of any fertilizers as per procedure prescribed for testing of quality of fertilizers so that quality product could be supplied to the farmers.

The penalty provisions for violating the Quality Control including administrative or legal actions are also framed. The penalties of contravention of the Fertilizer Control Order, 1985 is imprisonment from three months or less than three months to seven years with or without fine. The penalty provisions are defined in the Essential Commodities Act, 1955.

STATEMENT-I

STATE WISE AND LOCATION WISE ANNUAL CAPACITY OF LABORATORY 2024-25				
Sr. No	Name of State	Laboratory location	Total Analytical Capacity	Capacity
1	Assam (1)	Ulubari	500	500
2	Bihar (1)	Patna	4800	4800

3	Jharkhand (1)	Ranchi	1500	1500
4	Odisha (4)	1. Bhubaneswar	11000	5500
		2. Sambalpur		2500
		3. Rayagada		3000
		4. Bahrampur		0
5	West Bengal (3)	1. Kolkata	5136	3000
		2. Berhampur		1200
		3. Midnapur		936
6	Mizoram (1)	Aizawal	250	250
7	Tripura (1)	Agartala	500	500
8	Haryana (3)	1.Karnal	5100	1700
		2.Hisar		1700
		3.Rohtak		1700
9	Himachal Pradesh (3)	1. Sundarnagar	2000	660
		2. Hamirpur		805
		3. Shimla		535
10	Jammu and Kashmir (2)	1. Srinagar	1450	600
		2. Jammu		850
11	Punjab (2)	1.Ludhiana	3600	2000
		2.Faridkot		1600
12	Uttar Pradesh (4)	1. Meerut	12000	2989
		2. Varanasi		3021
		3. Lucknow		5038
		4. Rahmankhera, Lucknow		952
13	Uttrakhand (2)	1.Udhamsinghnagar	500	250
		2.Dehradun		250
14	Andhra Pradesh (3)	1. Anantpur	10500	3500
		2. Bapatla		3500
		3. Tadepalligudam		3500
15	Telangana (2)	1. Hyderabad	9000	4500
		2. Warangal		4500
16	Karnataka (7)	1. Bangaluru	18000	2950
		2. Belthangady		1000
		3. Dharwad		2700

		4. Gangavati		2950
		5. Davangere		2950
		6. Mandya		2750
		7. Belagavi		2700
17	Kerala (2)	1. Thiruvananthapuram	5000	2500
		2. Pattambi		2500
18	Puducherry (1)	1. Pondicherry	700	700
19	Tamilnadu (14)	1. Coimbatore	19600	2501
		2. Kovilpatti		797
		3. Madurai		1987
		4. Tiruchirapalli		1591
		5. Paramkudi		1193
		6. Kancheepuram		1987
		7. Dindigul		1193
		8. Villupuram		1193
		9. Salem		1193
		10. Dharampu		1193
		11. Kumbakonam		1193
		12. Thiruvarur		1193
		13. Nagercoil		1193
		14. Ooty		1193
20	Gujarat (4)	1. Gandhinagar	16500	5000
		2. Junagarh		5000
		3. Bardoli		5000
		4. Nadiad		1500
21	Madhya Pradesh (6)	1. Jabalpur	18000	3000
		2. Bhopal		3000
		3. Gwalior		3000
		4. Indore		3000
		5. Sagar		3000
		6. Ujjain		3000
22	Chattishgarh (1)	Raipur	3000	3000
23	Maharashtra (5)	1. Pune	22100	4850
		2. Amravati		4850

		3. Aurangabad		4850
		4. Nashik		4850
		5. Kohlapur		2700
24	Rajashtan (7)	1. Jaipur	15000	3000
		2. Jodhpur		2000
		3. Udaipur		2000
		4. Bharatpur		2000
		5. Ajmer		2000
		6. Kota		2000
		7. Sriganganagar		2000
25	Central Labs (GOI) (4)	1. Faridabad (HQ)	2500	1000
		2. Chennai (Reg. Lab)		500
		3. Navi Mumbai (Reg. Lab)		500
		4. Kalyani (Reg. Lab)		500
Total All India		84 Labs	188236	188236

STATEMENT-II

State-Wise Status of Fund Allocation, Released and Expenditure Under Soil Health and Fertility (SHF) of Rashtriya Krishi Vikas Yojana (RKVY) 2020-21 to 2025-26																
Rs. in crore																
Sl No.	Name of the State	2020-21			2021-22			2022-23			2023-24			2024-25		
		Alloc ated	Relea sed	Expen diture	Alloc ated	Relea sed	Expen diture	Alloc ated	Relea sed	Expen diture	Alloc ated	Relea sed	Expen diture	Alloc ated	Relea sed	Expen diture
1	Andaman and Nicobar	0.11	0.00	0.00	0.00	0.00	0.00	0.27	0.00	0.00	0.73	0.18	0.00	0.00	0.00	0.00
2	Andhra Pradesh	8.92	8.92	0.00	1.68	0.00	0.00	4.37	0.00	0.00	9.52	4.20	4.20	8.81	8.81	0.00
3	Arunachal Pradesh	5.18	4.69	4.69	2.03	0.00	0.00	4.59	0.00	0.00	1.18	0.31	0.31	1.09	0.81	0.00
4	Assam	24.21	16.21	16.21	0.00	0.00	0.00	8.02	0.00	0.00	16.13	13.52	0.00	20.16	21.90	0.00
5	Bihar	18.28	6.85	6.85	4.05	0.00	0.00	12.41	3.10	3.10	6.83	12.71	12.68	6.32	10.30	0.00
6	Chhattisgarh	6.87	3.02	3.02	0.00	0.00	0.00	5.80	0.00	0.00	5.05	3.86	3.86	4.67	4.67	0.00
7	Dadra and Nagar Haveli and 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
8	Goa	0.86	0.00	0.00	2.16	0.00	0.00	1.16	0.00	0.00	1.24	0.00	0.00	1.15	1.03	0.00
9	Gujarat	8.94	3.69	3.69	0.00	0.08	0.08	3.32	0.00	0.00	6.61	6.05	6.05	6.12	4.04	0.00
10	Haryana	18.44	0.53	0.53	1.17	0.00	0.00	12.21	4.54	4.54	4.55	3.04	0.00	4.21	3.00	0.00
11	Himachal Pradesh	8.27	4.54	4.54	0.00	0.00	0.00	1.03	0.26	0.26	1.92	0.48	0.00	1.78	1.44	0.00

12	Jammu and Kashmir	11.85	5.92	5.92	2.95	0.00	0.00	17.06	0.00	0.00	1.73	1.73	0.00	1.60	0.80	0.00
13	Jharkhand	8.73	4.04	0.52	0.45	0.00	0.00	3.16	0.00	0.00	4.14	5.53	0.00	3.83	3.78	0.00
14	Karnataka	13.41	13.10	13.10	0.15	0.00	0.00	4.52	1.13	1.13	6.71	18.71	3.69	6.21	6.21	0.00
15	Kerala	1.89	0.00	0.00	0.00	0.00	0.00	5.70	0.00	0.00	4.10	0.07	0.07	3.79	2.36	0.00
16	Ladakh	1.57	0.78	0.78	0.12	0.00	0.00	1.76	0.00	0.00	0.35	0.09	0.00	0.32	0.08	0.00
17	Madhya Pradesh	17.39	3.35	3.35	0.00	0.00	0.00	83.78	20.94	20.94	32.16	14.43	14.43	29.75	18.59	0.00
18	Maharashtra	6.15	3.71	3.71	0.00	0.00	0.00	6.00	3.94	3.94	11.62	5.81	5.81	10.75	10.19	0.00
19	Manipur	8.30	5.36	5.36	0.00	0.00	0.00	0.69	0.52	0.52	1.78	0.95	0.00	1.65	0.42	0.00
20	Meghalaya	2.58	1.39	1.39	0.45	0.00	0.00	0.36	0.00	0.00	1.73	1.73	0.00	3.13	1.57	0.00
21	Mizoram	2.06	1.19	1.19	0.00	0.00	0.00	0.89	0.97	0.97	1.15	0.58	0.58	2.95	1.48	0.00
22	Nagaland	14.54	11.00	11.00	14.85	7.48	7.48	7.14	10.24	10.24	1.70	12.94	12.94	11.97	12.00	0.00
23	Odisha	16.04	13.09	13.09	0.00	0.00	0.00	8.26	0.00	0.00	6.68	6.68	6.68	6.18	6.09	0.00
24	Puducherry	0.46	0.04	0.04	0.00	0.00	0.00	0.83	0.00	0.00	0.40	0.10	0.00	0.40	0.20	0.00
25	Punjab	7.51	13.09	3.67	2.04	0.00	0.00	1.20	0.00	0.00	4.65	0.00	0.00	4.30	2.15	0.00
26	Rajasthan	11.26	13.28	8.53	0.00	0.00	0.00	2.88	0.00	0.00	8.71	2.00	2.00	8.06	1.93	0.00
27	Sikkim	0.65	0.50	0.50	0.00	1.20	1.20	2.17	1.67	1.67	0.88	3.25	3.25	3.01	2.04	0.00
28	Tamil Nadu	9.00	8.65	8.65	2.94	0.00	0.00	9.99	5.00	5.00	10.02	16.02	15.95	9.27	19.06	0.00
29	Telangana	2.50	0.00	0.00	1.20	0.00	0.00	1.52	0.00	0.00	6.96	0.00	0.00	6.44	3.22	0.00
30	Tripura	1.89	1.38	1.38	0.00	0.00	0.00	1.24	0.31	0.31	4.49	3.56	3.56	4.15	2.04	0.00
31	Uttar Pradesh	27.70	43.13	43.13	4.08	0.00	0.00	11.35	0.00	0.00	17.72	23.10	22.22	16.39	24.59	0.00
32	Uttarakhand	8.84	8.50	8.50	1.53	0.00	0.00	4.80	0.00	0.00	4.95	3.24	2.69	4.58	4.80	0.00
33	West Bengal	10.30	0.00	0.00	0.72	0.00	0.00	6.67	0.00	0.00	9.96	9.96	9.96	9.21	8.49	0.00
Total		284.66	199.95	173.33	42.57	8.76	8.76	235.13	52.62	52.62	196.35	174.83	130.93	202.25	188.09	0.00

STATEMENT-III

STATEWISE NUMBER OF FERTILISER QUALITY CONTROL LABORATORIES, ANALYSING CAPACITY AND SAMPLES ANALYSED 2020-21						
State / UT	No. Of Labs	Annual Analysing Capacity	No. of Samples Analysed		Capacity Utilisation (%)	Sample Non- Standard (%)
			Standard	Non- Standard		
Assam	1	500	423	5	84.60	1.20
Mizoram	1	250	0	0	0.00	0.00
Tripura	1	500	0	0	0.00	0.00
Jharkhand	1	1500	602	10	40.13	1.70
Bihar	1	4000	3487	82	87.20	2.40
Odisha	4	15000	6540	223	43.60	3.41
West Bengal	3	4500	3231	295	71.80	9.13
Total East and NER	12	26250	14283	615	54.41	4.31
Gujarat	3	15000	10247	135	68.31	1.32
Madhya Pradesh	6	15000	17301	1677	115.34	9.70
Chattishgarh	1	3000	2811	290	93.70	10.32
Maharashtra	5	22100	19200	1915	86.90	10.00
Rajasthan	7	15000	12570	177	83.80	1.41
Total West Zone	22	70100	62129	4194	88.63	6.80
Haryana	3	5100	2708	173	53.10	6.39
Himachal Pradesh	3	2000	2080	83	104.00	4.00
JandK	2	1450	803	4	55.40	0.50
Punjab	2	3600	3418	198	94.94	5.80
Uttar Pradesh	4	12000	11654	750	97.12	6.44
Uttarakhand	2	500	418	5	83.60	1.20
Total North Zone	16	24650	21081	1213	85.52	5.80
Andhra Pradesh	3	10500	10533	473	100.31	4.50
Karnataka	7	15800	12683	186	80.30	1.50
Kerala	2	5000	3425	142	68.50	4.15
Tamil Nadu	14	19600	19530	871	99.64	4.50
Telangana	2	9000	10320	211	114.70	2.04

Puducherry	1	700	402	2	57.40	0.50
Total South Zone	29	60600	56893	1885	93.90	3.31
Govt. Of India	4	8500	5141	718	60.50	14.00
Total All India	83	190100	159527	8625	83.92	5.41

STATEWISE NUMBER OF FERTILISER QUALITY CONTROL LABORATORIES, ANALYSING CAPACITY AND SAMPLES ANALYSED 2021-22						
State / UT	No. Of Labs	Annual Analysing Capacity	No. of Samples Analysed		Capacity Utilisation (%)	Sample Non- Standard (%)
			Standard	Non- Standard		
Assam	1	500	411	4	82.20	1.00
Bihar	1	4000	3302	68	82.60	2.10
Jharkhand	1	1500	545	7	36.33	1.30
Odisha	4	15000	5975	245	39.83	4.10
West Bengal	3	4900	2814	665	57.43	23.63
Mizoram	1	250	0	0	0.00	0.00
Tripura	1	500	508	7	101.60	1.40
Total East and NER	12	26650	13555	996	50.90	7.30
Gujarat	3	15000	9263	94	61.80	1.01
Madhya Pradesh	6	18000	16547	1624	91.93	9.80
Chattishgarh	1	3000	2417	141	80.60	5.80
Maharashtra	5	22100	18614	2342	84.20	12.60
Rajasthan	7	15000	17344	496	115.63	2.90
Total West Zone	22	73100	64185	4697	87.80	7.30
Haryana	3	5100	1901	105	37.30	5.52
Himachal Pradesh	3	2000	2129	78	106.50	3.70
JandK	2	1450	810	5	55.90	0.62
Punjab	2	3600	3571	183	99.20	5.10
Uttar Pradesh	4	12000	11078	808	92.30	7.30
Uttarakhand	2	500	220	7	44.00	3.20

Total North Zone	16	24650	19709	1186	80.00	6.00
Andhra Pradesh	3	10500	10485	374	99.90	3.60
Karnataka	7	14000	11142	227	79.60	2.00
Kerala	2	5000	4110	180	82.20	4.40
Tamil Nadu	14	19600	19779	730	100.91	3.70
Telangana	2	9000	11192	189	124.40	1.70
Puducherry	1	700	447	2	63.90	0.40
Total South Zone	29	58800	57155	1702	97.20	3.00
Govt. Of India	4	8500	5298	991	62.30	18.70
Total All India	83	191700	159902	9572	83.41	6.00

STATEWISE NUMBER OF FERTILISER QUALITY CONTROL LABORATORIES, ANALYSING CAPACITY AND SAMPLES ANALYSED 2022-23						
State / UT	No. Of Labs	Annual Analysing Capacity	No. of Samples Analysed		Capacity Utilisation (%)	Sample Non-Standard (%)
			Standard	Non-Standard		
Assam	1	500	423	5	84.60	1.20
Bihar	1	4000	5590	78	116.50	1.40
Jharkhand	1	1500	545	7	36.33	1.30
Odisha	4	11000	5896	109	53.60	1.85
West Bengal	3	5000	3358	747	67.20	22.20
Mizoram	1	250	0	0	0.00	0.00
Tripura	1	500	508	7	101.60	1.40
Total East and NER	12	23550	16320	953	69.30	5.80
Gujarat	3	15000	9263	94	61.80	1.01
Madhya Pradesh	6	18000	17647	1755	98.04	9.90
Chattishgarh	1	3000	2417	141	80.60	5.80
Maharashtra	5	22100	18614	2342	84.20	12.60
Rajasthan	7	15000	17344	496	115.63	2.90
Total West Zone	22	73100	65285	4828	89.31	7.40

Haryana	3	5100	1901	105	37.30	5.52
Himachal Pradesh	3	2000	2129	78	106.50	3.70
JandK	2	1450	1871	9	129.00	0.50
Punjab	2	3600	3571	183	99.20	5.10
Uttar Pradesh	4	12000	11078	808	92.30	7.30
Uttarakhand	2	500	423	20	84.60	4.70
Total North Zone	16	24650	20973	1203	85.10	5.70
Andhra Pradesh	3	10500	10485	374	99.90	3.60
Karnataka	7	18000	14458	343	80.30	2.40
Kerala	2	5000	4110	180	82.20	4.40
Tamil Nadu	14	19600	19779	730	100.91	3.70
Telangana	2	9000	11192	189	124.40	1.70
Puducherry	1	700	417	2	59.60	0.50
Total South Zone	29	62800	60441	1818	96.20	3.00
Govt. Of India	4	2500	3356	572	134.20	17.00
Total All India	83	186600	166375	9374	89.20	5.60

STATEWISE NUMBER OF FERTILISER QUALITY CONTROL LABORATORIES, ANALYSING CAPACITY AND SAMPLES ANALYSED 2023-24						
State / UT	No. Of Labs	Annual Analysing Capacity	No. of Samples Analysed		Capacity Utilisation (%)	Sample Non- Standard (%)
			Standard	Non- Standard		
Assam	1	500	324	5	64.80	1.50
Bihar	1	4800	5235	27	109.10	0.50
Jharkhand	1	1500	369	2	24.60	0.50
Odisha	4	11000	6493	108	59.00	1.70
West Bengal	3	5136	2824	535	55.00	18.90
Mizoram	1	250	58	2	23.20	3.40
Tripura	1	500	490	9	98.00	1.80
Total East and NER	12	23686	15793	688	66.70	4.40
Gujarat	4	16500	18935	413	114.80	2.20

Madhya Pradesh	6	18000	17165	1370	95.40	8.00
Chattishgarh	1	3000	5326	170	177.50	3.20
Maharashtra	5	22100	19150	2635	86.70	13.80
Rajasthan	7	15000	15311	383	102.10	2.50
Total West Zone	23	74600	75887	4971	101.73	6.60
Haryana	3	5100	2326	60	45.60	2.60
Himachal Pradesh	3	2000	2061	82	103.10	4.00
JandK	2	1450	1645	12	113.40	0.70
Punjab	2	3600	3856	163	107.10	4.20
Uttar Pradesh	4	12000	11495	823	95.80	7.20
Uttarakhand	2	500	302	10	60.40	3.30
Total North Zone	16	24650	21685	1150	88.00	5.30
Andhra Pradesh	3	10500	13805	392	131.50	2.80
Karnataka	7	18000	13356	185	74.20	1.40
Kerala	2	5000	4254	265	85.10	6.20
Tamil Nadu	14	19600	19810	739	101.10	3.70
Telangana	2	9000	11011	197	122.30	1.80
Puducherry	1	700	471	7	67.30	1.50
Total South Zone	29	62800	62707	1785	99.90	2.80
Govt. Of India	4	2500	5081	394	203.20	7.80
Total All India	84	188236	181153	8988	96.20	5.00

STATEWISE NUMBER OF FERTILISER QUALITY CONTROL LABORATORIES, ANALYSING CAPACITY AND SAMPLES ANALYSED-2024-25						
Name of State	No. Of Labs	Annual Analysing Capacity	No. Of Samples Analysed		Capacity Utilisation (%)	Sample Non-Standard (%)
			Standard	Non-Standard		
Assam	1	500	310	6	62.00	1.94
Mizoram	1	250	0	0	0.00	0.00
Tripura	1	500	485	11	97.00	2.27
Jharkhand	1	1500	1099	4	73.27	0.36
Bihar	1	4800	5150	80	107.29	1.55
Odisha	4	11000	7355	72	66.86	0.98

West Bengal	3	5136	3504	562	68.22	16.04
Total East and NER	12	23686	17903	735	75.60	4.11
Gujarat	4	16500	14316	345	86.76	2.41
M.P.	6	18000	17931	903	99.62	5.04
Chattishgarh	1	3000	5371	181	179.03	3.37
Maharashtra	5	22100	19350	2685	87.56	13.88
Rajasthan	7	15000	18548	420	123.65	2.26
Total West Zone	23	74600	75516	4534	101.23	6.00
Haryana	3	5100	2340	73	45.88	3.12
H.P	3	2000	2145	95	107.25	4.43
JandK	2	1450	1578	41	108.83	2.60
Punjab	2	3600	3940	191	109.44	4.85
U.P.	4	12000	11526	593	96.05	5.14
Uttarakhand	2	500	1213	22	242.60	1.81
Total North Zone	16	24650	22742	1015	92.30	4.50
Andhra Pradesh	3	10500	8009	361	76.28	4.51
Telangana	2	9000	10950	204	121.67	1.86
Karnataka	7	18000	13405	210	74.47	1.57
Kerala	2	5000	3830	184	76.60	4.80
Puducherry	1	700	441	5	63.00	1.13
Tamil Nadu	14	19600	19985	763	101.96	3.82
Total South Zone	29	62800	56620	1727	90.20	3.10
Govt. Of India	4	2500	7505	1950	300.20	26.00
Total All India	84	188236	180286	9961	95.80	5.50

NUTRIENT-BASED SUBSIDY**1266. SHRI VISHNU DATT SHARMA:**

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

- (a) whether the Government is ensuring timely and adequate supply of subsidized fertilizers under the Nutrient-Based Subsidy (NBS) Scheme and the Urea Subsidy Scheme to farmers of Madhya Pradesh, district-wise
- (b) if so, the details of fertilizer allocation and actual supply made to the districts of Katni, Panna and the town of Khajuraho in the Khajuraho Parliamentary Constituency of Madhya Pradesh during the last three years;
- (c) whether the Government has taken measures to prevent fertilizer shortages, black marketing or overpricing in the said district;
- (d) if so, the details thereof including monitoring mechanisms, inspection drives and digital tracking of fertilizer movement; and
- (e) if not, the reasons for supply gaps along with the corrective steps being taken in this regard to ensure adequate availability of fertilizers to farmers in the above-mentioned region?

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

- (a) and (b): The mandate of Department of Fertilizers is to ensure adequate availability of fertilizers at State level. However, the distribution of fertilizers within the State at district level is done by the concerned State government. Accordingly,

as informed by the State Agriculture Department of Madhya Pradesh, the details of fertilizers availability for the districts of Madhya Pradesh, including the districts of Katni, Panna and the town of Khajuraho, during the last three years and the current year are given in the enclosed **Statement**.

(c) to (e): In order to address the issues of black-marketing/over-pricing, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act.

Accordingly, as per the information received from the State Government of Madhya Pradesh, 88 licenses were suspended, 86 licenses were cancelled, and FIRs were filed in 104 cases for black marketing and other irregularities during the year 2025-26.

Further, the State has also informed that fertilizers were supplied through Primary Agricultural Credit Societies (PACS), MARKFED, Marketing Societies, MP Agro and Private Retailers. Further, the State Government is implementing advance Lifting of Fertilizers Scheme to ensure timely availability of fertilizers. In every Crop Season "Saghan Abhiyan" Campaign is carried out to curb diversion/black-marketing etc. Coordination with district authorities in leading joint inspections and regular video conference is being organized with district officials to monitor the fertiliser status. Monitoring of stocks and rake arrivals is

being adopted for equitable distribution of fertilizers. State has launched e-Token system to distribute fertilisers on the basis of farmer land holding and crop specific fertilizer recommendations.

STATEMENT

Details of fertilizers availability for the districts of Madhya Pradesh, including the districts of Katni, Panna and the town of Khajuraho, during the last three years and the current year

Urea												Fig. in MTs	
		2025-26			2024-25			2023-24			2022-23		
Sr. No.	District Name	Total availability till 31.01.2026	Sales from 01.04.2025 to 31.01.2026	Remaining Stock	Total availability till 31.03.2025	Sales from 01.04.2024 to 31.03.2025	Remaining Stock	Total availability till 31.03.2024	Sales from 01.04.2023 to 31.03.2024	Remaining Stock	Total availability till 31.03.2023	Sales from 01.04.2022 to 31.03.2023	Remaining Stock
1	Agar Malwa	40778	39259	1519	43626	39479	4147	41189	33462	7727	36140	32239	3901
2	Alirajpur	34287	32517	1771	34639	30341	4298	37012	31965	5047	28957	25799	3157
3	Anuppur	6966	6346	620	7442	6306	1136	7250	5467	1783	4598	4009	589
4	Ashoknagar	91373	90457	917	80126	73319	6807	51919	44904	7015	52183	45043	7141
5	Balaghat	33888	31249	2639	33650	30138	3511	36558	29752	6807	28940	26103	2838
6	Barwani	73619	68526	5093	76951	71614	5337	80907	68095	12812	66146	58784	7362
7	Betul	128137	121241	6896	120454	104921	15533	107063	88162	18902	93852	82896	10956
8	Bhind	73222	67343	5879	75765	69305	6460	74072	64051	10021	64002	55783	8218
9	Bhopal	75668	71839	3829	67518	57095	10423	72275	57335	14940	66449	56898	9551
10	Burhanpur	35163	30759	4404	35304	32906	2398	36702	28760	7942	31983	27100	4883
11	Chhatarpur	45880	44574	1306	43852	41496	2356	58174	40581	17594	49417	42615	6802
12	Chhindwara	201789	195445	6344	209283	183589	25693	210175	168840	41335	167107	139115	27993
13	Damoh	49167	47621	1546	42108	35274	6834	41582	33677	7904	39943	32200	7743
14	Datia	58334	55769	2565	66229	61440	4789	61459	50892	10567	53601	45576	8025
15	Dewas	111832	107123	4710	100248	91272	8976	96117	85002	11115	88902	80527	8374
16	Dhar	163770	156877	6893	175118	159456	15662	185355	145371	39984	140694	127436	13259
17	Dindori	13432	12273	1159	12507	10420	2086	12121	8811	3309	8889	7137	1752
18	East Nimar	82104	77733	4370	81181	72107	9074	98249	73223	25026	85282	72272	13010
19	Guna	151981	147075	4907	137272	126529	10743	108386	95667	12719	109851	98707	11144
20	Gwalior	100178	95995	4183	110961	102708	8253	113250	94755	18495	100041	85739	14303
21	Harda	81564	78571	2993	68196	61764	6432	62805	55297	7508	56218	49224	6993

22	Hoshangab ad	164137	157155	6981	166429	149480	16950	170674	147982	22692	156261	140026	16235
23	Indore	90424	87223	3201	91996	84311	7685	98891	86065	12826	86155	79201	6954
24	Jabalpur	97287	93250	4037	117826	106656	11170	123858	103157	20702	107754	96294	11460
25	Jhabua	56893	53710	3182	57284	52336	4948	68288	55277	13011	52397	48376	4021
26	Katni	67977	65396	2581	66848	58826	8022	62243	47077	15166	51790	46625	5165
27	Khargone	126913	122060	4853	136084	126073	10011	149358	118730	30628	129571	114817	14754
28	Mandla	47757	46797	960	51255	46545	4710	50079	39021	11058	39355	36377	2978
29	Mandsaur	82662	77157	5505	78228	69339	8889	76135	60895	15239	72130	63799	8330
30	Murana	78529	74974	3555	74583	72263	2320	80895	75407	5488	74984	69849	5135
31	Narsinghpur	79838	76842	2997	92314	78454	13860	77334	66900	10434	69998	66494	3503
32	Neemuch	65450	60032	5417	54447	46602	7846	51253	39006	12247	58750	49793	8957
33	Niwari	10756	10194	561	11731	10651	1080	10561	9204	1357	10169	9261	908
34	Panna	45655	43506	2149	46589	41888	4700	46473	37475	8999	35995	31384	4611
35	Raisen	156915	151651	5264	144497	132644	11853	138264	122590	15674	117826	107196	10630
36	Rajgarh	138395	128486	9909	127639	116912	10727	117381	102059	15322	125674	109044	16629
37	Ratlam	90644	87735	2909	95110	88324	6786	107213	88064	19150	95513	83295	12219
38	Rewa	77773	74077	3696	91391	77624	13767	83454	65586	17868	73522	59531	13991
39	Sagar	108391	99169	9222	91171	79522	11649	76749	64691	12058	58811	50336	8475
40	Satna	107886	105491	2395	110449	100962	9488	115733	90426	25307	95791	86211	9580
41	Sehore	167272	160899	6373	166534	149511	17022	165660	133756	31904	152989	132780	20209
42	Seoni	150535	144513	6022	170038	150204	19834	177662	141229	36433	149313	131843	17470
43	Shahdol	21631	19405	2226	22144	18549	3595	21814	16962	4851	17254	14663	2591
44	Shajapur	58302	52903	5399	60193	52846	7347	60226	49826	10399	53573	47327	6247
45	Sheopur	62991	58922	4070	66963	61694	5268	57470	47382	10088	50395	45082	5312
46	Shivpuri	80250	75492	4758	90104	81682	8422	75091	61402	13690	78025	67284	10741
47	Sidhi	25960	25170	790	27599	24022	3577	23702	19776	3925	21078	18222	2856
48	Singrauli	22730	21557	1173	20814	17755	3059	20145	16720	3425	17251	15489	1762
49	Tikamgarh	33703	31606	2097	35112	32206	2906	30395	22980	7415	29536	24875	4661
50	Ujjain	132110	122063	10047	126193	113431	12762	121459	107329	14129	110789	98529	12260
51	Umaria	20638	18613	2026	22165	18304	3860	20357	14342	6015	14952	12703	2249
52	Vidisha	117645	109485	8160	105224	88248	16977	94855	81127	13728	100686	86977	13708
53	Total	4241181	4034123	207058	4241384	3809343	432041	4166292	3436512	729780	3681481	3238886	442595

DAP												Fig. in MTs	
		<u>2025-26</u>			<u>2024-25</u>			<u>2023-24</u>			<u>2022-23</u>		
Sr. No.	District Name	Total availability till 31.01.2026	Sales from 01.04.2025 to 31.01.2026	Remainin g Stock	Total availability till 31.03.2025	Sales from 01.04.2024 to 31.03.2025	Remainin g Stock	Total availability till 31.03.2024	Sales from 01.04.2023 to 31.03.2024	Remaining Stock	Total availability till 31.03.2023	Sales from 01.04.2022 to 31.03.2023	Remaining Stock
1	Agar Malwa	12840	12107	733	14610	13890	720	18786	15376	3409	17490	13593	3897
2	Alirajpur	2416	2030	385	3068	2206	862	3787	3329	458	3251	2518	733
3	Anuppur	2052	1740	312	3170	2713	457	4326	3585	742	2852	2005	848
4	Ashoknagar	24085	21040	3045	21764	21163	601	28923	26708	2215	27809	24715	3094
5	Balaghat	14286	10640	3646	11842	10932	910	22080	18984	3096	16189	12545	3643
6	Barwani	12576	11728	847	13536	12589	947	22342	19646	2696	17822	15113	2709
7	Betul	27232	26475	757	34186	29114	5072	41790	32196	9594	40698	32099	8599
8	Bhind	25263	22980	2284	22896	19872	3023	40174	37326	2848	40042	33086	6955
9	Bhopal	27197	24328	2870	23699	21473	2226	26860	21661	5200	27577	22246	5331
10	Burhanpur	8334	6682	1652	8044	7166	877	10285	8205	2080	10475	8078	2398
11	Chhatarpur	19826	15868	3958	24092	23277	815	44035	36987	7048	36621	27513	9108
12	Chhindwara	30169	26560	3609	39916	36298	3618	57585	48641	8943	59924	47142	12782
13	Damoh	26176	24708	1468	26737	23524	3214	34130	29489	4641	27169	21402	5767
14	Datia	28535	25208	3327	27310	23867	3444	37233	34050	3183	36028	31441	4587
15	Dewas	37181	35287	1895	24178	19453	4724	25149	20958	4191	29863	23998	5864
16	Dhar	33434	29823	3611	37615	34526	3090	56566	47398	9168	52249	42132	10118
17	Dindori	4157	3542	615	3144	2640	505	5961	4995	965	4544	2940	1604
18	East Nimar	19681	17280	2400	18960	17454	1506	31980	27788	4192	35066	26121	8946
19	Guna	20676	17428	3248	24376	23990	387	39248	35767	3481	37726	32352	5374
20	Gwalior	36024	32194	3830	39863	36459	3404	57579	51805	5774	58806	48596	10210
21	Harda	26782	23049	3733	30297	26035	4262	39485	33646	5839	40607	31907	8700
22	Hoshangabad	64313	56604	7709	77866	72696	5170	96171	85947	10223	97038	76317	20721
23	Indore	19597	18282	1315	17730	15912	1818	18805	14506	4300	24563	16685	7878

24	Jabalpur	39603	34884	4719	36919	34599	2319	47957	44264	3693	48708	39744	8964
25	Jhabua	6323	5268	1055	8451	7726	726	11690	10549	1141	12959	10706	2253
26	Katni	23694	21070	2624	19780	17455	2325	27557	23954	3602	25229	18951	6279
27	Khargone	26073	24423	1650	32243	30575	1668	60792	52523	8269	58175	43442	14733
28	Mandla	12948	10738	2210	12930	10695	2235	14973	12674	2299	15354	10648	4706
29	Mandsaur	19818	17568	2250	15434	14105	1328	21398	17661	3738	23805	17206	6599
30	Murana	22849	22252	597	19649	19532	117	40899	39217	1682	43728	38029	5699
31	Narsinghpur	26359	24332	2027	27624	25608	2016	32211	26924	5287	29633	25732	3901
32	Neemuch	15198	13371	1827	9934	8538	1395	13012	9860	3152	16951	13096	3855
33	Niwari	4329	3393	936	7314	6611	703	4788	4146	643	5919	4530	1389
34	Panna	14239	10759	3480	17135	15892	1243	24129	22213	1917	22039	17558	4480
35	Raisen	54057	50130	3927	58379	55121	3258	91309	82521	8788	90105	68839	21267
36	Rajgarh	38502	36555	1947	38953	38163	790	52837	47991	4845	54222	46224	7998
37	Ratlam	19984	17221	2763	24916	23400	1516	37316	32267	5049	41203	31799	9404
38	Rewa	23883	18228	5655	28329	25985	2343	37263	27833	9430	35126	26490	8636
39	Sagar	34965	29465	5500	31776	28468	3308	52191	50149	2042	50175	38874	11301
40	Satna	37821	29403	8417	36382	33637	2745	49266	43437	5830	54590	41144	13446
41	Sehore	54846	50200	4646	61944	57225	4718	70376	57740	12636	67267	52968	14299
42	Seoni	29870	24761	5110	33421	29881	3540	47442	41238	6204	46009	33493	12516
43	Shahdol	6161	5182	978	8257	7153	1104	11785	9561	2224	8242	6576	1666
44	Shajapur	22377	21657	720	23458	22064	1394	27342	23108	4234	27310	20107	7203
45	Sheopur	19693	16949	2744	15681	14470	1211	25548	24156	1392	20709	17610	3099
46	Shivpuri	33492	29476	4015	30591	29235	1356	51097	49977	1120	53094	41805	11289
47	Sidhi	7297	6282	1015	7599	6467	1131	9172	7063	2110	7938	6240	1698
48	Singrauli	7509	7073	436	4880	3711	1168	6983	6325	658	5987	5727	260
49	Tikamgarh	15493	12358	3136	19522	17931	1591	15435	13038	2397	17260	13304	3956
50	Ujjain	43725	38510	5215	38291	35832	2459	52374	43783	8590	55895	42567	13328
51	Umaria	6826	5785	1041	7319	6387	933	10356	8626	1730	7264	5655	1609
52	Vidisha	44147	40937	3211	46199	41876	4322	70095	58131	11964	70388	50935	19453
53	Total	1234914	1093812	141103	1272207	1165591	106616	1780870	1549920	230949	1759692	1384539	375152

PK												Fig. in MTs	
		2025-26			2024-25			2023-24			2022-23		
Sr. No.	District Name	Total availability till 31.01.2026	Sales from 01.04.2025 to 31.01.2026	Remaining Stock	Total availability till 31.03.2025	Sales from 01.04.2024 to 31.03.2025	Remaining Stock	Total availability till 31.03.2024	Sales from 01.04.2023 to 31.03.2024	Remaining Stock	Total availability till 31.03.2023	Sales from 01.04.2022 to 31.03.2023	Remaining Stock
1	Agar Malwa	14670	13586	1084	17867	15431	2436	13760	11610	2150	12851	9575	3275
2	Alirajpur	2499	1883	616	2618	1915	703	1498	1015	483	803	531	272
3	Anuppur	2965	2747	218	2794	2247	546	815	643	172	1619	955	665
4	Ashoknagar	19314	16337	2977	14476	12588	1887	5479	4815	664	5737	4559	1178
5	Balaghat	34726	26666	8060	37356	30610	6747	22766	17609	5157	20489	15662	4827
6	Barwani	26105	20555	5550	22851	18001	4850	12893	9544	3349	11650	8882	2768
7	Betul	19393	17306	2087	13709	9086	4623	4390	3690	700	2676	2604	71
8	Bhind	29239	23588	5652	23566	21249	2317	10725	9776	949	8144	7595	550
9	Bhopal	8277	6836	1441	8113	6776	1336	4802	3936	866	3568	2814	755
10	Burhanpur	25060	18926	6134	23514	19378	4135	23227	16245	6982	18591	12762	5829
11	Chhatarpur	35152	26722	8430	19977	16026	3951	12436	7476	4960	10246	9278	967
12	Chhindwara	60534	47629	12905	42461	32350	10111	20910	16863	4047	12813	10552	2261
13	Damoh	16484	13480	3005	16567	12951	3616	4209	3424	784	7510	6717	793
14	Datia	23975	19577	4398	16060	14693	1367	5413	4469	944	2550	2370	180
15	Dewas	30544	27560	2984	43296	37007	6290	41158	33350	7808	32560	26350	6211
16	Dhar	54408	48225	6184	52131	45641	6490	40839	33088	7751	36927	27759	9169
17	Dindori	3996	2802	1193	4146	3345	801	272	52	219	1151	953	199
18	East Nimar	28123	19995	8128	27622	20516	7107	23256	12310	10945	12370	8582	3788
19	Guna	21749	16808	4941	17643	14494	3149	2369	1835	534	2802	2714	88
20	Gwalior	26244	19395	6849	20469	16773	3696	6050	4551	1498	3444	3316	128
21	Harda	15832	13882	1950	13018	10670	2348	6697	5512	1185	4014	2782	1232
22	Hoshangabad	39099	30052	9046	30752	23856	6896	11360	7688	3673	6474	4543	1930
23	Indore	49792	39726	10067	55602	45492	10110	56359	44679	11679	50075	38668	11407
24	Jabalpur	18938	14161	4776	20693	16480	4212	9833	5933	3900	7426	5109	2317

25	Jhabua	12135	10728	1407	10521	9377	1144	7678	5668	2009	5761	4429	1332
26	Katni	20144	17101	3043	16321	12853	3469	5435	4430	1005	4513	4089	424
27	Khargone	52439	42728	9710	53257	41368	11889	28800	20993	7807	27561	19469	8092
28	Mandla	10628	7663	2965	8425	6658	1767	2693	1964	729	3593	2668	925
29	Mandsaur	30551	26604	3947	36821	31025	5796	27657	20278	7379	25467	15025	10442
30	Murana	31573	24910	6663	22486	18643	3843	8352	7837	516	7851	7350	502
31	Narsinghpur	17825	11191	6634	11409	10042	1367	6541	5277	1264	5641	4779	861
32	Neemuch	12369	10641	1728	18753	15851	2903	13950	9900	4050	11978	6386	5591
33	Niwari	5282	3974	1308	3619	3150	469	3420	3223	197	4424	2928	1496
34	Panna	24750	20628	4122	17042	14133	2909	4783	3290	1493	5969	5187	782
35	Raisen	46370	39176	7195	37267	31106	6161	6683	4499	2184	11828	7918	3910
36	Rajgarh	43775	39384	4391	37814	34060	3754	17455	14627	2828	22229	18778	3451
37	Ratlam	37841	31462	6379	40368	32711	7656	31845	24395	7451	29809	20197	9612
38	Rewa	31816	25807	6009	17794	15353	2441	10548	9313	1235	7358	6339	1019
39	Sagar	32289	26004	6285	22910	19417	3493	5308	3595	1713	4425	3759	665
40	Satna	47862	37728	10134	29521	24036	5485	13696	10571	3124	10299	7970	2329
41	Sehore	32021	28401	3620	23904	18917	4986	17324	13576	3748	14792	11590	3202
42	Seoni	35104	30017	5087	27183	20072	7111	11661	9586	2075	11936	9618	2317
43	Shahdol	7837	6360	1477	5690	5048	642	1775	1384	392	3253	2272	982
44	Shajapur	27660	24009	3651	31394	27636	3758	31441	22822	8619	27473	20042	7431
45	Sheopur	17290	13082	4208	13369	12656	713	2745	2347	398	5386	4953	433
46	Shivpuri	36564	30237	6327	31553	26631	4923	9296	7433	1863	8439	7868	571
47	Sidhi	6960	4797	2163	4434	3633	801	2387	2088	299	1939	1725	214
48	Singrauli	1847	1340	507	3681	3349	332	1789	1474	314	728	585	143
49	Tikamgarh	19651	16981	2670	11054	10184	870	11943	10718	1225	13297	9970	3327
50	Ujjain	45275	42465	2810	59563	51933	7631	58959	49273	9686	54143	42967	11177
51	Umaria	6216	4766	1451	5182	4434	749	1573	1122	450	2398	2107	292
52	Vidisha	31886	24498	7389	29494	24995	4499	10272	8988	1285	14995	11943	3052
53	Total	1333072	1091123	241949	1178128	976846	201282	697524	540786	156738	623976	478545	145431

MOP												Fig. in MTs	
		<u>2025-26</u>			<u>2024-25</u>			<u>2023-24</u>			<u>2022-23</u>		
Sr. No.	District Name	Total availability till 31.01.2026	Sales from 01.04.2025 to 31.01.2026	Remaining Stock	Total availability till 31.03.2025	Sales from 01.04.2024 to 31.03.2025	Remaining Stock	Total availability till 31.03.2024	Sales from 01.04.2023 to 31.03.2024	Remaining Stock	Total availability till 31.03.2023	Sales from 01.04.2022 to 31.03.2023	Remaining Stock
1	Agar Malwa	1037	989	48	1280	1033	247	538	379	159	517	466	51
2	Alirajpur	34	15	19	36	15	21	13	8	6	14	10	3
3	Anuppur	98	58	40	124	57	67	78	19	59	128	50	78
4	Ashoknagar	610	250	360	258	204	55	122	53	70	134	126	8
5	Balaghat	578	371	207	585	310	275	484	212	272	390	281	109
6	Barwani	7728	6156	1572	8475	6654	1821	5900	4466	1434	4016	3764	252
7	Betul	5325	4511	813	5485	4265	1221	4635	2624	2012	2541	2186	355
8	Bhind	330	220	110	439	313	126	588	379	209	206	170	37
9	Bhopal	623	507	116	708	498	210	609	370	239	404	324	80
10	Burhanpur	16531	13917	2614	20786	16236	4550	14244	11327	2917	13428	12346	1082
11	Chhatarpur	394	106	288	297	86	212	201	98	103	60	36	23
12	Chhindwara	13490	11487	2003	16220	9470	6750	9267	4913	4353	5638	3584	2054
13	Damoh	521	266	255	497	213	284	160	52	108	36	32	4
14	Datia	191	91	100	273	172	102	1206	975	231	366	354	12
15	Dewas	3195	2739	456	3307	2705	602	1529	1221	308	2018	1339	679
16	Dhar	7041	6011	1030	8131	6004	2127	6032	4080	1952	3769	3423	346
17	Dindori	164	43	121	198	29	169	24	14	10	42	18	24
18	East Nimar	12223	4665	7558	9803	4001	5803	5704	2952	2751	3345	2720	625
19	Guna	298	174	124	340	269	71	74	45	28	101	83	19
20	Gwalior	1168	565	603	1372	1001	371	2826	2350	476	809	730	79
21	Harda	2824	1818	1006	1885	1500	385	1042	569	473	1821	1639	182
22	Hoshangabad	4322	2212	2111	5015	2768	2246	3391	1714	1677	2679	2317	361
23	Indore	7282	2692	4590	4443	2654	1789	5001	1223	3779	1397	1012	385
24	Jabalpur	2119	1537	582	4106	1785	2321	2188	1052	1136	1397	998	399

25	Jhabua	1341	1115	226	1760	1370	390	1456	1154	301	1187	1028	159
26	Katni	483	398	86	828	433	394	200	159	40	394	282	112
27	Khargone	10933	7521	3412	11916	7971	3944	8569	5301	3268	6591	5831	760
28	Mandla	830	582	249	805	414	391	299	248	51	338	226	112
29	Mandsaur	4013	3676	337	6438	4928	1510	3164	2412	753	2080	1575	505
30	Murana	471	402	69	820	635	186	1310	1120	190	436	398	37
31	Narsinghpur	2397	1962	435	2906	2214	692	1800	1330	470	838	787	50
32	Neemuch	2558	2314	245	4056	2907	1149	1654	1153	501	1312	864	449
33	Niwari	200	76	124	212	39	173	50	24	27	5	5	0
34	Panna	160	107	53	155	27	128	91	38	53	100	42	58
35	Raisen	1586	771	815	2195	1262	933	2593	1003	1589	1105	565	540
36	Rajgarh	2648	2366	281	3121	2734	387	1668	1068	600	1652	1325	327
37	Ratlam	5671	4787	883	9234	6880	2354	5478	4021	1457	5930	4566	1364
38	Rewa	376	134	242	240	135	106	135	82	53	245	164	81
39	Sagar	2557	1752	805	2626	1712	915	1635	1013	622	1078	801	278
40	Satna	337	271	66	578	192	386	235	119	116	408	197	210
41	Sehore	2080	1785	294	2615	1835	780	1552	933	618	830	651	179
42	Seoni	3404	2911	493	4803	2724	2079	2170	793	1377	1158	916	242
43	Shahdol	217	108	109	179	99	80	128	75	53	216	128	88
44	Shajapur	959	886	73	1352	1154	199	515	311	204	589	485	104
45	Sheopur	310	143	167	276	152	123	227	217	11	217	123	94
46	Shivpuri	1465	1053	412	1107	770	337	873	630	243	1009	838	171
47	Sidhi	30	25	5	38	8	30	13	5	8	11	6	5
48	Singrauli	14	9	5	24	10	14	31	7	24	13	12	1
49	Tikamgarh	525	267	259	691	344	348	353	78	275	79	70	10
50	Ujjain	4319	3900	419	5301	4664	637	2578	2104	475	2546	1993	552
51	Umaria	78	25	53	104	47	58	79	37	41	140	70	69
52	Vidisha	529	286	243	497	395	102	436	144	293	179	120	59
53	Total	138616	101031	37584	158941	108292	50649	105145	66671	38474	75939	62076	13863

RISING OF CANCER CASES

1267. SHRI DEEPENDER SINGH HOODA:

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

- (a) whether the Government has observed an increase in cancer cases across the country since 2014 and if so, the data thereof, cancer-type-wise and State-wise;
- (b) the details of the number of cancer-related deaths reported annually since 2014;
- (c) whether any studies or expert committees have identified specific causes or products contributing to the rise in cancer cases in the country and if so, the details thereof including any items or substances banned or restricted by the Government;
- (d) the steps taken/proposed to be taken by the Government to strengthen cancer screening, early detection and treatment infrastructure, including establishment of regional cancer centres and the availability of oncology specialists; and
- (e) the details of budget allocation and expenditure for cancer prevention, diagnosis and treatment from 2014-15 till date?

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

- (a) and (b): As per the Indian Council of Medical Research (ICMR) -National

Cancer Registry Programme (NCRP), the estimated number of incidence of all types of cancer cases in the country since 2014 by States and Union Territories-wise are given in the enclosed **Statement-I**. The estimated number of mortality of cancer in the country since 2014 are given in the enclosed **Statement-II**.

(c): ICMR has informed that the reasons for increase in number of cancer cases reported is due to access and availability of improved diagnostic techniques for detection of cancer, increased life expectancy, growing share of geriatric population, higher health consciousness and improved health seeking behaviour. Also, there has been significant increase in the classical risk factors associated with Non - Communicable Disease (NCDs) including cancer such as tobacco and alcohol consumption, insufficient physical activities, unhealthy diets, consumption of high salt, sugar and saturated fats, etc.

(d): The Department of Health and Family Welfare provides technical and financial support to States and Union Territories under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs) including cancer.

Under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), 770 District NCD Clinics, 364 District Day Care Cancer Centres (DCCC), and 6,410 NCD clinics at Community Health Centres have been set up. Further 297 District Day Care Cancer Centre

(DCCC) were approved for the Financial Year 2025-26 to ensure cancer care accessibility at district hospital level.

A population-based initiative for the prevention, control and screening of common non-communicable diseases (NCDs), including three common cancers, has been rolled out across the country. Under the initiative, persons over 30 years of age are targeted for their screening for the common NCDs including Cancer.

Further 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 cancer care. Also, cancer treatment facilities have been approved in all 22 new AIIMS with diagnostic, medical and surgical facilities.

(e): Details of expenditure against National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) under Flexible Pool for Non Communicable Diseases Programme (NCD) under NHM during the period of F.Y. 2015-16 to 2024-25 are given in the enclosed **Statement-III**.

STATEMENT-I

Estimated Incidence of Cancer Cases in India (All Sites – Both Sexes)

State/UT-wise: 2014 to 2024

State/UT	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Jammu and Kashmir	14115	14864	15652	16480	17351	12396	12726	13060	13395	13744	14112
Ladakh	-	-	-	-	-	279	286	294	302	309	318
Himachal Pradesh	7425	7722	8029	8348	8679	8589	8799	8978	9164	9373	9566
Punjab	30025	31214	32474	33781	35137	37744	38636	39521	40435	41337	42288
Chandigarh	1162	1217	1274	1335	1398	994	1024	1053	1088	1120	1152
Uttarakhand	11240	11796	12381	12995	13640	11216	11482	11779	12065	12348	12642
Haryana	27933	29240	30611	32049	33558	28453	29219	30015	30851	31679	32513

Delhi	18356	19168	20015	20899	21821	24436	25178	25969	26735	27561	28387
Rajasthan	75642	79160	82836	86675	90686	69156	70987	72825	74725	76655	78604
Uttar Pradesh	222615	233659	245231	257353	270053	196652	201319	206088	210958	215931	221000
Bihar	117603	123949	130628	137656	145051	101014	103711	106435	109274	112180	115123
Sikkim	463	473	479	485	490	443	445	465	496	525	561
Arunachal Pradesh	1231	1252	1272	1292	1313	1015	1035	1064	1087	1125	1143
Nagaland	1288	1294	1300	1309	1318	1719	1768	1805	1854	1890	1935
Manipur	2836	2916	2998	3082	3168	1844	1899	2022	2097	2169	2250
Mizoram	1585	1618	1652	1687	1723	1783	1837	1919	1985	2063	2114
Tripura	2139	2169	2199	2229	2260	2507	2574	2623	2715	2790	2871
Meghalaya	3184	3246	3311	3376	3442	2808	2879	2943	3025	3099	3168
Assam	31124	31474	31825	32177	32530	36948	37880	38834	39787	40721	41713
West Bengal	99339	103532	107906	112466	117220	105814	108394	110972	113581	116230	118910
Jharkhand	37031	38947	40959	43071	45289	33045	33961	34910	35860	36840	37824
Odisha	45736	47666	49674	51763	53936	49604	50692	51829	52960	54136	55335
Chhattisgarh	28738	30239	31817	33477	35223	27113	27828	28529	29253	30014	30763
Madhya Pradesh	81034	85078	89315	93754	98403	75911	77888	79871	81901	84029	86124
Gujarat	66952	70171	73551	77097	80820	67841	69660	71507	73382	75290	77205
Daman and Diu	339	385	440	504	579	118	124	135	150	161	173
Dadra and Nagar Haveli	421	457	497	542	591	186	206	219	238	252	268
Maharashtra	122256	127390	132726	138271	144032	113374	116121	118906	121717	124584	127512
Telangana	38494	40177	41939	43784	45713	46464	47620	48775	49983	51145	52334
Andhra Pradesh	53570	55776	58072	60475	62978	68883	70424	71970	73536	75086	76708
Karnataka	67237	70302	73511	76867	80381	83824	85968	88126	90349	92560	94832
Goa	1587	1655	1726	1801	1881	1591	1618	1652	1700	1735	1783
Lakshadweep	77	82	89	96	104	27	27	28	28	31	32
Kerala	37550	39672	42004	44566	47382	56148	57155	58139	59143	60162	61175
Tamil Nadu	76091	78512	80999	83554	86180	86596	88866	91184	93536	95944	98386
Puducherry	1428	1510	1596	1687	1783	1523	1577	1623	1679	1753	1823
Andaman and Nicobar Islands	402	415	429	443	458	357	366	380	393	401	408

STATEMENT-II

Estimated Mortality of cancer cases in India by different State/UT-All sites (2014-2023)-Both sexes	
Year	No. of Mortality of cancer cases
2014	6,62,592
2015	6,79,776
2016	6,97,255
2017	7,15,010
2018	7,33,139
2019	7,51,517
2020	7,70,230
2021	7,89,202
2022	8,08,558
2023	8,28,252

STATEMENT-III

Details of Expenditure against National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) under Flexible Pool for Non Communicable Diseases Programme (NCD) under NHM during the period of F.Y. 2015-16 to 2024-25	
(Rs. In Lakhs)	
Financial Year	Expenditure
2015-16	15356.91
2016-17	19928.78
2017-18	10964.48
2018-19	12410.9
2019-20	13472.92
2020-21	12973.52
2021-22	41349.17
2022-23	47354.57
2023-24	48720.78
2024-25	64471.31

कॉलेजियम प्रणाली के प्रतिकूल प्रभाव

1269. श्री मुरारी लाल मीना :

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या सरकार को इस बात की जानकारी है कि उच्चतम न्यायालय के लगभग 33 प्रतिशत और उच्च न्यायालय के 50 प्रतिशत न्यायाधीश उन परिवार के सदस्यों से संबंधित हैं जो पूर्व में न्यायपालिका में उच्च पदों पर रह चुके हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है ;
- (ख) क्या उपरोक्त स्थिति मुख्य रूप से कॉलेजियम प्रणाली के कारण उत्पन्न हुई है जिसके अंतर्गत न्यायाधीशों की नियुक्ति स्वयं न्यायाधीशों द्वारा की जाती है और यदि हां, तो क्या इससे पारदर्शिता और समान अवसर के सिद्धांतों पर प्रतिकूल प्रभाव पड़ता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ;
- (ग) क्या सरकार के पास उच्च न्यायालयों और उच्चतम न्यायालय में नियुक्त न्यायाधीशों की पीढ़ीगत (पहली पीढ़ी/दूसरी पीढ़ी) की पृष्ठभूमि के संबंध में कोई आधिकारिक आंकड़े हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) न्यायिक नियुक्ति प्रक्रिया में अनुसूचित जनजाति, अनुसूचित जाति और अन्य पिछड़ा वर्ग के अधिवक्ताओं को पारदर्शिता, निष्पक्षता और समान अवसर सुनिश्चित करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं ?

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

- (क) से (घ): भारत के संविधान के अनुसार उच्चतम न्यायालय और उच्च न्यायालयों में न्यायाधीशों की नियुक्ति अनुच्छेद 124, अनुच्छेद 217 और अनुच्छेद 224 के अधीन की जाती है, जिनमें किसी भी जाति या वर्ग के लिए आरक्षण का प्रावधान नहीं है। अतः, न्यायाधीशों में किसी भी जाति या वर्ग के प्रतिनिधित्व से संबंधित कोटिवार आँकड़े केंद्र स्तर पर उपलब्ध नहीं हैं। सन् 2018 से, उच्च न्यायालय के न्यायाधीशों के पद हेतु अनुशंसित व्यक्ति को

अपने सामाजिक पृष्ठभूमि का विवरण निर्धारित प्रारूप (जो उच्चतम न्यायालय के परामर्श से तैयार किया गया है) में देना आवश्यक है। अनुशंसित व्यक्तियों द्वारा प्रदान की गई जानकारी के अनुसार, 2018 से 02.02.2026 तक नियुक्त किए गए कुल 848 न्यायाधीशों में से 33 अनुसूचित जाति वर्ग से, 17 अनुसूचित जनजाति वर्ग से, 104 अन्य पिछड़ा वर्ग (ओबीसी) से और 46 अल्पसंख्यक वर्ग से संबंधित हैं। इसी अवधि में 130 महिलायें विभिन्न उच्च न्यायालयों में न्यायाधीश नियुक्त की गईं।

प्रक्रिया ज्ञापन (एम ओ पी) के अनुसार, भारत के मुख्य न्यायाधीश पर उच्चतम न्यायालय में न्यायाधीशों की नियुक्ति हेतु प्रस्तावों के पहल का उत्तरदायित्व होता है, जबकि उच्च न्यायालयों में न्यायाधीशों की नियुक्ति हेतु प्रस्तावों के पहल का उत्तरदायित्व संबंधित उच्च न्यायालय के मुख्य न्यायमूर्ति पर होता है। हालाँकि, सरकार की प्रतिबद्धता न्यायपालिका में सामाजिक विविधता को बढ़ाने की है और वह लगातार उच्च न्यायालयों के मुख्य न्यायमूर्तियों से अनुरोध करती रही है कि न्यायाधीशों की नियुक्ति हेतु प्रस्ताव भेजते समय अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़ा वर्ग, अल्पसंख्यक और महिलाओं से संबंधित उपयुक्त अभ्यर्थियों पर समुचित विचार किया जाए, ताकि उच्च न्यायालयों में न्यायाधीशों की नियुक्ति में सामाजिक विविधता सुनिश्चित हो सके। केवल वही व्यक्ति, जिनकी सिफारिश उच्चतम न्यायालय के कॉलेजियम (न्यायाधीशों की अनुशंसा समिति) द्वारा की जाती है, उन्हें उच्चतम न्यायालय और उच्च न्यायालयों में न्यायाधीश नियुक्त किया जाता है।

INDIA'S BUDDHIST DIPLOMACY

1270. SHRI JAGADAMBIKA PAL:

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

- (a) the manner in which recent 'Bodhi Yatra' and related initiatives have advanced India's Buddhist diplomacy in Southeast Asia and strengthened

- cultural and spiritual ties with ASEAN countries;
- (b) the details of specific long-term strategies being formulated by the Government to sustain and enhance engagement with ASEAN nations through cultural diplomacy, including support for ASEAN Cultural Heritage projects and tourism cooperation;
 - (c) whether the Ministry is collaborating with State Governments, the Ministry of Tourism and other stakeholders to develop infrastructure and promote connectivity along the Buddhist circuit to meet international standards and facilitate increased tourism and bilateral exchanges, if so, the details thereof; and
 - (d) whether the Government is promoting cultural linkages between heritage sites like Piprahwa and Kapilvastu in Siddharthnagar district to Buddhist heritage sites abroad and if so, the details thereof?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS;
AND MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI
PABITRA MARGHERITA):**

(a) to (d): The objective of the Act East Policy of Government of India is to promote economic cooperation, strengthening cultural ties and developing strategic relationships including with the countries of Southeast Asia. Shared Buddhist heritage is an important aspect in our ties at bilateral, regional and multilateral level with many ASEAN countries. Cultural and spiritual connections are reinforced by regular exchange of visits of Buddhist Monks, senior functionaries, pilgrims and tourists.

In the past two years, based on request from partner countries, Government of India has facilitated two significant expositions of the Holy Relics of Lord Buddha in Southeast Asia. The first, held in Thailand from 22 February to 19 March 2024, included relics of Buddha and his disciples, and witnessed wide public participation across four venues, with over 40 lakh devotees in attendance. The second exposition was undertaken in Vietnam from 2 May to 2 June 2025, where relics from Nagarjunakonda, Andhra Pradesh, were displayed at nine locations during UN Vesak celebrations, drawing an estimated 1.4 crores visitors. These initiatives contributed to fostering cultural linkages with the respective countries.

Under the Mekong Ganga Cooperation (MGC) Plan of Action (2019-24), Ministry of External Affairs (MEA) organised a 9 days trip of travel agencies to prominent Buddhist sites for 49 participants, (from Cambodia, Lao PDR, Thailand, Myanmar, and Vietnam) from 02-10 June 2025 on nomination basis in coordination with Government of Uttar Pradesh and Government of Bihar.

Government of India has also contributed towards capacity building on Buddhist heritage, including through support for research, academic degree courses, short term training at various universities and institutions, including at the Nalanda University.

The year 2025 was designated as the ASEAN-India Year of Tourism, and several activities have been held to deepen tourism cooperation. Key initiatives to enhance visibility and cooperation included the ASEAN-India Tourism Professionals Exchange Programme held in Malaysia, Thailand,

Vietnam, Guwahati and Bengaluru. Also, ASEAN-India Tourism Ministers' Meeting is held on annual basis to facilitate exchange of views and promote tourism cooperation. India is supporting ASEAN in conducting a feasibility study for the development of an ASEAN Cultural Heritage List.

MEA has been facilitating events/conferences aimed at promotion of Tourism including Buddhist circuit and Buddhist heritage sites in various States in collaboration with Embassies of foreign governments in India. MEA also supports activities through our Missions/posts abroad including promoting Buddhist Circuit as part of their tourism-promotion initiatives. Indian missions have also been facilitating participation of State Governments in various tourism industry trade fairs in their respective countries.

The 2nd Global Buddhist Summit organised by the International Buddhist Confederation (IBC) in collaboration with the Ministry of Culture in New Delhi on 24-25 Jan 2026 witnessed participation from nearly 200 international representatives from across the world, including leaders of major Buddhist organisations, eminent monks, scholars, and followers of the Dhamma.

From 08-25 November 2025, the sacred Pirprahwa relics of Lord Buddha from India were on exposition in Bhutan. The sacred relics were received with much reverence by the Royal family, the government and the people of Bhutan. About 108,000 persons (14% of the Bhutan's population) visited the Holy Relics.

On 03 January 2026, Hon'ble Prime Minister Shri Narendra Modi inaugurated landmark exposition titled 'The Light and the Lotus: Relics of the

Awakened One' showcasing the sacred Piprahwa Relics recently repatriated to India, at the Rai Pithora Cultural Complex, New Delhi. This historic event marks the reunification of the Piprahwa gem relics of Lord Buddha, repatriated after 127 years.

NATIONAL POLICY FOR PROMOTION OF AYUSH

1271. DR. K. SUDHAKAR:

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

- (a) whether the Government proposes to develop a national policy to promote AYUSH hospitals as research and innovation hubs across the country;
- (b) if so, the details of consultations held with States and Union Territories on such a policy and the steps taken to include traditional knowledge systems in this policy;
- (c) whether guidelines are likely to be formulated to integrate AYUSH research with mainstream healthcare systems and if so, the details thereof;
- (d) the details of funding allocations proposed for strengthening AYUSH research infrastructure under the national policy;
- (e) whether the Government is taking any measures to facilitate collaborations with premier research institutions and international partners in this regard; and
- (f) the details of timelines for drafting, finalising and implementing this national policy?

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

(a) and (b): The Government has published the National Health Policy (NHP), 2017, which recognizes the need to nurture Ayush system of medicine, through development of infrastructural facilities of teaching institutions, improving quality control of drugs, capacity building of institutions and professionals. In addition, it recognizes the need for building research and public health skills for preventive and promotive healthcare. The policy further supports the integration of Ayush systems at the level of knowledge systems, by validating processes of health care promotion and cure.

Ministry of Ayush implements a Central Sector Scheme namely Ayurgyan Scheme with the aim to support Research and Innovation in Ayush through Extra Mural Research activities and Education by providing academic activities, training, capacity building etc.

The All India Institute of Ayurveda (AIIA), under the Ministry of Ayush, has established the AIIA- Incubation Centre for Ayurveda Innovation and Entrepreneurship (AIIA-iCAINE) to nucleate a cluster of new age ventures and to promote entrepreneurship leveraging the academic knowledge.

(c) and (d) : The Indian Council of Medical Research (ICMR) has published an addendum to the ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants (2017) to provide a structured ethical framework for Research in Integrative Medicine (RIM). This initiative marks a

significant milestone in strengthening the scientific foundation of Ayush-based integrative healthcare by ensuring ethical rigour and regulatory compliance in research that explores the integration of traditional and modern medical practices. Funding support for Ayush research infrastructure has been provided through the National Institutes and Research Councils under the Ministry of Ayush, as well as under various existing schemes of the Ministry.

(e) : Research Councils under Ministry of Ayush namely Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM) Central Council of Research in Homoeopathy (CCRH) and Central Council of Research in Siddha (CCRS) have been actively contributing to the integration of Ayush systems with the modern system of medicine through a range of research initiatives. The Research Councils conducts research through both Intramural and Collaborative modes. Collaborative clinical trials are undertaken in partnership with premier institutions across India, including various All India Institutes of Medical Sciences (AIIMS), National Institute of Mental Health and Neuro Science (NIMHANS), Institute of Liver and Biliary Science (ILBS), Advanced Centre for Treatment, Research and Education in Cancer (ACTREC)-Mumbai, and several Indian Institutes of Technology (IITs), fostering interdisciplinary research and integrative healthcare approaches.

The Government is facilitating collaborations with international partners through a Central Sector Scheme for the Promotion of International Co-operation in Ayush (IC Scheme) under which the Ministry of Ayush 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 system of medicine; foster interaction of stakeholders and market development of Ayush at international level; promote academics and research through the establishment of Ayush Academic Chairs in foreign countries and holding training workshop/symposiums for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level. Ministry of Ayush through IC Scheme also sponsors Ayush research and development/ teaching and other collaborations with reputed institutions/ universities in foreign countries; International agencies and United Nation bodies like World Health Organization (WHO).

(f) : In view of the above the question does not arise.

ARTIFICIAL SWEETENERS AND HEALTH EFFECTS

1272. SHRI BALASHOWRY VALLABHANENI:

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

- (a) whether it is true that the World Health Organization (WHO) recommended against using artificial sweeteners to control weight and prevent lifestyle diseases such as diabetes and if so, the details thereof;
- (b) whether it is also true that high intake of artificial sweeteners has been reported to increase the risk of type-2 diabetes by 23 per cent and

cardiovascular diseases by 32 per cent and hypertension, bladder cancer, etc. by 13 per cent and if so, the details thereof; and

- (c) whether the consumption of artificial sweeteners, including those used in diet and zero-calorie soft drinks, is associated with any adverse health consequences and if so, the details thereof?

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

(a) to (c): Indian Council of Medical Research (ICMR) has informed that the World Health Organization (WHO), in May 2023, issued a guideline advising against the use of non-sugar (artificial) sweeteners for weight control or for preventing lifestyle diseases such as diabetes and cardiovascular diseases. WHO has recommended reducing overall dietary sweetness rather than substituting sugar with artificial sweeteners.

Evidence from large systematic reviews and meta-analyses, including those evaluated by the WHO, indicates that higher consumption of non-sugar (artificial) sweeteners has been associated with an increased risk of adverse health outcomes. These reviews report a 23% higher risk of type 2 diabetes, a 32% higher risk of cardiovascular diseases, and an increased risk (around 13%) of conditions such as hypertension and certain cancers, including bladder cancer, particularly with long-term exposure. However, these findings are largely based on observational evidence, and WHO has noted the need for cautious interpretation while considering the totality of evidence in dietary

guidance.

Food Safety and Standards Authority of India (FSSAI) has laid down the standards for various artificial sweeteners in the Food Safety and Standards (Food Products Standards and Food Additives) Regulation, 2011. These standards for non-caloric sweeteners and limits for use of such non-caloric sweeteners in various food products have been laid down on the basis of risk assessment and Acceptable Daily Intake (ADI) established by Joint Food and Agriculture Organization (FAO)/World Health Organization (WHO) Expert Committee on Food Additives (JECFA) and the limits are in harmonization with Codex Alimentarius Commission.

विभिन्न योजनाओं के अंतर्गत निधि का उपयोग

1273. श्रीमती रूपकुमारी चौधरी:

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

- (क) छत्तीसगढ़ राज्य को सक्षम आंगनवाड़ी एवं पोषण 2.0, मिशन शक्ति, मिशन वात्सल्य, पीएम मातृ वंदना योजना, वन स्टॉप सेंटर, महिला हेल्पलाइन और अन्य संबंधित योजनाओं के अंतर्गत वित्तीय वर्ष 2023-24 से 2025-26 के दौरान सरकार द्वारा कितनी निधि आवंटित/जारी की गई है;
- (ख) उपरोक्त योजनाओं के अंतर्गत उक्त निधि के उपयोग का ब्यौरा क्या है और पोषण, मानदेय, अवसंरचना, सेवा वितरण, प्रचार/प्रशासनिक व्यय जैसे मदों के साथ-साथ निधियों के उपयोग के विशिष्ट उद्देश्यों का वर्षवार/जिलावार ब्यौरा क्या है;
- (ग) क्या सरकार के पास उक्त राज्य में इन योजनाओं के अंतर्गत आवंटन/वास्तविक व्यय और परिणामों से संबंधित कोई स्वतंत्र मूल्यांकन/लेखापरीक्षा रिपोर्ट उपलब्ध है; और

(घ) यदि हां, तो उक्त योजनाओं में से किसी के अंतर्गत कम उपयोग, विलंब/क्षेत्रीय असमानताओं के मामले, यदि कोई हों, को दूर करने के लिए सरकार द्वारा उठाए जा रहे सुधारात्मक उपायों का ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) और (ख): छत्तीसगढ़ राज्य में वित्तीय वर्ष 2023-24 से 2025-26 के दौरान मंत्रालय की योजनाओं के अंतर्गत जारी और उपयोग की गई निधियों का ब्यौरा संलग्न **विवरण** में दिया गया।

(ग) और (घ): नीति आयोग ने वित्तीय वर्ष 2019 से 2024 के लिए महिला एवं बाल विकास मंत्रालय की योजनाओं का तृतीय-पक्ष मूल्यांकन कराया है। इस अध्ययन में पाया गया कि मंत्रालय की योजनाएँ अत्यंत प्रासंगिक हैं।

मंत्रालय द्वारा कार्यान्वित सभी योजनाएँ केंद्र प्रायोजित योजनाएँ (सीएसएस) हैं तथा इनका कार्यान्वयन राज्यों और संघ राज्य क्षेत्रों द्वारा किया जाता है। इन योजनाओं के लिए बजट आवंटन को राज्यों/ संघ राज्य क्षेत्रों से उनकी आवश्यकताओं और पिछले वर्षों के व्यय के रुझान के संबंध में प्राप्त जानकारी के आधार पर अंतिम रूप दिया जाता है। सीएसएस के तहत, राज्यों और संघ राज्य क्षेत्रों को अपने हिस्से की निधि देनी होती है। इसके आलावा, कुल उपलब्ध निधि का न्यूनतम 75% व्यय करना तथा व्यय विवरण (एसओई) और उपयोग प्रमाण पत्र प्रस्तुत करना होता है ताकि मंत्रालय केंद्रीय निधि जारी कर सके। यदि उपयुक्त शर्तें पूरी नहीं होती हैं, तो केंद्रीय निधि जारी करना प्रभावित/विलंबित हो जाता है, जिसके परिणामस्वरूप वित्तीय वर्ष के अंत में अप्रयुक्त राशि बच जाती है।

निधि के उपयोग सहित योजनाओं के कार्यान्वयन की नियमित आधार पर विभिन्न उच्च स्तरों पर फिजिकल मीटिंग, वीडियो कॉन्फ्रेंस और क्षेत्र दौरों के माध्यम से की जाती है।

विवरण

वित्तीय वर्ष 2023-24 से 2025-26 के दौरान मंत्रालय की योजनाओं के तहत छत्तीसगढ़ राज्य को जारी/उपयोग की गई निधि का ब्यौरा

(रु करोड़)

क्रम संख्या	राज्य/संघक्षेत्र	योजना	वित्तीय वर्ष 2023-24	वित्तीय वर्ष 2024-25	वित्तीय वर्ष 2025-26
1.		मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0	579.46	733.30	372.27 31.01.2026 (की स्थिति के अनुसार)
2.		मिशन वात्सल्य	44.66	39.10	मिशन वात्सल्य योजना 01.07.2025 से एसएनए स्पर्श के माध्यम से कार्यान्वित की जा रही है। एसएनए स्पर्श में 30.80 करोड़ रुपये की मूल स्वीकृति और 16.80 करोड़ रुपये का बिल एसएनए स्पर्श में समायोजन किया गया (02.02.2026 तक)।
3.	मिशन शक्ति	वन स्टॉप सेंटर	8.82	9.46	7.48 28.01.2026 (की स्थिति के अनुसार)
		महिला हेल्पलाइन	0.55	0.27	0.16 28.01.2026 (की स्थिति के अनुसार)
		बेटी बचाओ बेटी पढ़ाओ	0.00	0.00	3.26 28.01.2026 (की स्थिति के अनुसार)
		शक्ति सदन	1.01	0.34	0.82 02.02.2026 (की स्थिति के अनुसार)

					अनुसार)
		सखी निवास	0.27	0.05	0.12 02.02.2026 (की स्थिति के अनुसार)
		प्रधानमंत्री मातृ वंदना योजना	0.00	68.72	54.58 01.02.2026 (की स्थिति के अनुसार)
		पालना	19.75	0.07	1.45 करोड़ रुपये की मूल स्वीकृति राशि में से 1.26 करोड़ रुपये की निकासी/व्यय (दिनांक 30.01.2026 तक)
		राष्ट्रीय महिला सशक्तिकरण केंद्र	0.00	0.36	3.08

APPOINTMENT OF AD-HOC JUDGES IN HIGH COURTS

1274. SHRI GAURAV GOGOI:

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

- whether the Government has taken note of the Supreme Court's proposal to appoint ad-hoc judges in High Courts with high pendency of criminal appeals under Article 224A of the Constitution, if so, the action taken in this regard and if not, the reasons therefor;
- the total number of criminal appeals pending in High Courts across the country, along with a breakup for the last five years, State-wise and year-wise;
- the details of the steps taken by the Government to address judicial

vacancies and expedite disposal of criminal appeals; and

- (d) whether the Government is considering a formal policy to institutionalise the appointment of ad-hoc judges in High Courts to reduce the backlog of cases, if so, the details thereof and if not, the reasons therefor?

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

(a) to (d): The Supreme Court vide judgment dated 20.04.2021 in W.P. (C) No. 1236 of 2019 had stipulated guidelines for such appointments. Supreme Court Bench vide its orders dated 30.01.2025 and 18.12.2025 has partially amended the aforesaid judgment dated 20.04.2021 and has, inter-alia, directed that each High Court may take recourse to Article 224A of the Constitution of India for appointment of ad-hoc Judges, between 2 and 5 in number but not exceeding 10% of the sanctioned strength of the High Court. It has also been directed that the procedure for appointment of ad-hoc Judges, as given in the Memorandum of Procedure (MoP) for appointment of High Court Judges is applicable for such appointments.

As per the National Judicial Data Grid (NJDG), 7,63,539 criminal appeals are pending in various High Courts.

As per the MoP, the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High

Court, in consultation with two senior-most puisne Judges of the High Court. As per the MoP, the High Courts are required to make recommendations at least 06 months before the occurrence of a vacancy. However, this time limit is rarely observed. For appointments to the High Courts, the views of concerned State Government are obtained in accordance with the MoP. The recommendations also have to be considered in the light of such other reports as may be available to the Government in respect of the names under consideration. The recommendations of the High Court Collegium, the State Governments and the Government of India are then forwarded to the Supreme Court Collegium (SCC) for advice.

Appointment of Judges in the higher judiciary is a continuous, integrated and collaborative process between the executive and the judiciary. It requires consultation and approval from various Constitutional Authorities both at State and Central level. Only those persons whose names have been recommended by the SCC are appointed as Judges of the High Courts.

Pendency of cases in courts arise due to several factors which inter alia, include complexity of the facts involved, nature of evidence, co-operation of stake-holders viz. Bar, investigation agencies, witnesses and litigants besides the availability of physical infrastructure, supporting court staff and proper application of rules and procedures to monitor, track and bunch hearing of cases. Furthermore, pendency of cases and vacancy position of judges in High Courts are not necessarily directly related.

पोषण संबंधी चुनौतियाँ

1275. श्री आदित्य यादव:

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

- (क) क्या सरकार उत्तर प्रदेश के बदायूं ज़िले में बच्चों, किशोरों तथा महिलाओं के समक्ष विद्यमान पोषण संबंधी चुनौतियों, जिनमें कुपोषण, खून की कमी तथा आर्थिक रूप से कमजोर परिवारों में सीमित खाद्य विविधता शामिल है, से अवगत है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार पोषण सेवाओं की आपूर्ति को सुदृढ़ करने, बाल विकास की निगरानी में सुधार करने, समुदाय आधारित पोषण उपायों का विस्तार करने तथा संतुलित आहार एवं मातृ पोषण के प्रति जागरूकता बढ़ाने हेतु सरकार द्वारा सहायता प्राप्त कार्यक्रमों को लागू करने के लिए कोई कदम उठा रही है; और
- (घ) यदि हाँ, 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) और (ख): राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण 5 (2019-21) के अनुसार, बदायूं जिले में पोषण संकेतकों की व्यापकता निम्नलिखित है:

संकेतक	एनएफएस 5 (2019-21)
5 वर्ष से कम आयु के बच्चे जो बौनेपन से ग्रस्त हैं(%)	51.8
5 वर्ष से कम आयु के बच्चे जो कुपोषित हैं(%)	18.2
5 वर्ष से कम आयु के बच्चे जो कम वजन के हैं(%)	43.0
6-59 माह आयु के बच्चे जो एनीमिया से ग्रस्त हैं(%)	72.2
15-19 वर्ष आयु की सभी महिलाएं जो एनीमिया से ग्रस्त हैं(%)	55.6
15-49 वर्ष आयु की सभी महिलाएं जो एनीमिया से ग्रस्त हैं(%)	55.3
6-23 माह आयु के कुल बच्चे जिन्हें पर्याप्त आहार मिल रहा है(%)	8.6

(ग) और (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जीवन चक्र दृष्टिकोण में प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य एवं पोषण (आरएमएनसीएच+एन) रणनीति को लागू कर रहा है, जिसका उद्देश्य बच्चों, किशोरों और महिलाओं में पोषण संबंधी चिंताओं का समाधान करना और देश भर में मातृ एवं शिशु स्वास्थ्य सेवाओं को सुदृढ़ करना है, जिसमें उत्तर प्रदेश राज्य का बदायूं जिला भी शामिल है, जैसा कि नीचे दिया गया है:

1. मध्यम एवं गंभीर तीव्र कुपोषण (एमएम और एसएम) से पीड़ित 5 वर्ष से कम आयु के बच्चों को चिकित्सा जटिलताओं के साथ अस्पताल में भर्ती करके चिकित्सा एवं पोषण संबंधी देखभाल प्रदान करने के लिए सार्वजनिक स्वास्थ्य सुविधा केन्द्रों में **पोषण पुनर्वास केंद्र (एनआरसी)** स्थापित किए गए हैं। उपचारात्मक देखभाल के अलावा, माताओं और देखभालकर्ताओं को आयु-उपयुक्त संपूर्ण देखभाल और पोषण प्रथाओं के कौशल में सुधार पर विशेष ध्यान दिया जाता है।
2. **एनीमिया मुक्त भारत (एमबी)** कार्यक्रम छह लाभार्थी समूहों - 6-59 महीने के बच्चे, 5-9 वर्ष के बच्चे, 10-19 वर्ष के किशोर, गर्भवती महिलाएं, स्तनपान कराने वाली माताएं और प्रजनन आयु (20-49 वर्ष) की महिलाओं में एनीमिया की व्यापकता को कम करने के लिए कार्यान्वित किया जा रहा है। इसमें शामिल हस्तक्षेप हैं: बच्चों (1-19 वर्ष) और गर्भवती महिलाओं में आयरन और फोलिक एसिड की निवारक खुराक, कृमिनाशक दवाएं, गहन व्यवहार परिवर्तन संचार (बीसीसी) अभियान, सरकारी वित्त पोषित सार्वजनिक स्वास्थ्य कार्यक्रमों में आईएफए युक्त भोजन का प्रावधान और मलेरिया, हीमोग्लोबिनोपैथी और फ्लोरोसिस पर विशेष ध्यान देने के साथ स्थानिक क्षेत्रों में एनीमिया के गैर-पोषण संबंधी कारणों का समाधान, जो एक मजबूत संस्थागत तंत्र के माध्यम से कार्यान्वित किए जाते हैं।
3. **माताओं का पूर्ण स्नेह (एमएए) कार्यक्रम** को स्तनपान कवरेज में सुधार लाने के लिए लागू किया गया है, जिसमें शीघ्र स्तनपान शुरू करने और पहले छह महीनों तक केवल स्तनपान कराने

पर जोर दिया गया है, जिसके बाद उम्र के अनुसार पूरक आहार देने की प्रथा को अपनाया जाता है। यह कार्यक्रम अग्रिम पंक्ति के स्वास्थ्य कर्मियों के क्षमता निर्माण और व्यापक सूचना एवं संचार शिक्षा (आईईसी) अभियानों के माध्यम से चलाया जाता है।

4. नवजात गहन चिकित्सा इकाइयों और विशेष नवजात शिशु देखभाल इकाइयों में भर्ती बीमार, समय से पहले जन्मे और कम वजन वाले शिशुओं को खिलाने के लिए मां का अपना दूध या सुरक्षित, पाशुपरीकृत दाता मानव दूध की उपलब्धता सुनिश्चित करने के लिए **स्तनपान प्रबंधन केंद्र** स्थापित किए गए हैं।

5. **राष्ट्रीय कृमि मुक्ति दिवस (एनडीडी)** के तहत, सभी बच्चों (1-19 वर्ष) में कृमि संक्रमण को कम करने के लिए स्कूलों और आंगनवाड़ी केंद्रों के माध्यम से एक ही दिन में एल्बेंडाजोल की गोलियां दी जाती हैं।

6. **विटामिन ए अनुपूरण कार्यक्रम** के तहत, ग्राम स्वास्थ्य स्वच्छता एवं पोषण दिवसों के दौरान या अभियान के माध्यम से 6-59 महीने की आयु के सभी बच्चों को हर 6 महीने में दो चरणों में विटामिन ए की खुराक दी जाती है।

7. **जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके)** के तहत सार्वजनिक स्वास्थ्य संस्थानों में प्रसव कराने वाली सभी गर्भवती महिलाओं को सीजेरियन सेक्शन सहित बिल्कुल मुफ्त प्रसव की सुविधा मिलती है। इस सुविधा में मुफ्त दवाएं, उपभोग्य वस्तुएं, अस्पताल में रहने के दौरान मुफ्त आहार, मुफ्त निदान, मुफ्त परिवहन और आवश्यकता पड़ने पर मुफ्त रक्त आधान शामिल हैं। एक वर्ष तक के बीमार शिशुओं के लिए भी इसी प्रकार की सुविधाएं उपलब्ध हैं।

8. **प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए)** के तहत गर्भवती महिलाओं को हर महीने की 9 तारीख को एक विशेषज्ञ/चिकित्सा अधिकारी द्वारा निःशुल्क, सुनिश्चित और गुणवत्तापूर्ण प्रसवपूर्व जांच की सुविधा प्रदान की जाती है। **पीएमएसएमए की विस्तारित रणनीति** गर्भवती महिलाओं, विशेष रूप से उच्च जोखिम वाली गर्भवती महिलाओं (एचआरपी) को गुणवत्तापूर्ण प्रसवपूर्व देखभाल (एएनसी) सुनिश्चित करती है और पीएमएसएमए दौरे के अतिरिक्त 3

अतिरिक्त दौरों के लिए वित्तीय प्रोत्साहन के माध्यम से सुरक्षित प्रसव होने तक उनकी व्यक्तिगत निगरानी करती है।

9. **सुरक्षित मातृत्व आश्वासन (सुमन)** सार्वजनिक स्वास्थ्य केंद्रों में आने वाली प्रत्येक गर्भवती महिला और नवजात शिशु को निःशुल्क और किसी भी प्रकार की सेवा से इनकार न करने की नीति के साथ सुनिश्चित, गरिमापूर्ण, सम्मानजनक और गुणवत्तापूर्ण स्वास्थ्य सेवा प्रदान करता है, ताकि सभी रोकी जा सकने वाली मातृ एवं नवजात मृत्यु को समाप्त किया जा सके।

10. **प्रसवोत्तर देखभाल** को बेहतर बनाना, माताओं में खतरे के संकेतों की पहचान पर जोर देकर और मान्यताप्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (आशा) को उच्च जोखिम वाली प्रसवोत्तर माताओं की शीघ्र पहचान, रेफरल और उपचार के लिए प्रोत्साहित करके प्रसवोत्तर देखभाल की गुणवत्ता को मजबूत करने का लक्ष्य रखता है।

11. **कैल्शियम सप्लीमेंट** - गर्भावस्था की पहली तिमाही के बाद गर्भवती महिलाओं और प्रसवोत्तर माताओं को खनिज की कमी के जोखिम को कम करने के लिए 6 महीने की अवधि के लिए 360 कैल्शियम कार्बोनेट टैबलेट (500 मिलीग्राम एलिमेंटल कैल्शियम और 250 आईयू विटामिन डी3) दी जाती हैं।

12. स्वास्थ्य सेवाओं की पहुंच बढ़ाने के लिए, विशेष रूप से आदिवासी और दुर्गम क्षेत्रों में, **आउटरीच शिविरों** का आयोजन किया जाता है। इस मंच का उपयोग मातृ एवं शिशु स्वास्थ्य सेवाओं के प्रति जागरूकता बढ़ाने, सामुदायिक जुटाव करने और उच्च जोखिम वाली गर्भावस्थाओं पर नज़र रखने के लिए किया जाता है।

13. गर्भवती महिलाओं को आहार, आराम, गर्भावस्था के खतरे के लक्षण, लाभ योजनाओं और संस्थागत प्रसव के बारे में शिक्षित करने के लिए **मातृ एवं शिशु संरक्षण (एमसीपी) कार्ड और सुरक्षित मातृत्व पुस्तिका** वितरित की जाती है।

14. **नवजात शिशु देखभाल (एचबीएनसी)** और **छोटे बच्चों की देखभाल (एचबीवाईसी)** कार्यक्रम के तहत, आशा कार्यकर्ताओं द्वारा बच्चों के पालन-पोषण में सुधार लाने के लिए संरचित

गृह-यात्राएं की जाती हैं, जिनमें बच्चों में पोषण और विकास संबंधी गतिविधियों को बढ़ावा देना शामिल है। इन गतिविधियों का मुख्य उद्देश्य 6 महीने तक शुरुआती और अनन्य स्तनपान को बढ़ावा देना, 2 साल तक स्तनपान जारी रखने के साथ-साथ पर्याप्त पूरक आहार देना, बच्चों में विकास में कमी, विकासात्मक विलंब और बीमारी की पहचान करना और उपचार एवं प्रबंधन के लिए स्वास्थ्य सुविधा केंद्र में तुरंत भेजना है।

महिला एवं बाल विकास मंत्रालय द्वारा दी गई जानकारी के अनुसार, मिशन पोषण 2.0 के तहत पूरक पोषण कार्यक्रम लागू किया गया है, जिसका उद्देश्य 6 महीने से 6 वर्ष तक के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरों को पोषण संबंधी सहायता प्रदान करना है। यह कार्यक्रम आहार विविधता के सिद्धांतों पर आधारित है, जिसमें गुणवत्तापूर्ण प्रोटीन, स्वस्थ वसा और सूक्ष्म पोषक तत्व शामिल हैं। पोषण ट्रैकर के तहत प्रौद्योगिकी का उपयोग बच्चों में बौनापन, दुर्बलता और कम वजन की व्यापकता की गतिशील पहचान करने और जन्म की तैयारी, प्रसव, प्रसवोत्तर देखभाल, स्तनपान और पूरक आहार पर संदेशों के प्रसार के लिए किया जाता है। सामुदायिक भागीदारी को मजबूत करने और पूरक आहार, आहार विविधता, एनीमिया, जल, स्वच्छता और स्वास्थ्य (डब्ल्यूएसएच) और सार्वजनिक स्वास्थ्य के बारे में जागरूकता को बढ़ावा देने के लिए सामुदायिक आधारित कार्यक्रम (सीबीई) आयोजित किए जाते हैं। कुपोषण के सामुदायिक प्रबंधन के लिए प्रोटोकॉल (सीएमएम) भी लागू किया गया है।

WOMEN JUDGES IN JUDICIARY

1276. KUMARI SUDHA R.:

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

- (a) the data on the number of women judges in High Courts and the Supreme Court;
- (b) whether the Government is aware of the persistent gender gap in

- country's higher judiciary, where women judges constitute very minimal;
- (c) the reasons for this disparity, including systemic issues, if any;
 - (d) the details of variations across States and whether this reflects inadequate pools of qualified women candidates or structural barriers, particularly that could benefit from diverse judicial perspectives in cases involving women's rights and social justice; and
 - (e) the steps being taken to accelerate gender parity, including timelines for increasing women's representation in the higher judiciary, support for women lawyers?

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

(a) to (e): The information is given in the enclosed **Statement**.

Appointment of Judges to the Supreme Court and High Courts is made under Articles 124, 217 and 224 of the Constitution of India, which do not provide for reservation for any caste or class of persons.

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. However, the Government is committed to enhancing social diversity in judiciary and has been requesting the Chief Justices of High Courts that while sending proposals for appointment of Judges, due

consideration be given to suitable candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, Minorities and Women to ensure social diversity in the appointment of Judges in High Courts. Since 2014, 170 Women Judges have been appointed in the High Courts, including 96 in the last five years and 06 in the Supreme Court. Only those persons who are recommended by the Supreme Court Collegium, are appointed as Judges of the Supreme Court and High Courts.

STATEMENT

Details of Women Judges in the Supreme Court and High Courts (As on 02.02.2026)

Sl. No.	Court(s)	Sanctioned Strength	Working Strength	No. of Women Judges
A.	Supreme Court	34	33	1
B.	High Court			
1	Allahabad	160	110	7
2	Andhra Pradesh	37	32	5
3	Bombay	94	80	12
4	Calcutta	72	43	8
5	Chhattisgarh	22	15	1
6	Delhi	60	44	10
7	Gauhati	30	25	5
8	Gujarat	52	35	7
9	Himachal Pradesh	17	12	1
10	J and K and Ladakh	25	14	2
11	Jharkhand	25	14	1
12	Karnataka	62	46	9
13	Kerala	47	40	3
14	Madhya Pradesh	53	42	1
15	Madras	75	53	10
16	Manipur	5	3	0
17	Meghalaya	4	4	1
18	Orissa	33	19	1

19	Patna	53	38	2
20	Punjab and Haryana	85	61	18
21	Rajasthan	50	39	4
22	Sikkim	3	3	1
23	Telangana	42	28	7
24	Tripura	5	4	0
25	Uttarakhand	11	10	0
Total		1122	814	116

REVIEW OF GUIDELINES FOR REFERRAL OF PATIENTS

1277. SHRI BISHNU PADA RAY:

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

- (a) whether it is a fact that the Member of Parliament, Andaman and Nicobar Islands, has requested the Government (Prime Minister, Home Minister and Health Minister) to review and amend the existing guidelines for referral of patients to mainland-empanelled hospitals under the Ayushman Bharat–Pradhan Mantri Jan ArogyaYojana (AB-PMJAY), suggesting that patients and their attendants be referred by air travel instead of ship for both onward and return journeys, along with other measures to safeguard patients' welfare; and
- (b) if so, the steps taken by the Government to consider these suggestions and the timeframe proposed for implementing the proposed measures?

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

(a) and (b) : In the Union Territory (UT) of Andaman and Nicobar Islands, there are 7 public empanelled hospitals under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). In order to facilitate free treatment to beneficiaries under AB-PMJAY, the scheme offers portability feature, wherein eligible beneficiaries can avail treatment in any empanelled hospital across the country, irrespective of the State/UT to which the beneficiary belongs. Under the scheme, States/UTs have the flexibility to customize the package rates and relax the empanelment criteria for hospitals as per the local context.

SELF-SUFFICIENCY IN UREA

1278. SHRI KALIPADA SAREN KHERWAL:

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

- (a) whether it is a fact that India has not achieved self sufficiency in production capacity of urea, if so, the details thereof and the reasons therefor;
- (b) whether it is a fact that nearly ninety percent of gas requirements of the urea sector are met through imports, if so, the details thereof;
- (c) the details of top ten countries with share of gas import (in percentage) of urea and amount in Rs.; and
- (d) the deficit (in LMT) in production capacity and consumption of Urea?

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

(a): 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 and Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the

existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam namely Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL).

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

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

(b) and (c): As per Gas Pool portal, during financial year 2024-25, nearly 76% of the total gas requirement of Urea sector was met through imports. The details are tabulated as below:

Category of Gas	Gas Quantity in MMBTUGCV	Proportionate (%)
Domestic	16,72,22,576.64	24.33%
Imported	52,00,91,000.98	75.67%
Total	68,73,13,577.62	100.00%

(d): The indigenous production of fertilizers is not commensurate with the requirement in the country and the gap is fulfilled through imports. At present, the total indigenous urea production capacity (Reassessed Capacity-RAC) is

269.42 LMT. However, some of the units produces some quantity of Urea beyond their RAC. The details of production and consumption of Urea during last three years are given below:-

(in LMT)

Year	Production (including RAC)	Consumption
2022-23	284.94	357.26
2023-24	314.07	357.81
2024-25	306.67	387.92

SAGARMALA PROJECTS IN KARNATAKA

1279. SHRI B. Y. RAGHAVENDRA:

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

(a): the list of all projects approved under the Sagarmala Programme including the type of project, estimated cost and the agencies responsible for their implementation in Karnataka;

(b): the present status of completed, ongoing or pending projects along with the anticipated timelines for their completion; and

(c): the strategic measures being planned or implemented to ensure timely execution, optimal utilization and long-term sustainability of the Sagarmala projects in the said State?

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

(a) and (b): As on date, 8 projects costing (491 crore have been approved for

financial assistance under Sagarmala scheme in the state of Karnataka. The details of these projects including type of project, estimated cost, implementing agency, present status and timelines for completion is are given in the enclosed **Statement**.

(c): Regular meetings are held with the implementing agencies and Govt. of Karnataka for timely execution and resolution of issues. Further, the ministry holds meetings of the Maritime States Development Council (MSDC) and National Sagarmala Apex Committee (NSAC) involving the central line ministries and maritime States/UTs including Karnataka for timely execution, optimal utilization and long-term sustainability of the projects. The maritime states are also encouraged to hold State Sagarmala Committee (SSC) meetings for synergy among various stakeholders for expeditious implementation of the projects.

STATEMENT

Details of the projects approved for funding under Sagarmala scheme in the state of Karnataka:

Sl. No.	Name of Project	Project Category / Pillar	Project Cost (In ₹ crore)	Implementing Agency	Completion date / anticipated completion date	Status Category
1	Third stage expansion including modernisation of the existing fishing harbour of Malpe in Udupi District, Karnataka	Coastal Community Development	50.00	Dept. of Fisheries, Karnataka	30.12.23	Completed

2	Modernisation of the existing fishing harbour at Amadalli in Uttara Kannada District, Karnataka	Coastal Community Development	19.00	Dept. of Fisheries, Karnataka	30.9.18	Completed
3	DDUGKY Phase I Karnataka	Coastal Community Development	1.53	Ministry of Rural Development (DDU-GKY)	30.9.18	Completed
4	Installation of Fire Fighting Equipment at Karwar Port, Karnataka	Port Modernization	18.21	Ports and IWT, Karnataka	30.7.25	Completed
5	DDUGKY Phase II Karnataka	Coastal Community Development	2.18	Ministry of Rural Development (DDU-GKY)	31.03.26	Under Implementation
6	Development of Fishing Harbour at Kulai, Karnataka	Coastal Community Development	196.51	New Mangalore Port Authority	31.12.26	Under Implementation
7	Development of existing fish landing center at HejamadiKodi in Udupi District, Karnataka	Coastal Community Development	138.60	Dept. of Fisheries, Karnataka	31.03.26	Under Implementation
8	Construction of coastal cargo berth at Old Mangaluru Port, Karnataka	Coastal Shipping and IWT	65.00	Ports and IWT, Karnataka	30.03.26	Under Implementation

DEVELOPMENT OF PORTS IN ANDHRA PRADESH

1280. SHRI MAGUNTA SREENIVASULU REDDY:

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

- (a) the details of ports that are proposed, under construction and presently operational in the country, port-wise and State-wise, especially in Andhra Pradesh;
- (b) the details of the measures undertaken by the Government to modernise ports, including mechanisation, digitalisation and logistics integration, with a view to reducing vessel turnaround time and improving efficiency;
- (c) the details of the schemes, missions and initiatives launched for development, expansion, and upgradation of ports across the country; and
- (d) the details of the funds allocated, sanctioned, released and utilised for port development and modernisation during the last five years, State-wise and project-wise, especially in Andhra Pradesh?

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

(a): The list of 12 operational Major Ports in the country under the administrative control of the Central Government is given in the enclosed **Statement-I**. Further, two new ports i.e. Vadhavan Port in Maharashtra and Galathea Bay Port in Andaman and Nicobar Islands, have been notified as Major Port. The list of 68 operational Other than Major Ports (OTMPs), under the administrative control of the respective State Governments, is given in the enclosed **Statement-II**. As per the information received from the Government of Andhra Pradesh, the details of ports, which are under construction in Andhra

Pradesh, is as under:

- (i) Mulapeta Port (formerly Bhavanapadu Port), Srikakulam District
- (ii) Machilipatnam Port, Krishna District
- (iii) Ramayapatnam Port, SPSR Nellore District
- (iv) Kakinada SEZ Port, Kakinada District

(b): The Government has undertaken several measures for modernisation of ports, including mechanization of existing berths and terminals, digitalisation and logistics integration, construction of new berths and terminals, capital dredging for increasing drafts suitable for larger vessels, development of road, rail and waterways connectivity etc. In addition, several initiatives such as elimination of manual forms, facilitation of direct port delivery and entry, installation of container scanners, e-delivery of orders/ invoice/ payments, RFID based gate-automation system, implementation of Maritime Single Window -Sagar Setu 2.0 have been undertaken to reduce vessel turnaround time and improve efficiency.

(c): The Government has launched several schemes, missions and initiatives for the development, expansion and upgradation of ports across the country. Under the Sagarmala scheme, financial assistance is provided under five pillars namely, Port Modernization, Port Connectivity, Port-Led Industrialization, Coastal Community Development, and Coastal Shipping and Inland Water Transport, to the implementing agencies like States/ UTs Governments, major ports and other organisations. The 'Harit Sagar' green port guidelines have been launched to promote an environment-friendly

ecosystem at major ports. The Green Tug Transition Programme (GTTP) has been initiated to drive transition from conventional fuel-based harbour tugs to greener and sustainable alternatives. In addition, the Government has launched Cruise Bharat Mission to prioritize cruise tourism development.

(d): The details of funds allocated, sanctioned and released under Port Modernisation pillar of Sagarmala scheme for port development and modernisation including Andhra Pradesh are given in the enclosed **Statement-III.**

STATEMENT- I

The list of 12 Major Ports:

Sl.No.	Name of Major Port	State
1	Syama Prasad Mookerjee Port Authority	West Bengal
2	Paradip Port Authority	Odisha
3	Visakhapatnam Port Authority	Andhra Pradesh
4	Chennai Port Authority	Tamil Nadu
5	Kamarajar Port Limited	
6	V.O. Chidambaranar Port Authority	
7	Cochin Port Authority	Kerala
8	New Mangalore Port Authority	Karnataka
9	Mormugao Port Authority	Goa
10	Mumbai Port Authority	Maharashtra
11	Jawaharlal Nehru Port Authority	
12	Deendayal Port Authority	Gujarat

STATEMENT – II

The list of 68 operational Other Than Major Ports (OTMPs):

Sl. No.	Name of States / Ports	Sl. No.	Name of States / Ports
	GUJARAT		GOA
1	Alang	1	Panaji
2	Bedi		KARNATAKA
3	Bhavnagar	1	Karwar

4	Dahej	2	Old Mangalore
5	Jafarabad		ANDAMAN and NICOBAR
6	Jakhau	1	Campbell Bay
7	Magdalla	2	Diglipur (Port Cornwallis)
8	MagdallaHazira Port (AHPPL)	3	SwarajDweep (Havelock)
9	Magdala Adani Hazira Port	4	Hut Bay
10	Navlakhi	5	Katchal (East Bay)
11	Okha	6	Malacca Car Nicobar (East)
12	Pipavav (GPPL)	7	Mayabunder
13	Porbandar	8	NancowryHarbour (Camotra)
14	Sikka	9	Shaheed Dweep (Neil Island)
15	MandaviMundra	10	Port Blair
16	MandaviMundra Port andSEZ	11	Rangat (ElephinstonHarbour)
17	Veraval		TAMIL NADU
18	Salaya	1	Cuddalore
	MAHARASHTRA	2	Ennore Minor Port
1	Bankot	3	Kattupalli
2	Bhiwandi	4	Koodankulam
3	Dahanu	5	Thirukkadaiyur
4	Dabhol	6	Nagapattinam
5	Dharamtar (Alibag)	7	Udangudi
6	Jaigad		PUDUCHERRY
7	Karanja	1	Karaikal
8	Rajpuri / Dighi	2	ChemplastSanmarKaraikal
9	Ratnagiri	3	Puducherry
10	Redi		ODISHA
11	Revdanda	1	Gopalpur
12	Ulwa-Belapur (Panvel)	2	Dhamra
13	Vasai		KERALA
14	Vijaydurg	1	Beypore
15	Belapur	2	Kollam
16	Yogayatan	3	Azhikkal
	ANDHRA PRADESH		
1	Kakinada Anchorage Port		
2	Kakinada Seaports Port		
3	Rawa		

4	Krishnapatnam		
5	Gangavaram		

STATEMENT-III

The list of projects under Port Modernization pillar funded under Sagarmala scheme

Sl.No.	Name of Project	State / UT	Project cost (in ₹ crore)	Assistance under Sagarmala (in ₹ crore)	Funds released (in ₹ crore)	Status
1.	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district, Andhra Pradesh	Andhra Pradesh	73.34	36.67	36.67	Completed
2	Recycling/Reuse of Sewage Treated Water from Sewerage Infrastructure Development Corporation of Goa Ltd (SIDCGL) located at Katembaina, Goa	Goa	3.18	3.18	3.02	Completed
3	Removal of 2 Nos. Mooring of Spiral in the area of Cruise Berth – Mormugao, Goa	Goa	13.87	6.94	6.94	Completed
4	Installation of 3 MWp Solar Power Plant with Virtual Net Metering on	Goa	11.90	5.93	5.93	Completed

Sl.No.	Name of Project	State / UT	Project cost (in ₹ crore)	Assistance under Sagarmala (in ₹ crore)	Funds released (in ₹ crore)	Status
	Turnkey Basis at Murmugoa Port, Goa					
5	Installation of Fire Fighting Equipment at Karwar Port, Karnataka	Karnataka	18.21	9.10	8.65	Completed
6	Refurbishment and Capacity enhancement of Coastal liquid terminal -COT and NTB at Cochin Port, Kerala	Kerala	19.27	14.45	14.45	Completed
7	Reconstruction of South Coal Berth at Cochin Port for handling chemicals, Kerala	Kerala	19.30	10.55	10.55	Completed
8	Construction of Third Chemical Berth at Pirpau, Mumbai Port, Maharashtra	Maharashtra	161.00	140.46	140.46	Completed
9	SCADA and PLC automation system at Marine Oil Terminal at Mumbai Port, Maharashtra	Maharashtra	22.77	22.77	22.77	Completed
10	Capital Dredging for Puducherry Port, Puducherry	Puducherry	27.65	27.45	27.45	Completed

Sl.No.	Name of Project	State / UT	Project cost (in ₹ crore)	Assistance under Sagarmala (in ₹ crore)	Funds released (in ₹ crore)	Status
11	Development and Operation of a full-fledged Truck Parking Terminal adjacent to NH7A opposite to Fisheries college at V. O. Chidambaranar Port	Tamil Nadu	23.69	10.00	10.00	Completed
12	Construction of Breakwater both in North and South side of entrance channel- Berth-1- Berth-2 and Capital Dredging at Cuddalore Port - From entrance channel till cargo berths	Tamil Nadu	135.00	67.50	67.50	Completed
13	Development of paved storage yard at Chennai Port for handling export cargo	Tamil Nadu	51.46	25.73	25.73	Completed
14	Construction of Bunker berth at Chennai Port	Tamil Nadu	44.00	22.00	22.00	Completed
15	Dredging the dock basin for coastal cargo berth at VOCPT -Dredging in front of dedicated	Tamil Nadu	98.00	20.89	20.89	Completed

Sl.No.	Name of Project	State / UT	Project cost (in ₹ crore)	Assistance under Sagarmala (in ₹ crore)	Funds released (in ₹ crore)	Status
	coastal berth					
16	Development of Buffer Parking yard for Trailers / Trucks at the backup areas of Berth No. 24B(BD-II) in Chennai Port	Tamil Nadu	49.06	39.42	39.42	Completed
17	Design, Engineering and Construction for Rehabilitation of No.7, NSD Old Berth including Development of Backyard at N.S. Dock of KDS - SMP, Kolkata'	West Bengal	80.74	80.74	80.74	Completed
18	Augmentation of Firefighting facilities at Berth no. 8 of Murmugoa Port	Goa	17.76	8.88	7.10	Under Implementation
19	Augmentation of Firefighting facilities at Pir Pau Terminal of Mumbai Port	Maharashtra	52.69	26.34	25.03	Under Implementation
20	Development of paved storage yard at marshalling yard and JD (east) back up area for handling EXIM cargoes at Chennai	Tamil Nadu	45.90	22.95	4.51	Under Implementation

Sl.No.	Name of Project	State / UT	Project cost (in ₹ crore)	Assistance under Sagarmala (in ₹ crore)	Funds released (in ₹ crore)	Status
	Port					
21	Smart Lighting on Willingdon Island at Cochin Port	Kerala	2.01	2.01	0.00	Under Implementation
22	2.3 MWp roof mounted grid connected solar photo voltaic power plant at Khidderpore Dock-II, SMPA	West Bengal	30.70	15.35	3.07	Under Implementation
23	Extension and improvement of loading platform of full rake line no. 8 and modification to railway infrastructure for handling two rakes at Murmugoa Port	Goa	12.58	12.58	0.00	Under Implementation
24	Revamping/upgradation of 6 (Six) roads in port operational areas of KDS under SMPA	West Bengal	19.35	9.68	7.74	Under Implementation

FUNCTIONING OF AYUSH COLLEGES

1281. SHRI A. MANI:

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

- (a) the details of the total number of AYUSH colleges functioning in the

- country, State/UT-wise and Stream-wise, especially in Tamil Nadu;
- (b) whether the Government proposes to establish new AYUSH Institutions or upgrade existing facilities in Tamil Nadu under any Central scheme; and
- (c) if so, the details thereof along with the locations identified, proposed budget, along with the expected benefits to AYUSH education and healthcare delivery in the State of Tamil Nadu?

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

(a): There are total 947 Ayurveda, Siddha, Unani, Sowa-Rigpa and Homoeopathy (ASUSandH) colleges functioning in the country, out of these 39 colleges currently operating in the State of Tamil Nadu, State/UT-wise and stream-wise details are given in the enclosed **Statement-I**.

(b) and (c): Public Health is a State subject and upgradation of Ayush Educational Institutions and establishment of new Ayush Colleges in the States comes under the purview of the respective State/UT Governments, including Tamil Nadu. However, Ministry of Ayush is implementing the Centrally Sponsored Scheme namely National Ayush Mission (NAM) through States/UTs including Tamil Nadu, to support their efforts towards the promotion and overall development of Ayush system of medicine. Under NAM, financial assistance is provided for upgradation of existing Under Graduate and Post Graduate Government/Government-aided Ayush Educational Institutions

and establishment of new Ayush Colleges in States where Government-sector Ayush Institutions are inadequate. Based on the proposals received from the Government of Tamil Nadu through State Annual Action Plans (SAAPs), Ayush Educational Institutions have been upgraded since 2014, the institution-wise details are given in the enclosed **Statement-II**. In addition, during 2022–23, an amount of Rs. 400.00 lakh was approved for the establishment of a new Ayush Educational Institution at Palani, Tamil Nadu, which has been fully utilized. In SAAP 2024-2025, Government Homoeopathy Medical College at Madurai has been approved and an amount of Rs.22.00 Crore has been allotted in SAAP 2025-26. The details of locations and budget allocations for the upgradation of Undergraduate and Postgraduate Ayush Education Institutions are given in the **Statement-II**. These initiatives are expected to strengthen Ayush education, enhance institutional infrastructure, and improve availability of qualified Ayush professionals, thereby contributing to improved Ayush healthcare delivery in the State.

STATEMENT-I

The details of the total number of Ayurveda, Siddha, Unani, Sowa-Rigpa and Homoeopathy (ASUSandH) colleges functioning in the country including Tamil Nadu, State/UT-wise and stream-wise

S. No.	State/UTs	Ayurveda	Unani	Siddha	Sowa Rigpa	Homoeopathy	Total (ASUSandH)
1.	Andhra Pradesh	3	1	0	0	7	11
2.	Arunachal Pradesh	1	0	0	0	0	1
3.	Assam	1	0	0	0	1	2

4.	Andaman and Nicobar Islands	0	0	0	0	0	0
5.	Bihar	11	5	0	0	15	31
6.	Chandigarh	0	0	0	0	1	1
7.	Chhattisgarh	8	0	0	0	3	11
8.	NCT of Delhi	3	2	0	0	3	8
9.	Dadra Nagar Haveli and Daman Diu	0	0	0	0	0	0
10.	Goa	2	0	0	0	1	3
11.	Gujarat	49	0	0	0	51	100
12.	Haryana	17	0	0	0	1	18
13.	Himachal Pradesh	4	0	0	1	1	6
14.	Jammu and Kashmir	2	4	0	0	1	7
15.	Jharkhand	0	0	0	0	6	6
16.	Karnataka	103	6	0	1	19	129
17.	Kerala	18	1	1	0	6	26
18.	Ladakh	0	0	0	2	0	2
19.	Lakshadweep	0	0	0	0	0	0
20.	Madhya Pradesh	39	4	0	0	22	65
21.	Maharashtra	153	8	0	0	68	229
22.	Manipur	0	0	0	0	0	0
23.	Meghalaya	2	0	0	0	1	3
24.	Mizoram	0	0	0	0	0	0
25.	Nagaland	0	0	0	0	0	0
26.	Orissa	5	0	0	0	4	9
27.	Pondicherry	1	0	0	0	0	1
28.	Punjab	19	1	0	0	2	22
29.	Rajasthan	18	3	0	0	11	32
30.	Sikkim	0	0	0	1	0	1
31.	Tamil Nadu	8	1	16	0	14	39
32.	Telangana	2	2	0	0	6	10

33.	Tripura	0	0	0	0	0	0
34.	Uttar Pradesh	100	17	0	1	15	133
35.	Uttarakhand	20	1	0	0	2	23
36.	West Bengal	4	1	0	1	12	18
Total		593	57	17	7	273	947

*Source of Data: NCISM and NCH, New Delhi

STATEMENT-II

Institution-wise details of AYUSH Educational Institutions upgraded under National Ayush Mission since 2014

S. No.	Name and Location of AYUSH Educational Institution	UG / PG Status	Amount Approved (Rs. in lakh)	Amount Utilized (Rs. in lakh)
1	Govt. Unani Medical College, Arinagar Anna Govt. Hospital of Indian Medicine Campus, Arumbakkam, Chennai	UG/PG – Unani	369.44	221.666
2	Govt. Yoga and Naturopathy Medical College, Chennai	PG – Yoga and Naturopathy	551.00	330.600
3	Govt. Ayurveda Medical College, Kottar, Nagercoil, Kanyakumari	UG – Ayurveda	52.54	31.522
4	Govt. Siddha Medical College, Palayamcottai, Tirunelveli	PG – Siddha	232.73	103.200
5	Govt. Siddha Medical College, AAGHIM Campus, Arumbakkam, Chennai	PG – Siddha	80.31	18.186
6	Govt. Homoeopathy Medical College, Thirumangalam, Madurai	UG – Homoeopathy	21.00	12.600

*Source of Data: The Commissioner, Indian Medicine and Homoeopathy Department, Chennai and National Ayush Mission, Ministry of Ayush, New Delhi.

DEATHS BY COUGH SYRUP

1282. DR. BACHHAV SHOBHA DINESH:

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

- (a) whether the Government is aware of reports of deaths allegedly linked to the consumption of cough syrups in certain parts of Uttar Pradesh and if so, the details thereof;
- (b) the standard procedure followed for approval, licensing and quality certification of cough syrups and other liquid oral medicines in the country, indicating the respective roles of the Central and State Drug Regulatory Authorities;
- (c) the mechanism for quality control, random sampling, laboratory testing and post-market surveillance of such medicines after they are approved and released into the market;
- (d) the circumstances under which sub-standard or contaminated medicines are able to reach consumers despite existing regulatory safeguards; and
- (e) the steps taken/proposed to be taken by the Central Government to strengthen regulatory oversight, coordination with States and prevent recurrence of such incidents in future?

THE MINISTER 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 informed by the State Drugs Controller, Uttar Pradesh, there have been no reports of child deaths linked to the consumption of the alleged cough syrups.

(b) to (d): There is a regulatory framework under the provisions of Drugs and Cosmetics Act and Rules to regulate drugs, medical devices and cosmetics. Manufacture, sale and distribution of Drugs is primarily regulated by the State Licensing Authorities (appointed by respective State Governments) through a system of licensing and inspection while the Central Licensing Authority is responsible for approval of New Drugs, Clinical Trials in the country, laying down the standards for Drugs, control over the quality of imported Drugs, coordination of the activities of State Drug Control Organizations and providing expert advice with a view of bring about the uniformity in the enforcement of the Drugs and Cosmetics Act.

Under the Drug and Cosmetics Act 1940, drugs inspector randomly draws drug samples from the supply chain for quality checks. List of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Misbranded/ Adulterated by the Central Drugs Testing Laboratories are regularly uploaded on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert (www.cdsc.gov.in). In case of drug samples failing in quality check, regulatory, actions are taken by the concerned licensing authorities under the provisions of Drugs and Cosmetics Act and Rules thereunder.

Further, with respect to post-market surveillance, the Pharmacovigilance Programme of India (PvPI) is in place to ensure the safety of drugs by monitoring adverse drug reactions (ADRs) and reducing the risks associated with their use in India.

(e): Central Drugs Standard Control Organization (CDSCO) and the Ministry of Health and Family Welfare in recent years have taken following measures to ensure the quality and safety of medicines in the country.

- (i) In order to assess the regulatory compliance of drug manufacturing premises in the country, the CDSCO along with State Drugs Controllers (SDCs) have conducted Risk-Based Inspections of more than 960 premises since December, 2022 and based on findings, more than 860 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses, warning letters have been taken by the State Licensing Authorities.
- (ii) 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.
- (iii) Advisory has been issued on 03.10.2025 to all State/UT Health Departments and healthcare facilities to ensure rational use of paediatric cough syrups. Further, the Drugs Controller (India) directed all State/UT Drug Controllers on 07.10.2025 to ensure strict compliance with testing requirements under the Drugs Rules, 1945, and on 27.10.2025 instructed them to maintain heightened vigilance against spurious and substandard drugs and take prompt action under the Drugs and Cosmetics Act, 1940.
- (iv) In addition to the existing requirements of testing the raw materials, the

Indian Pharmacopoeia Commission, Ghaziabad has issued an amendment to Indian Pharmacopoeia (IP) 2022, to also mandate the testing for DEG and Ethylene Glycol (EG) in oral liquids at finished product stage before market release.

- (v) List of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Misbranded/ Adulterated by the Central Drugs Testing Laboratories is uploaded and available on the website of CDSCO under the heading of Drug Alert (www.cdsc.gov.in) and actions initiated.
- (vi) The Drugs Rules, 1945 have been amended in year 2023 to mandate that manufacturers of the top 300 drug formulation brands listed in Schedule H2 shall print or affix a Bar Code or QR Code on the primary packaging label, or on the secondary label where space is insufficient, to store data readable through software applications for authentication. Similarly, the Rules have also been amended to require that every Active Pharmaceutical Ingredient (bulk drug), whether manufactured or imported, shall bear a QR Code on each level of packaging containing data readable through software applications to facilitate tracking and tracing.
- (vii) 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.

- (viii) 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.
- (ix) An online portal, SUGAM labs is in place since September 2023 for integrating the drug testing labs of the CDSCO. It automates the entire workflow for testing of Medical Products (Drugs, Vaccine, Cosmetics and Medical devices) to meet the quality specification and tracing the testing status in the laboratories.
- (x) The Central regulator coordinates activities of State Drug Control Organisations and provides expert advice through the Drugs Consultative Committee (DCC) meetings held with State Drugs Controllers for uniformity in administration of the Drugs and Cosmetics Act.

KAILASH MANSAROVAR YATRA

1283. SHRI ANURAG SINGH THAKUR:

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

- (a) whether the Government is actively engaging with the Chinese side to facilitate the early resumption of the Kailash Mansarovar Yatra, which

was suspended due to the pandemic and border restrictions, and if so, the details of progress made in this regard;

- (b) whether the Government has examined the possibility of opening an additional, more convenient route for the Yatra via Shipki La Pass in Himachal Pradesh, if so, the details thereof and the current status of inter-ministerial and bilateral consultations;
- (c) whether technical, security and connectivity assessments for the Shipki La route have been initiated in coordination with the Government of Himachal Pradesh and central agencies, if so, the details thereof; and
- (d) the steps taken by the Government to strengthen infrastructure and ensure safer and improved pilgrimage experiences?

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): Yes. Ministry of External Affairs organized the Kailash Manasarovar Yatra 2025 between June and August, 2025 through the two official routes of Lipulekh Pass in Uttarakhand and Nathu La Pass in Sikkim, in cooperation with the state governments of Uttar Pradesh, Uttarakhand and Sikkim and also the Indo-Tibetan Border Police.

It is the Government's endeavour to constantly improve the conditions for the Kailash Manasarovar Yatra. In the past, the Ministry of External Affairs has requested the Government of China for opening of alternative routes for the Yatra, including through Shipki La Pass in Himachal Pradesh. The

Chinese side cited difficulties in opening alternate routes to Kailash Manasarovar. The Government remains engaged with China on opening of additional route for the Yatra.

The Ministry of External Affairs provides assistance, on self-financing basis, to the Yatris undertaking the Kailash Manasarovar Yatra by providing facilities like transportation, accommodation, food, medical tests, guides etc. The Ministry of External Affairs also coordinates with the Government of People's Republic of China as well as various Indian agencies for the smooth conduct of this Yatra. A provision for air-lift of pilgrims by helicopter is also made on the Indian side in case of a medical emergency.

ESTABLISHMENT OF 50-BEDDED AYUSH HOSPITALS IN ODISHA

1284. DR. RABINDRA NARAYAN BEHERA:

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

- (a) whether the Government is aware that due to extensive industrial and mining activities, health-related issues have become a major concern among the local population of Jajpur district, thereby creating an urgent need for sustainable healthcare facilities in AYUSH hospital;
- (b) if so, the details thereof;
- (c) whether Panikoili area of Jajpur district is being seriously considered by the Government for establishment of a 50-bedded AYUSH hospital and if so, the details thereof; and
- (d) the current status of the said proposal and the likely timeline for approval

and Commencement of the project 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 being State subject, establishment of a 50- bedded Ayush hospital and identification/addressing of health related issues due to industrial and mining activities among the local population of Jajpur district comes under purview of respective State Government. However, Ministry of Ayush is implementing the Centrally Sponsored Scheme of the National Ayush Mission (NAM) through State/UT Governments including Odisha having the provision of financial assistance for the establishment of 50/30/10 bedded Integrated Ayush Hospitals (IAHs) in different parts of the country including Panikoili area of Jajpur district of Odisha. Accordingly, State Government may avail financial assistance by submitting suitable proposal through State Annual Action Plan (SAAP) as per the provision of NAM guidelines.

आदर्श आयुष्मान आरोग्य केंद्र

1285. श्री त्रिवेन्द्र सिंह रावत:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार द्वारा देश के किसी भी भाग में एक आदर्श आयुष्मान आरोग्य केंद्र विकसित किया गया है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और ऐसे केंद्रों की अवस्थिति और प्रमुख विशेषताएं क्या हैं और इनमें क्या सेवाएं उपलब्ध हैं;

- (ग) क्या उत्तराखंड के हरिद्वार जिले में इसी प्रकार का एक आदर्श आयुष्मान आरोग्य केंद्र विकसित करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) इस संबंध में भविष्य के लिए प्रस्ताव या योजना की वर्तमान स्थिति 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) : जन स्वास्थ्य राज्य का विषय होने के कारण, पूरे देश में मॉडल आयुष वेलनेस केंद्रों का विकास संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आता है। हालांकि, आयुष मंत्रालय राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के एक घटक के रूप में राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से आयुष औषधालयों और उप-स्वास्थ्य केंद्रों को उन्नत करके आयुष स्वास्थ्य और कल्याण केंद्रों (एएचडब्ल्यूसी) जिसे अब आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] के रूप में जाना जाता है, के परिचालन को कार्यान्वित कर रहा है, जिसका उद्देश्य आयुष सिद्धांतों और प्रथाओं पर आधारित एक समग्र कल्याण मॉडल प्रदान करना है।

एनएएम के तहत, राज्य/संघ राज्य क्षेत्र सरकारों से उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, विभिन्न आयुष उपचारों के माध्यम से समुदाय को समग्र स्वास्थ्य देखभाल प्रदान करने के लिए 12,500 मौजूदा आयुष औषधालयों और उप-स्वास्थ्य केंद्रों को एएएम (आयुष) के रूप में उन्नयन के लिए अनुमोदित किया गया है। स्वीकृत और कार्यात्मक एएएम (आयुष) की राज्य/संघ राज्य क्षेत्र-वार स्थिति संलग्न **विवरण** पर दी गई है। इसके अलावा, उत्तराखंड राज्य सरकार से एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार, कुल 300 एएएम (आयुष) को मंजूरी दी गई है जिनमें से 16 हरिद्वार में हैं। राज्य द्वारा दी गई सूचना के अनुसार सभी कार्यशील हैं।

विवरण

देश में आयुष्मान आरोग्य मंदिर (आयुष) की राज्य संघ राज्य क्षेत्र-वार स्थिति

क्र. सं.	राज्य/संघ राज्य क्षेत्र	आयुष्मान आरोग्य मंदिर की स्थिति (आयुष)	
		स्वीकृत इकाइयों की संख्या	कार्यात्मक इकाइयों की संख्या
1.	अंडमान और निकोबार द्वीपसमूह	6	6
2.	आंध्र प्रदेश	126	126
3.	अरुणाचल प्रदेश	89	89
4.	असम	500	500
5.	बिहार	294	294
6.	चंडीगढ़	12	12
7.	छत्तीसगढ़	400	400
8.	दादरा नगर हवेली और दमन दीव	1	1
9.	गोवा	100	100
10.	गुजरात	365	365
11.	हरियाणा	538	538
12.	हिमाचल प्रदेश	761	761
13.	जम्मू-कश्मीर	523	523
14.	झारखंड	745	745
15.	कर्नाटक	376	376
16.	केरल	700	700
17.	लक्षद्वीप	7	7
18.	मध्य प्रदेश	800	800
19.	महाराष्ट्र	390	390
20.	मणिपुर	15	15
21.	मेघालय	24	24
22.	मिजोरम	41	41
23.	नागालैंड	49	49
24.	ओडिशा	422	422
25.	पुडुचेरी	4	4
26.	पंजाब	158	158
27.	राजस्थान	2019	2019
28.	सिक्किम	18	18
29.	तमिलनाडु	650	650
30.	तेलंगाना	421	421
31.	त्रिपुरा	72	72

32.	उत्तर प्रदेश	1034	1034
33.	उत्तराखंड	300	300
34.	पश्चिमी बंगाल	540	540
कुल		12500	12500

CONTAMINATED COUGH SYRUP

1286. SHRI DURAI VAIKO:

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

- (a) whether the Government is aware of reports regarding the death of 25 children in Chhindwara district of Madhya Pradesh allegedly after consumption of Coldrif cough syrup supplied by a pharmaceutical unit based in Tamil Nadu, which found to contain Diethylene Glycol (DEG), a highly toxic industrial chemical and if so, the details thereof;
- (b) whether similar incidents have been reported from other States leading to bans and investigations by State Governments including Punjab, Kerala, Tamil Nadu, Madhya Pradesh, Uttar Pradesh and Jharkhand and if so, the details thereof, State-wise;
- (c) whether laboratory tests conducted by Government laboratories have detected 48.6 per cent Diethylene Glycol in a batch of the said cough syrup, far exceeding the permissible limits prescribed in the country and if so, the details thereof along with the action taken against the manufacturer and the suppliers of raw materials involved in the production of the said cough syrup;

- (d) whether the Government has taken note of the findings of the Comptroller and Auditor General (CAG) Report, 2024, highlighting serious shortfalls in drug inspections, quality control and pharmaceutical monitoring in the country and if so, the details thereof; and
- (e) the immediate steps taken or proposed to be taken by the Government to strengthen pharmaceutical regulation, ensure the mandatory use of pharmaceutical-grade raw materials and prevent the recurrence of such incidents in future?

THE MINISTER 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) : Upon receipt of reports of a cluster of child deaths from Chhindwara, Madhya Pradesh, a Central team of experts comprising an epidemiologist, a microbiologist, an entomologist, and drug inspectors from the National Centre for Disease Control (NCDC), National Institute of Virology (NIV), and Central Drugs Standard Control Organisation (CDSCO), respectively visited Chhindwara and Nagpur and undertook a detailed investigation of the reported cases and deaths in coordination with the Madhya Pradesh State Authorities. A total of 19 drug samples, reportedly consumed by the affected children, were collected from the treating private practitioners and nearby retail stores for testing. Chemical analysis of these 19 samples indicated that 15 samples were of Standard Quality, while 4 samples were declared Not of Standard Quality (NSQ). As per the test report, the content of Diethylene Glycol (DEG) in Syrup

Coldrif (B.No. SR-13) manufactured by M/s Sresan Pharmaceutical located in Kancheepuram, Tamil Nadu and consumed by the deceased children was found to be 46.28% w/v.

The premises of M/s Sresan Pharmaceuticals was inspected. Several critical and major Good Manufacturing Practices (GMP) violations including unhygienic storage conditions were observed. The matter regarding the criminal action against the manufacturer was taken up by CDSCO with the State Government of Tamil Nadu. The State Drugs Controller, Tamil Nadu cancelled the manufacturing licence. Further, following the incident, the States of Madhya Pradesh, Tamil Nadu, Odisha and the Union Territory of Puducherry to which the impugned cough syrup batches were supplied, ordered immediate ban and recall of the same. Criminal case has been registered in the matter by the State of Madhya Pradesh and strict action has been taken including the arrest of persons involved.

CDSCO haven't received any such report from Comptroller and Auditor General (CAG) Report, 2024, highlighting serious shortfalls in drug inspections, quality control and pharmaceutical monitoring in the country.

Further, an advisory has been issued on 03.10.2025 to all State/UT Health Departments and healthcare facilities to ensure rational use of paediatric cough syrups. Further, the Drugs Controller (India) directed all State/UT Drug Controllers on 07.10.2025 to ensure strict compliance with testing requirements under the Drugs Rules, 1945, and on 27.10.2025 instructed them to maintain heightened vigilance against spurious and

substandard drugs and take prompt action under the Drugs and Cosmetics Act, 1940.

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.

In addition to the existing requirements of testing the raw materials, the Indian Pharmacopoeia Commission, Ghaziabad has issued an amendment to Indian Pharmacopoeia (IP) 2022, to also mandate the testing for DEG and Ethylene Glycol (EG) in oral liquids at finished product stage before market release.

INDIA'S ENGAGEMENT IN CHABAHAR PORT

1287. SHRI MANISH TEWARI:

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

- (a) whether the Government has reviewed India's strategic, financial and operational engagement in the Chabahar Port project in Iran in view of the risk of renewed or expanded United States sanctions, if so, the details thereof;
- (b) whether any steps have been taken to reduce the exposure of Indian entities, including India Ports Global Limited (IPGL), to potential secondary sanctions and if so, the details thereof;
- (c) whether any Indian officials or representatives have been withdrawn

from management or decision-making roles related to the Chabahar Port project and if so, the reasons therefor;

- (d) the impact of such measures on India's long-term strategic and connectivity objectives, including access to Afghanistan, Central Asia and the International North-South Transport Corridor (INSTC); and
- (e) whether the Government is engaged with the United States and other partners to seek exemptions or safeguards for India's continued involvement in Chabahar and if so, the current status of such diplomatic efforts?

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 and for boosting trade and economic linkages with Central Asia.

An Indian company, India Ports Global Limited (IPGL), through its wholly owned subsidiary, India Ports Global Chabahar Free Zone (IPGCFZ), started operating the port in 2018. On 13 May 2024, IPGL signed a ten-year contract with the Ports and Maritime Organisation of the Islamic Republic of Iran for equipping and operating the Shahid Beheshti Terminal of Chabahar Port. As per the provisions of the contract, India has fulfilled its commitment of contributing USD 120 million for the procurement of port equipment.

On 16 September 2025, the US State Department revoked the sanctions

exception issued in 2018 under the Iran Freedom and Counter Proliferation Act 2012 for Afghanistan's reconstruction and economic development, effective 29 September 2025. Pursuant to discussions with the US side, the latter issued guidance extending the conditional sanctions waiver until 26 April 2026. The Government of India remains engaged with all concerned in order to address the implications of these developments.

WITHDRAWAL OF PERMISSION TO SMVD, KATRA

1288. SHRI RAHUL GANDHI:

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

- (a) the detailed reasons and identified deficiencies that led to withdrawal of permission from SMVD Institute of Medical Excellence, Katra (SMVDIME), attached to Shri Mata Vaishno Devi Hospital and the final orders issued by the National Medical Commission in this regard;
- (b) the details of Central Government grants provided to SMVDIME since its establishment, year-wise, indicating amounts sanctioned and released in this regard;
- (c) the details of the number of MBBS seats currently available in Jammu and Kashmir in Government and Government-aided medical Institutions;
- (d) whether the Government has examined the impact of this closure on availability of medical education in Jammu and Kashmir, if so, the details thereof;

- (e) the details of any proposal to revive or restart SMVDIME and if not, the reasons therefor; and
- (f) the details of the medical colleges whose licence or permission has been cancelled or withdrawn by the National Medical Commission in the last ten years?

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

(a) and (b): As informed by the National Medical Commission (NMC), during inspection held on 02.01.2026, the assessors observed several deficiencies, particularly with regard to the availability of teaching faculty, tutors/demonstrators/senior residents, clinical material. Infrastructure deficiencies in certain departments were also found to be significant. Based on the findings of the inspection and upon detailed examination, the Medical Assessment and Rating Board (MARB) concluded that the institution did not fulfil the standards and requirements prescribed under the *“Establishment of Medical Institutions, Assessment and Rating Regulations, 2023.”* Accordingly, the Letter of Permission was withdrawn from Shri Mata Vaishno Devi Institute of Medical Excellence (SMVDIME). Further, no grants have been provided by the Central Government to the SMVDIME

(c) to (f): There are a total of 1676 MBBS Seats in the UT of Jammu and Kashmir for the academic year 2025-26. The College wise details of these MBBS Seats are given in the enclosed **Statement-I**. Further, at present, no

proposal for revival or restarting of Shri Mata Vaishno Devi Institute of Medical Excellence (SMVDIME) has been received by the NMC. The list of colleges whose permission/recognition/renewal was withdrawn in previous years by NMC is given in the enclosed **Statement-II**.

STATEMENT-I

College wise details of MBBS Seats in the Union Territory of Jammu and Kashmir

S. No.	Name of College	Management of College	No. of seats for AY 2025-26
1.	All India Institute of Medical Sciences, Vijaypur	Govt.	100
2.	Acharya Shri Chander College of Medical Sciences, Jammu	Trust	150
3.	Government Medical College, Handwara	Govt.	100
4.	Government Medical College, Anantnag	Govt.	150
5.	Government Medical College, Baramulla	Govt.	150
6.	Government Medical College, Jammu	Govt.	201
7.	Government Medical College, Rajouri	Govt.	100
8.	Government Medical College, Srinagar	Govt.	200
9.	Government Medical College, Udhampur	Govt.	100
10.	Government Medical College, Kathua	Govt.	150
11.	Government Medical College, Doda	Govt.	150
12.	Sher-I-Kashmir Instt. Of Medical Sciences, Srinagar	Govt.	125

STATEMENT-II**List of colleges whose permission/recognition/renewal was withdrawn in previous years**

S.No.	State	College Name	Course	Affiliated to (University Name)	Status as on date
1	Odisha	Sardar Rajas Medical College, Hospital and Research Centre, Jaring, Kalahandi	M.B.B.S.	Sambalpur University	Not Operational as on date
2	Haryana	Gold Field Institute of Medical Sciences and Research, Ballabgarh, Faridabad	M.B.B.S.	PT. B.D. Sharma University of Health Sciences, Rohtak	Not Operational as on date
3	Andhra Pradesh	Christian Medical College,Dichpally	M.B.B.S.	Dr. YSR University of Health Sciences	Not Operational as on date
4	Gujarat	Vivekanand Institute of Medical Sciences and Research, Valia	M.B.B.S.	Veer Narmad South Gujarat University	Not Operational as on date
5	Gujarat	Kesarsal Medical College and Research Institute, Ahmedabad	M.B.B.S.	Gujarat University	Not Operational as on date
6	Andhra Pradesh	RVS Institute of Medical Sciences, Chittoor, Andhra Pradesh	M.B.B.S.	Dr. YSR University of Health Sciences	Not Operational as on date
7	Kerala	Government Medical College, Idukki.	M.B.B.S.	Kerala University of Health Sciences, Thrissur, Kerala	Subsequently the college was granted permission and is now operational
8	Bihar	Lord Buddha Koshi Medical College and Hospital, Saharsa	M.B.B.S.	B.N. Mandal University	Subsequently the college was granted permission and is now operational
9	Tamil Nadu	Annai Medical College and Hospital, Pennalur, Kanchipuram	M.B.B.S.	The Tamilnadu Dr. MGR Medical University,Chennai	Subsequently the college was granted permission and is now operational

S.No.	State	College Name	Course	Affiliated to (University Name)	Status as on date
10	Gujarat	K.J. Mehta General Hospital and College of Medical Sciences, Amargadh	M.B.B.S.	Maharaja Krishnakumarsinghi Bhavnagar University	Not Operational as on date
11	Uttarakhand	Sridev Suman Subharti Medical College, Dehradun	M.B.B.S.	Hemwati Nandan Bahuguna Uttarakhand Medical Education University, Dehradun	Not Operational as on date
12	Punjab	Gian Sagar Medical College and Hospital, Patiala	M.B.B.S.	Baba Farid University of Health Sciences, Faridkot	Subsequently the college was granted permission and is now operational
13	Kerala	S.R. Medical College and Research Centre, Akathumjuri, Vennicode, Varkala, Thiruvananthapuram	M.B.B.S.	Kerala University of Health Sciences, Thrissur, Kerala	Not Operational as on date
14	Kerala	Kerala Medical College, Mangode, Palakkad	M.B.B.S.	Kerala University of Health Sciences, Thrissur, Kerala	Subsequently the college was granted permission and is now operational
15	Madhya Pradesh	Sukh Sagar Medical College and Hospital, Jabalpur	M.B.B.S.	Rani Durgavati Vishwa Vidyalaya, Jabalpur	Subsequently the college was granted permission and is now operational
16	Tamil Nadu	Ponnaiyah Ramajayam Institute of Medical Sciences, Manamai-Nellur	M.B.B.S.	The Tamilnadu Dr. MGR Medical University, Chennai	Not Operational as on date
17	Madhya Pradesh	Sakshi Medical College and Research Center, Guna, M.P.	M.B.B.S.	Jiwaji University	Not Operational as on date
18	Uttar Pradesh	G.C.R.G. Institute of Medical Sciences, Lucknow	M.B.B.S.	Dr. Ram Manohar Lohia Avadh University, Faizabad	Not Operational as on date

S.No.	State	College Name	Course	Affiliated to (University Name)	Status as on date
19	Tamil Nadu	D.D. Medical college and hospital, Tiruvallur, Chennai	M.B.B.S	The Tamil Nadu Dr. MGR Medical University, Chennai	Not Operational as on date
20	Madhya Pradesh	Modern Institute of Medical Sciences, Kanadia, Indore	M.B.B.S.	Devi Ahilya Vishwa Vidyalaya	Not Operational as on date
21	Uttar Pradesh	Glocal Medical College, Super Specialty Hospital and Research Center, Saharanpur	M.B.B.S.	Glocal University, Saharanpur	Not Operational as on date
22	Madhya Pradesh	Advanced Institute of Medical Sciences and Research Centre, Bhopal	M.B.B.S.	Barkatullah University	Not Operational as on date
23	Karnataka	Sambharam institute of Medical Sciences and Research, Kolar	M.B.B.S.	Rajiv Gandhi University of Health Sciences, Karnataka	Not Operational as on date
24	Karnataka	G R Medical College Hospital and Research Centre Mangalore	M.B.B.S.	Rajiv Gandhi University of Health Sciences, Karnataka	Not Operational as on date
25	Kerala	Kannur Medical College, Kannur	M.B.B.S.	Kerala University of Health Sciences, Thrissur, Kerala	Not Operational as on date
26	Punjab	The White Medical College previous name (Chintpurni Medical College, Pathankot, Gurdaspur)	M.B.B.S.	Baba Farid University of Health Sciences, Faridkot	Not Operational as on date
27	Uttar Pradesh	Major S D Singh Medical College and Hospital, Fathehgarh, Farrukhabad	M.B.B.S.	C.S.J.M.university, Kanpur	Not Operational as on date
28	Jammu and Kashmir	Shri Mata Vaishno Devi Institute of Medical Excellence	M.B.B.S.	Shri Mata Vaishno Devi University	Not Operational as on date

SAKSHAM ANGANWADI AND POSHAN 2.0

1289. SUSHRI S. JOTHIMANI:

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

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

- (a) whether the Government has released the Central share for Saksham Anganwadi and Poshan 2.0 to Tamil Nadu for 2025–26, if so, the details thereof and if not, the reasons therefor;
- (b) the amount sanctioned and released under the said scheme during the current financial year, State-wise including Tamil Nadu;
- (c) whether delays in release of Central assistance have affected anganwadi services, creches and maternity-related interventions in the State, if so, the details thereof;
- (d) whether utilisation certificates submitted by Tamil Nadu are under consideration; and
- (e) the steps taken to ensure timely fund flow for nutrition and maternal welfare schemes benefiting women and children in Tamil Nadu?

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

(a) to (e): Under Mission Saksham Anganwadi and Poshan 2.0, during FY 2025-26, an amount of Rs.46,017.82 Lakh has been released to the State of Tamil Nadu for implementation of various components of the scheme. Further, a mother sanction of Rs.9113.66 Lakh has also been issued to the State of Tamil

Nadu in FY 2025-26 under SNA SPARSH.

The details of State/UT wise release of funds under Mission Saksham Anganwadi and Poshan 2.0 including State of Tamil Nadu for the FY 2025-26 are given in the enclosed **Statement**.

During the FY 2024-25, an amount of Rs. 95.62 crores and during the FY 2025-26, an amount of Rs. 95.62 crores have been released to the State of Tamil Nadu for implementation of the PMMVY Scheme. Further, a mother sanction for Rs. 41.46 crores has also been issued to the State of Tamil Nadu in FY 2025-26.

Palna Scheme has been introduced under the Samarthya Vertical of Umbrella Mission Shakti for all States and UTs w.e.f. 01 April 2022, to provide day care facilities and protection to children.

Ministry has approved 600 Anganwadi Centres cum Creches (AWCCs) to State of Tamil Nadu for operationalization and as on 31.01.2026, Tamil Nadu has not yet made any AWCCs functional. Under Palna Scheme, mother sanction of Rs. 3.47 crores through SNA Sparsh has been issued to Tamil Nadu for Financial Year 2025-26. Till 31.01.2026, State of Tamil Nadu has not utilised Mother Sanction issued for FY 2025-26.

There exists a well-structured mechanism for effective implementation of the Mission Saksham Anganwadi and Poshan 2.0, PMMVY and Palna schemes and their monitoring that includes utilization of funds.

Further, Ministry has also created a dedicated portal for submission of Utilization Certificate (UCs) and Statement of Expenditure (SOE), so as to

ensure that all the UCs and SOEs are available at a single place for effective monitoring of funds utilization.

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.

Additionally, the Ministry also monitors the implementation of schemes including utilization of funds through meetings and VCs with the States /UTs (including Tamil Nadu) at various levels.

STATEMENT

State/ UT wise release of funds in FY 2025-26 under Mission Saksham Anganwadi and Poshan 2.0:

(Rs.in Lakhs)

S.No	STATE /UT	Amount Sanctioned	Amount Released/ Mother Sanction issued
1.	ANDHRA PRADESH	91,071.51	54,132.36
2.	BIHAR	2,20,729.95	87,871.93
3.	CHHATTISGARH	72,679.63	42,089.44
4.	GOA	1,925.92	1,258.28
5.	GUJARAT	90,357.19	33,753.28
6.	HARYANA	41,879.58	4,335.05
7.	HIMACHAL PRADESH	39,184.58	27,081.24
8.	JAMMU and KASHMIR	70,230.78	41,257.18
9.	JHARKHAND	73,019.94	47,392.70
10.	KARNATAKA	1,07,667.69	62,409.85
11.	KERALA	41,557.95	20,456.49
12.	MADHYA PRADESH	1,64,512.03	1,20,482.45
13.	MAHARASHTRA	1,59,662.65	1,08,859.92
14.	ODISHA	1,01,094.94	83,124.02

15.	PUNJAB	42,418.21	12,414.89
16.	RAJASTHAN	99,831.89	75,800.69
17.	TAMIL NADU	75,955.08	55,131.48
18.	TELANGANA	54,006.41	17,692.30
19.	UTTAR PRADESH	3,85,848.94	2,66,054.11
20.	UTTARAKHAND	48,332.55	23,341.93
21.	WEST BENGAL	1,90,471.76	1,27,966.94
22.	DELHI	22,697.72	15,192.92
23.	PUDUCHERRY	1,243.69	569.26
24.	ANDAMAN and NICOBAR	1,589.71	542.12
25.	CHANDIGARH	1,575.07	756.29
26.	DNH and DD	1,583.23	591.50
27.	LADAKH	2,355.52	1,358.99
28.	LAKSHADWEEP	279.54	57.39
29.	ARUNACHAL PRADESH	18,727.38	11,532.03
30.	ASSAM	1,97,869.31	1,06,345.71
31.	MANIPUR	30,555.95	19,729.46
32.	MEGHALAYA	23,228.92	11,516.43
33.	MIZORAM	8,113.67	5,022.98
34.	NAGALAND	24,952.28	8,888.49
35.	SIKKIM	3,903.25	1,833.46
36.	TRIPURA	23,819.72	14,140.40

UJJAWALA SCHEME

1290. SHRI RAJA RAM SINGH:

Will the Minister of **WOMEN AND CHILD DEVELOPMENT**

be pleased to state:

- (a) the details of the funds allocated, released/utilised under the Ujjawala Scheme during the last five years, State/UT-wise;
- (b) the number of rescue operations conducted, victims identified,

rehabilitated/mainstreamed under the said Scheme indicating separately women and children during the said period, State/UT-wise; and

- (c) the number of Ujjawala homes/shelters sanctioned/currently functional across the country along with their occupancy status and duration of stay of beneficiaries, State/UT-wise?

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

(a) to (c): From 1.4.2022, 'Swadhar Greh' – Home for women in difficult circumstances and 'Ujjawala'- Home for women rescued from Trafficking, have been merged and are now known as 'Shakti Sadan' Scheme.

Shakti Sadan 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.

The Shakti Sadan Scheme is a demand driven Centrally Sponsored Scheme, under which funds are released to the States/UTs for implementation of the scheme. 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. Presently, 413 Shakti Sadans are functional across the country.

State/UT-wise details of funds released, functional Shakti Sadans across the country, women benefited under Shakti Sadan Scheme during the 15th

Finance Commission are given in the enclosed **Statement I, II and III** respectively.

STATEMENT -I

Funds Released During 15th Finance Commission Under Shakti Sadan Scheme

S. No.	State/UT	Fund Released(Amount in Lakhs)
1.	Andaman and Nicobar Island	7.26
2.	Andhra Pradesh	1560.82
3.	Arunachal Pradesh	48.81
4.	Assam	3334.66
5.	Bihar	330.71
6.	Chandigarh	37.73
7.	Chhattisgarh	237.74
8.	Delhi	80.43
9.	Goa	11.64
10.	Himachal Pradesh	123.29
11.	Jammu and Kashmir	334.22
12.	Jharkhand	99.53
13.	Karnataka	2211.09
14.	Kerala	519.22
15.	Madhya Pradesh	481.71
16.	Maharashtra	1429.97
17.	Manipur	6105.9
18.	Meghalaya	123.38
19.	Mizoram	694.27
20.	Nagaland	380.7
21.	Odisha	1841.97
22.	Puducherry	50.54
23.	Punjab	12.78
24.	Rajasthan	211.5
25.	Sikkim	79.08
26.	Tamil Nadu	3170.59
27.	Telangana	1870.78
28.	Tripura	228.81

29.	Uttar Pradesh	1128.51
30.	West Bengal	1111.25
	Total	27858.89

STATEMENT II

STATE/UT WISE DETAILS OF FUNCTIONAL SHAKTI SADAN:

Sl. No	State/UTs	No. of Shakti Sadan
1.	Andhra Pradesh	24
2.	Arunachal Pradesh	1
3.	Assam	26
4.	Bihar	11
5.	Chandigarh	1
6.	Chhattisgarh	4
7.	Delhi	2
8.	Goa	1
9.	Himachal Pradesh	1
10.	Jammu and Kashmir	2
11.	Jharkhand	1
12.	Karnataka	40
13.	Kerala	8
14.	Madhya Pradesh	14
15.	Maharashtra	21
16.	Manipur	47
17.	Meghalaya	2
18.	Mizoram	12
19.	Nagaland	6
20.	Odisha	68
21.	Puducherry	1
22.	Punjab	2
23.	Rajasthan	8
24.	Sikkim	1
25.	Tamil Nadu	46
26.	Telangana	21
27.	Tripura	3
28.	Uttarakhand	3

29.	West Bengal	36
Total		413

Note: No Shakti Sadan is functional in UT of Andaman and Nicobar Islands, Dadra and Nagar Haveli and Daman and Diu, Ladakh, Lakshadweep Islands and State of Gujarat, Haryana, Uttar Pradesh.

STATEMENT III

STATE/UT WISE DETAILS OF WOMEN BENEFITTED UNDER SHAKTI SADAN SCHEME DURING THE 15TH FINANCE COMMISSION CYCLE:

Sl. No	State/UTs	Total Beneficiaries in Shakti Sadan
1.	Andaman and Nicobar Islands	47
2.	Andhra Pradesh	9577
3.	Arunachal Pradesh	312
4.	Assam	7006
5.	Bihar	382
6.	Chandigarh	90
7.	Chhattisgarh	1037
8.	Delhi	862
9.	Goa	100
10.	Gujarat	1721
11.	Himachal Pradesh	92
12.	Jammu and Kashmir	177
13.	Jharkhand	2055
14.	Karnataka	10598
15.	Kerala	3354
16.	Madhya Pradesh	9874
17.	Maharashtra	6423
18.	Manipur	7546
19.	Meghalaya	248
20.	Mizoram	2097
21.	Nagaland	373
22.	Odisha	19895
23.	Puducherry	361
24.	Punjab	165
25.	Rajasthan	2448

26.	Sikkim	157
27.	Tamil Nadu	10889
28.	Telangana	27125
29.	Tripura	3231
30.	Uttarakhand	198
31.	Uttar Pradesh	1045
32.	West Bengal	6596
Total		136081

LEGAL AID SERVICES AND ACCESS TO JUSTICE IN TELANGANA

1291. SHRI ARVIND DHARMAPURI:

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

- (a) the number of beneficiaries provided legal aid in Telangana during the last five years, district-wise;
- (b) the number of legal services clinics, Lok Adalats and mediation centres conducted and the outcomes thereof;
- (c) whether the Government has assessed improvements in access to justice in rural and disadvantaged regions;
- (d) if so, the findings thereof; and
- (e) whether any special expansion of legal aid infrastructure is proposed for Telangana, if so, the details thereof and if not, the reasons therefor?

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

(a): The details of beneficiaries provided legal aid in Telangana during the last five years, are given in the enclosed **Statement**.

(b): The number of Legal Services Clinics functional and persons provided legal assistance in the State of Telangana during the last five financial years are as follows: -

Year	Number of Legal Service Clinics	Number of Persons provided Legal Assistance
2021-22	383	3,307
2022-23	383	8,406
2023-24	234	13,486
2024-25	234	21,141
2025-26 (upto November, 2025)	314	11,424

Details of cases disposed of through Lok Adalats (including National and State Lok Adalats) in the State of Telangana during the last five years are as follows: -

Year	Pre-litigation Cases	Pending Cases	Total Cases Disposed of
2021	78,666	2,80,686	3,59,352
2022	64,185	15,57,067	16,21,252
2023	37,87,275	19,93,608	57,80,883
2024	1,24,96,322	22,60,797	1,47,57,119
2025	35,11,386	27,85,154	62,96,540

Details of cases settled through Mediation in the State of Telangana during the last five years are as follows: -

Year	Number of cases settled through Mediation
2021	627
2022	618
2023	650
2024	699
2025	1,245

(c) to (e): The National Legal Services Authority (NALSA) is a statutory 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. 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 Service Authorities provide valuable feedback on the effectiveness of legal aid services.

The Government of India is implementing a Central Sector Scheme, Legal Aid Defense Counsel System (LADCS) Scheme across the Country including Telangana through NALSA with an aim to provide free legal aid in criminal matters to the beneficiaries eligible under Section 12 of the LSA Act, 1987. As on 30th December 2025, Legal Aid Defense Aid Counsel (LADC) offices are functional in 33 districts in the State of Telangana with 141 full time Defence Counsels to provide dedicated legal representation from early stages of criminal cases till the appellate stage.

STATEMENT

Number of persons benefitted through Legal Aid in the State of Telangana during the years 2021 to 2025.

Sl. No	District Legal Services Authority	2021	2022	2023	2024	2025	Total
1	Adilabad	129	157	156	266	1,007	1,715
2	Bhadradri Kothagudem	0	0	647	843	1,015	2,505
3	Bhupalapally	0	0	0	0	11	11
4	Bhuvanagiri	0	0	81	84	112	277
5	City Civil Courts Legal	511	711	827	959	723	3,731

	Services Authority, Hyderabad						
6	Hanamkonda	0	0	45	34	74	153
7	High Court Legal Services Committee, Hyderabad.	506	793	628	1,591	1,490	5,008
8	Jagtial	0	0	10	6	23	39
9	Jangaon	0	0	49	24	27	100
10	Jogulamaba Gadwal	0	0	3	4	20	27
11	Kamareddy	0	0	62	68	99	229
12	Karimnagar	1,185	1,579	905	1,074	948	5,691
13	Khammam	309	1,332	1,506	2,837	2,236	8,220
14	Kumurambheem Asifabad	0	0	36	74	127	237
15	Mahabubabad	0	0	39	45	72	156
16	Mahabubnagar	0	0	3,041	2,984	4,557	10,582
17	Mancherial	0	0	30	44	45	119
18	Medak	835	1,353	96	231	413	2,928
19	Medchal Malkajgiri	0	0	104	197	267	568
20	MLSA, Hyderabad	410	4,063	1,276	339	737	6,825
21	Mulugu	0	0	42	28	14	84
22	Nagarkurnool	0	0	162	100	138	400
23	Nalgonda	179	274	267	243	238	1,201
24	Narayanpet	0	0	7	60	51	118
25	Nirmal	0	0	96	160	239	495
26	Nizamabad	94	159	211	142	656	1,262
27	Peddapalli	0	0	41	96	108	245
28	Ranga Reddy	1,257	846	1,979	1,027	1,168	6,277
29	Sanga Reddy	0	0	712	1,075	1,291	3,078
30	Siddipet	0	0	19	109	364	492
31	Sircilla	0	0	28	125	180	333
32	Suryapet	0	0	36	78	330	444
33	Vikarabad	0	0	66	65	146	277
34	Wanaparthy	0	0	35	165	496	696
35	Warangal	75	176	75	65	778	1,169
	Total	5,490	11,443	13,317	15,242	20,200	65,692

RISE OF C-SECTIONS IN PRIVATE HOSPITALS

1292. SHRI MADDILA GURUMOORTHY:

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

- (a) the number of Normal Vaginal Deliveries (NVDs) and Caesarean Sections (C-sections) recorded annually during the last two decades in the country;
- (b) the corresponding Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) trends over the last two decades in the country, State/UT-wise;
- (c) whether the Government has assessed the reasons behind the continuous rise in C-section deliveries in private hospitals compared to public hospitals and if so, the details thereof; and
- (d) the steps being taken by the Government to regulate unnecessary C-sections, improve maternal and neonatal outcomes and strengthen institutional deliveries under Janani Suraksha Yojana and LaQshya programmes to achieve the Sustainable Development Goal (SDG) targets by 2030?

THE MINISTER 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 year-wise total number of reported deliveries and caesarean sections during the last two decades in the country are given in the enclosed

Statement-I.

(b): As per the information received from the Office of the Registrar General of India, Ministry of Home Affairs, the data on Infant Mortality Rate (IMR) from the year 2006 till 2023 is available in "SRS Statistical Report" are given in the enclosed **Statement-II** and may be accessed at the following link: <https://censusindia.gov.in/census.website/data/SRSB>

The data on Maternal Mortality Ratio (MMR) from the year 2007 till 2023 is available in the publication "Special bulletin on Maternal Mortality in India" are given in the enclosed **Statement-III** and may be accessed at the following link: <https://censusindia.gov.in/census.website/data/SRSMMB>

(c): As per the report of Population Research Centre (PRC) - JSS Institute of Economic Research Dharwad, Karnataka, under Ministry of Health and Family Welfare (MoHFW), Government of India, a study conducted on "Understanding the Context of Caesarean Delivery from the Providers' and Receivers' Perspectives" in 2022, mentions the main reasons behind the increased rate of C-section Deliveries in the country as:

- **Clinical Decision-Making by Doctor:** Clinical indications, such as maternal age, multiple pregnancies, fetal distress, previous C-sections, prolonged labour, placenta previa, as well as maternal complications have a greater likelihood of caesarean delivery.
- **Patient/Community Preferences:** These have decision-making role in the matter

(d): Under the National Health Mission (NHM), the Government of India has

taken various steps to regulate unnecessary c-sections which include:

- 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 has been strengthened at health care facilities.
- Under LaQshya initiative, a dedicated C-section audit component is embedded in the LaQshya assessment checklist for Maternity OTs for all Government Hospitals.
- Various training programs, including Daksh, Dakshta, Skilled Birth Attendant (SBA) and Nurse Practitioner Midwifery (NPM) have been instituted to ensure the availability of well-trained human resources, especially in remote areas in order to promote normal deliveries.

To improve the maternal and neonatal health outcomes, strengthen institutional deliveries and to achieve the Sustainable Development Goal (SDG) targets, 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 and 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 and 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 and Intensive Care Units (Obst. HDU and ICU), establishment of Birth Waiting Homes (BWHs) in difficult terrain, remote and tribal areas to improve access to healthcare facilities and promote institutional delivery.
- The establishment of Special Newborn Care Units (SNCUs) and Newborn Stabilization Units (NBSUs) under Facility Based Newborn Care (FBNC) program to provide specialized care to sick and small newborns at district and sub-district levels, addressing neonatal health complications.
- ASHAs conduct scheduled home visits under Home-Based Newborn Care (HBNC) for improving child-rearing practices and identifying sick newborns for timely referral and care.

STATEMENT-I

**Year-wise total number of reported deliveries and caesarean sections
during the last two decades in the country**

Financial Year	Total Number of Deliveries Reported	Total Number of C-Section Deliveries Reported
2008-2009	18826605	1202889
2009-2010	20786400	1526241
2010-2011	21254165	1704625
2011-2012	21126731	2098326
2012-2013	20228338	2319517
2013-2014	20457293	2479381
2014-2015	20218688	2726757
2015-2016	21172780	3252142
2016-2017	20710361	3462386
2017-2018	20783191	3588587
2018-2019	21118228	3949027
2019-2020	21410780	4152335
2020-2021	20386280	4098969
2021-2022	20410730	4533190
2022-2023	20963598	4993291
2023-2024	20351261	5143156
2024-2025	19789406	5434735
<i>Source: Data as reported by State/UTs on HMIS Portal</i>		

STATEMENT-II**Data on Infant Mortality Rate (IMR) from the year 2006 till 2023**

S.No.	India/States	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	INDIA	57	55	53	50	47	44	42	40	39	37	34	33	32	30	28	27	26	25
1	Andhra Pradesh	56	54	52	49	46	43	41	39	39	37	34	32	29	25	24	22	20	19
2	Assam	67	66	64	61	58	55	55	54	49	47	44	44	41	40	36	34	32	30
3	Bihar	60	58	56	52	48	44	43	42	42	42	38	35	32	29	27	27	26	23
4	Chhattisgarh	61	59	57	54	51	48	47	46	43	41	39	38	41	40	38	38	38	37
5	Delhi	37	36	35	33	30	28	25	24	20	18	18	16	13	11	12	12	12	14
6	Gujarat	53	52	50	48	44	41	38	36	35	33	30	30	28	25	23	21	20	20
7	Haryana	57	55	54	51	48	44	42	41	36	36	33	30	30	27	28	27	26	26
8	Himachal Pradesh	50	47	44	45	40	38	36	35	32	28	25	23	19	19	17	17	17	14
9	J and K	52	51	49	45	43	41	39	37	34	26	24	23	22	20	17	16	14	14
10	Jharkhand	49	48	46	44	42	39	38	37	34	32	29	29	30	27	25	25	25	29
11	Karnataka	48	47	45	41	38	35	32	31	29	28	24	25	23	21	19	17	15	14
12	Kerala	15	13	12	12	13	12	12	12	12	12	10	10	7	6	6	6	7	5
13	Madhya Pradesh	74	72	70	67	62	59	56	54	52	50	47	47	48	46	43	41	40	37
14	Maharashtra	35	34	33	31	28	25	25	24	22	21	19	19	19	17	16	15	13	14
15	Odisha	73	71	69	65	61	57	53	51	49	46	44	41	40	38	36	35	32	30
16	Punjab	44	43	41	38	34	30	28	26	24	23	21	21	20	19	18	18	16	17
17	Rajasthan	67	65	63	59	55	52	49	47	46	43	41	38	37	35	32	31	30	29
18	Tamil Nadu	37	35	31	28	24	22	21	21	20	19	17	16	15	15	13	12	11	12
19	Telangana									35	34	31	29	27	23	21	20	18	18
20	Uttar	71	69	67	63	61	57	53	50	48	46	43	41	43	41	38	37	38	37

	Pradesh																		
21	Uttarakhand							28	33	33	34	38	32	31	27	24	23	21	20
22	West Bengal	38	37	35	33	31	32	32	31	28	26	25	24	22	20	19	18	17	17
Source: Sample Registration System (SRS), Registrar General of India																			

STATEMENT III

Maternal Mortality Ratio (per 1,00,000 live births)												
S.No.	India/States	2007-09	2010-12	2011-13	2014-16	2015-17	2016-18	2017-19	2018-20	2019-21	2020-22	2021-23
	India	212	178	167	130	122	113	103	97	93	88	88
1	Andhra Pradesh	134	110	92	74	74	65	58	45	46	47	30
2	Assam	390	328	300	237	229	215	205	195	167	125	110
3	Bihar	261	219	208	165	165	149	130	118	100	91	104
4	Jharkhand					76	71	61	56	51	50	54
5	Gujarat	148	122	112	91	87	75	70	57	53	55	51
6	Haryana	153	146	127	101	98	91	96	110	106	89	89
7	Karnataka	178	144	133	108	97	92	83	69	63	58	68
8	Kerala	81	66	61	46	42	43	30	19	20	18	30
9	Madhya Pradesh	269	230	221	173	188	173	163	173	175	159	142
10	Chhattisgarh					141	159	160	137	132	141	146
11	Maharashtra	104	87	68	61	55	46	38	33	38	36	36
12	Odisha	258	235	222	180	168	150	136	119	135	136	153
13	Punjab	172	155	141	122	122	129	114	105	98	92	90
14	Rajasthan	318	255	244	199	186	164	141	113	102	87	86
15	Tamil Nadu	97	90	79	66	63	60	58	54	49	38	35
16	Telangana				81	76	63	56	43	45	50	59

17	Uttar Pradesh	359	292	285	201	216	197	167	167	151	141	141
18	Uttarakhand					89	99	101	103	100	104	91
19	West Bengal	145	117	113	101	94	98	109	103	109	105	104
20	Other States	160			97	96	85	77	77	71	81	86
Source: Sample Registration System (SRS), Registrar General of India												

सखी योजना

1293. श्री जय प्रकाश:

श्री सतपाल ब्रह्मचारी:

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

- (क) क्या सखी (वन स्टॉप सेंटर) योजना का उद्देश्य महिलाओं को हिंसा से बचाना तथा तत्काल सहायता, परामर्श और कानूनी सहायता प्रदान करना है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या उक्त योजना के अंतर्गत हिसार और सोनीपत संसदीय निर्वाचन क्षेत्रों में स्थापित उक्त केंद्रों की संख्या और उनमें उपलब्ध सुविधाएं वास्तविक आवश्यकता की तुलना में अपर्याप्त हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या वर्ष 2020 से अब तक उक्त क्षेत्रों में सखी योजना के अंतर्गत कोई मामला दर्ज किया गया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और इसमें महिलाओं को क्या सहायता प्रदान की गई है;
- (घ) क्या इन केंद्रों पर प्रशिक्षित कार्मिकों, बजटीय सहायता और अवसंरचना की कमी के कारण प्रभावित महिलाओं को पर्याप्त लाभ नहीं मिल पा रहे हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) उक्त क्षेत्र में सखी केंद्रों को सुदृढ़ बनाने के लिए अतिरिक्त बजट, मानव संसाधन/ अवसंरचना का ब्यौरा क्या है; और
- (च) उक्त क्षेत्रों में सखी योजना के प्रभावी कार्यान्वयन, निगरानी / विस्तार के लिए कौन सी समयबद्ध कार्य योजना हैं?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (च) : वन स्टॉप सेंटर (ओएससी) मिशन शक्ति के अंतर्गत संबल वर्टिकल का एक घटक है। यह निजी और सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही छत के नीचे एकीकृत सहायता और सहयोग प्रदान करता है। यह जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस सहायता और मनोसामाजिक परामर्श जैसी सेवाएं प्रदान करता है।

यह योजना मांग-आधारित है और हरियाणा राज्य से प्राप्त प्रस्ताव के आधार पर 27 वन स्टॉप सेंटर (ओएससी) स्वीकृत किए गए हैं। इनमें से 22 ओएससी कार्यरत हैं, जिनमें हिसार संसदीय क्षेत्र के हिसार जिले में एक ओएससी तथा सोनीपत संसदीय क्षेत्र के सोनीपत और जिंद जिलों में एक-एक ओएससी शामिल हैं। इस योजना की शुरुआत अर्थात् 1 अप्रैल, 2015 से 30 सितंबर, 2025 तक, हिसार और सोनीपत संसदीय क्षेत्र सहित हरियाणा राज्य में ओएससी के तहत 53,628 महिलाओं को सहायता प्रदान की गई है।

मिशन शक्ति के दिशानिर्देशों के अनुसार, केंद्र सरकार संबल उप-योजना के तहत राज्यों और केंद्र शासित प्रदेशों को 100% वित्तीय सहायता प्रदान करती है। देशभर में वन स्टॉप सेंटर (ओएससी) के सुचारु संचालन के लिए पर्याप्त कर्मचारी और बुनियादी ढांचा संबंधी सहायता प्रदान की जाती है। हालांकि, मिशन शक्ति के अंतर्गत सभी योजनाओं का कार्यान्वयन राज्य सरकारों और केंद्र शासित प्रदेशों के प्रशासनों के अधीन है। सार्वजनिक वित्तीय प्रबंधन प्रणाली (पीएफएमएस) के एकल नोडल एजेंसी (एसएनए) या एसएनए स्पर्श के लिए व्यय विभाग द्वारा निर्धारित दिशानिर्देशों के आधार पर निधि जारी की जा रही है।

इसके अतिरिक्त, वर्ष में एक बार, कार्यक्रम अनुमोदन बोर्ड (पीएबी) राज्यों और केंद्र शासित प्रदेशों के साथ मिलकर इस योजना के अंतर्गत गतिविधियों की प्रगति की निगरानी करता है और

उद्देश्यों की प्राप्ति, ग्रामीण, उपेक्षित समुदायों सहित महिलाओं और बच्चों को प्रभावी ढंग से सेवाएं प्रदान करने की स्थिति की समीक्षा करता है। इसके अतिरिक्त, मंत्रालय के अधिकारी समय-समय पर बैठकों, वीडियो कॉन्फ्रेंसिंग और राज्यों और केंद्र शासित प्रदेशों के क्षेत्रीय दौरों के माध्यम से इस योजना की निरंतर समीक्षा करते हैं।

INDIA'S RELATIONS WITH NEIGHBOURING COUNTRIES

1294. DR. GANAPATHY RAJKUMAR P.:

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

- (a) whether the relations of India with the neighbouring countries like Afghanistan, Pakistan, China, Bhutan, Nepal, Myanmar, Bangladesh, Maldives and Sri Lanka has recently deteriorated;
- (b) if so, the details thereof and the reasons therefor;
- (c) whether the Union Government has any future plans to improve/revamp ties with these neighbouring countries; and
- (d) if so, the details thereof and if not, the reasons therefor?

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

(a) to (d): The Government keeps a constant watch on developments in the neighbourhood, especially those having a bearing on India's security and national interests. The Government accords the highest priority to India's relations with its

neighbours, which are multifaceted and evolve in response to mutual interests, sensitivities and prevailing bilateral, regional and global circumstances.

Under the Neighbourhood First Policy and Vision MAHASAGAR, India continues to engage with its neighbouring countries through sustained diplomatic dialogue, development partnerships, people-to-people exchanges, trade, connectivity initiatives and regional mechanisms. The Government remains committed to safeguarding India's security and national interests and promoting peace, stability and prosperity in the region.

POOR PUBLIC HEALTH INFRASTRUCTURE IN KERALA

1295. SHRI RAJMOHAN UNNITHAN:

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

- (a) whether the Government is aware that Kasaragod district continues to face serious public health infrastructure deficiencies, forcing patients to travel long distances or depend on private hospitals in neighbouring States, if so, the details thereof;
- (b) whether it is a fact that critically ill patients, including endosulfan-affected persons, face severe hardship due to the lack of tertiary and super-speciality care facilities within the district, if so, the details thereof;
- (c) whether the Government has assessed the regional imbalance in advanced healthcare availability in Northern Kerala, if so, the details thereof;

- (d) whether any proposal for establishing a central-level medical institution or upgrading existing facilities in Kasaragod has been examined, if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government to ensure equitable access to quality healthcare for geographically isolated districts of the country?

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

(a) to (e): The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including Kerala to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. Details of the approvals given for the strengthening healthcare in rural areas of the country are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

<https://nhm.gov.in/index1.php?lang=1andlevel=1andsublinkid=1377andlid=744>

Further, teleconsultation services are available at all operational AAMs

across the country including rural areas, 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.

Also, Mobile Medical Units (MMUs) are supported under NHM to provide outreach services in remote villages with difficult terrain which are underserved and inaccessible. As per NHM-MIS report, a total of 1477 MMUs have been deployed across the country, as on 30.06.2025.

PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) envisages increased investments in public health and other health reforms to provide better access to health in rural areas. Administrative approvals have been accorded to the State of Kerala for five years (i.e. FY 2021-22 to 2025-2026) for an amount of Rs. 404.63 Cr. for construction/ strengthening of 14 IPHLs at District level and 14 CCBs at District Hospitals and Medical college level.

Also, one (01) Integrated Public Health Labs (IPHL) and one (01) Critical Care Blocks (CCB) have been accorded to the district of Kasargod in the FY 2023-24.

Under Fifteenth Finance Commission (FC-XV) for the State of Kerala, Rs.2958.02 Crore has been approved for the five year period from FY 2021-22 to FY 2025-26 and Rs. 2310.96 Cr. has been released so far for establishment and strengthening of 1205 Building less SHCs, 116 Building less PHCs, 41 Building less CHCs, 152 Block Public Health Units, and 380 Urban- AAMs.

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. Under the Scheme approvals has been accorded for upgradation of four Government Medical Colleges/ Institutions (GMCIs) at for the State of Kerala.

Details are as under:

State	No.	Name of GMC/ Institute	Approved Infrastructure
Kerala	1.	Medical College, Thiruvananthapuram	Super Speciality Block
	2.	Kozhikode Medical College	Trauma Care Centre with Super Speciality Block
	3.	T.D. Medical College, Alappuzha	Super Speciality Block
	4.	SCTIMST, Trivandrum	Super Speciality Block

PORT DEVELOPMENT AND INLAND WATERWAYS IN KERALA

1296. SHRI KODIKUNNIL SURESH:

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

- (a) the current status and phase-wise progress of the Vizhinjam International Seaport Project in Kerala, including targets achieved so far and the revised timeline for full commissioning;
- (b) the details of central assistance and investments, including Viability Gap Funding, extended to the Vizhinjam Port project and the expenditure

- incurred till date;
- (c) the funds allocated, released and utilised during the last five years for the development of inland waterways in Kerala, particularly the Vembanad–Kuttanad system, under National Waterway programmes;
 - (d) the physical progress and components of inland waterway works undertaken, including dredging, terminals, navigation aids and passenger/freight movement; and
 - (e) the steps taken or proposed to enhance cargo handling, passenger transport, employment generation and environmental sustainability through port-led and inland waterway development in Kerala?

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

(a): The Vizhinjam International Seaport Project is being developed under Public Private Partnership (PPP) model between the Government of Kerala (GoK) and Adani Vizhinjam Port Private Limited (AVPPL) for which a concession agreement was signed on 17.08.2015. The Phase I of the project became operational on 03.12.2024, with an annual handling capacity of 1 million twenty-foot equivalent units (TEUs). The Government of Kerala and the AVPPL, through a supplementary concession agreement dated 28.11.2024, have decided to implement Phase II, III and IV together as a single capacity augmentation phase with completion target of December 2028. This will increase the capacity to 3

million TEUs per annum with a potential to handle upto 5.7 million TEUs per annum through enhanced automation and operational efficiencies.

(b): The details of central assistance and investment including Viability Gap Funding (VGF) extended to the Vizhinjam International Seaport Project and the expenditure incurred till date are as under:.

- (i) Viability Gap Funding by Govt. of India (Gol): Rs. 817.80 crore – 100% expenditure incurred
- (ii) Scheme for Special Assistance to States for Capital Investment by Gol:
 - FY 2023-24: Rs. 145.07 crore – 100% expenditure incurred
 - FY 2024-25: Rs. 1,134.52 crore – Rs. 1134.46 crore expenditure incurred
 - FY 2025-26: Rs. 341.30 crore sanctioned and first installment Rs. 225.258 crore released and Rs. 184 crore expenditure incurred as on 31.01.2026

(c): The details of expenditure incurred by Indian Waterways Authority of India (IWAI) during the last five years for development of inland waterways including Vembanad–Kuttanad system in Kerala is as under:

Financial Year	2020-21	2021-22	2022-23	2023-24	2024-25
Expenditure (in ₹ crore)	21.52	10.83	3.82	4.76	15.26

(d) and (e): The IWAI has undertaken various works in the declared National

Waterways (NW) i.e. NW-3, NW-8 and NW-9 in the state of Kerala along with several measures for enhancement of cargo handling, passenger movement and employment generation which are as under:

- (i) Re-construction of navigation lock cum bridge at Thrikunnapuzha in NW- 3 (progress: 52%);
- (ii) Construction of new single lane bridge at Kovilthottam in Chavara in NW- 3 (progress: 80%);
- (iii) Dredging and widening works including bank protection and removal of hard strata in Edapallikota – Kollam stretch in NW-3 (progress: 15%);
- (iv) Construction of 4 HDPE floating jetties at IWT terminals (progress: 10%) and construction of new survey launch (progress: 20%) in NW- 3.

In addition, the IWAI has undertaken following initiatives for promotion of Inland Water Transport (IWT) in the state of Kerala:

- (i) Constructed 9nos. Inland Water Transport Terminals (IWT) terminals cum godowns at Kottapuram, Aluva, Maradu, Vaikom, Thaneermukam, Alappuzha, Thrikunnapuzha, Kayamkulam and Kollam for cargo handling, and 2nos. Roll on - Roll off (Ro-Ro) terminals at Bolgatty and Willington Island in NW-3 for Ro-Ro service to de-congest Kochi city traffic;

- (ii) Constructed 02 nos. Ro-Ro vessels through Cochin Shipyard Limited (CSL), Kochi and operating between Bolgatty and Willington Island in NW-3 through Kerala Shipping and Inland Navigation Corporation, Kochi (Govt. of Kerala) to de-congest the road in Kochi city;
- (iii) Navigational buoys installed in NW-3 (312 nos.), NW-8 (15 nos.) and NW-9 (25 nos.) for 24 hours safe navigation of vessels;
- (iv) Planned construction of 04 nos. HDPE jetties at IWT terminals (Vaikom, Thaneermukam, Alappuzha and Kayamkulam) for River Cruise Tourism in NW-3;
- (v) Undertaken feasibility studies such as Urban Water Transport at Alappuzha and Kollam through Kochi Water Metro Ltd.

बिहार में आंगनवाड़ी-सह-शिशु गृह

1297. श्री मनोज कुमार:

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

- (क) क्या सरकार ने वर्ष 2026 तक 17,000 आंगनवाड़ी सह-शिशु गृह खोलने का लक्ष्य निर्धारित किया है और यदि हाँ, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है और इस लक्ष्य को प्राप्त करने के लिए क्या प्रयास किए गए हैं;
- (ख) अब तक स्वीकृत आंगनवाड़ी-सह-शिशु गृहों की राज्य/संघ राज्यक्षेत्र-वार संख्या कितनी है और उनमें से अब तक कितने आंगनवाड़ी-सह-शिशु गृह कार्यशील हुए हैं;
- (ग) क्या इन सुविधाओं को आरंभ करने की प्रक्रिया, विशेषकर बिहार में धीमी है और यदि हाँ, तो

तत्संबंधी ब्यौरा क्या है;

(घ) क्या बिहार में आंगनवाड़ी कार्यकर्ताओं की प्रोत्साहन राशि/वेतन बहुत कम है और यह अकुशल श्रमिकों को दिए जाने वाले वेतन से भी कम है और यदि हां, तो इसके क्या कारण हैं; और

(ङ) केंद्र सरकार द्वारा विशेषकर बिहार में आंगनवाड़ी कार्यकर्ताओं की प्रोत्साहन राशि/वेतन को बढ़ाने के लिए क्या कदम उठाए गए/उठाए जा रहे हैं ?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (ङ): महिला एवं बाल विकास मंत्रालय ने बच्चों को डे-केयर सुविधाएँ और सुरक्षा प्रदान करने के लिए 1 अप्रैल 2022 से सभी राज्यों और संघ राज्य क्षेत्र के लिए व्यापक मिशन शक्ति के सामर्थ्य उप-योजना के अंतर्गत पालना योजना शुरू की है।

महिलाओं हेतु शिक्षा, कौशल विकास और रोज़गार पर सरकार की निरंतर पहलों के परिणामस्वरूप उनके रोज़गार के अवसर बढ़े हैं और अब ज़्यादा से ज़्यादा महिलाएँ घर के अंदर या बाहर काम करके लाभदायक रोज़गार प्राप्त कर रही हैं। उचित डे-केयर सेवाओं का अभाव अक्सर महिलाओं को बाहर जाकर काम करने से रोकता है। इसलिए, संगठित और असंगठित दोनों क्षेत्रों में सभी सामाजिक-आर्थिक समूहों की कामकाजी महिलाओं के लिए डे-केयर सेवाओं/क्रेच की गुणवत्ता और पहुँच में सुधार की तत्काल आवश्यकता है।

कामकाजी माताओं को अपने बच्चों की उचित देखभाल और सुरक्षा प्रदान करने में आने वाली इन कठिनाइयों को दूर करने के लिए पालना योजना के माध्यम से डे-केयर क्रेच सुविधाएँ प्रदान की जा रही हैं। अब तक घरेलू काम का हिस्सा माने जाने वाले बच्चों की देखभाल संबंधी ज़िम्मेदारियों को क्रेच सेवाएँ औपचारिक रूप देती हैं। देखभाल कार्य को औपचारिक रूप देने से सतत विकास लक्ष्य 8 - सभ्य कार्य और आर्थिक विकास - को प्राप्त करने के लिए "सभ्य कार्य अभियान" को बल मिलता है।

इससे अधिक माताएँ अवैतनिक बाल देखभाल की जिम्मेदारियों से मुक्त होकर लाभकारी रोजगार अपना सकेंगी।

15वें वित्त आयोग के दौरान, 17,000 आंगनवाड़ी-सह-क्रेच केन्द्रों की स्थापना की परिकल्पना की गई है। राज्यों/संघ राज्य क्षेत्र प्रशासनों के साथ वार्षिक रूप से आयोजित होने वाली कार्यक्रम अनुमोदन बोर्ड (पीएबी) की बैठकों में राज्यों/संघ राज्य क्षेत्रों को अधिक आंगनवाड़ी-सह-क्रेच केन्द्रों को खोलने के प्रस्ताव प्रस्तुत करने के लिए प्रोत्साहित किया जाता है। पीएबी की बैठकों में, प्रस्तावित आंगनवाड़ी-सह-क्रेच केन्द्रों को अनुमोदित किया जाता है और अनुमोदित आंगनवाड़ी-सह-क्रेच केन्द्रों को कार्यशील बनाने पर जोर दिया जाता है। दिनांक 31.01.2026 तक, कुल 14,599 आंगनवाड़ी-सह-क्रेच केन्द्रों को अनुमोदित किया गया है और उनमें से देश भर में 2820 आंगनवाड़ी-सह-क्रेच केन्द्र कार्यशील हैं। आंगनवाड़ी-सह-क्रेच केन्द्रों की सूची (राज्य/संघ राज्य क्षेत्रवार) संलग्न **विवरण** में दी गई है।

वर्तमान में, सक्षम आंगनवाड़ी एवं पोषण मिशन के अंतर्गत केंद्र और राज्यों/संघ राज्य क्षेत्रों के बीच निर्धारित लागत-साझाकरण अनुपात के अनुसार, आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को क्रमशः 4,500 रुपये प्रति माह और 2,250 रुपये प्रति माह का मानदेय दिया जाता है। आंगनवाड़ी-सह-क्रेच केन्द्रों में कार्यरत आंगनवाड़ी कार्यकर्त्रियों को 1500 रुपये प्रति माह और आंगनवाड़ी सहायिकाओं को 750 रुपये प्रति माह की अतिरिक्त राशि भी दी जाती है।

आंगनवाड़ी कार्यकर्त्रियों को कार्य निष्पादन आधारित प्रोत्साहन के रूप में 500 रुपये और आंगनवाड़ी सहायिकाओं को 250 रुपये प्रति माह दिए जाते हैं। आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को प्रोत्साहित करने के लिए विभिन्न पहल और सामाजिक सुरक्षा उपाय किए गए हैं जिनमें निम्नलिखित भी शामिल हैं:

- i. मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, आंगनवाड़ी कार्यकर्त्रियों के लिए पदोन्नति

- के अवसरों को बढ़ाया गया है। आंगनवाड़ी कार्यकर्त्रियों के 50% पद 5 वर्ष के अनुभव वाली आंगनवाड़ी सहायिकाओं द्वारा भरे जाएंगे और पर्यवेक्षकों के 50% पद 5 वर्ष के अनुभव वाली आंगनवाड़ी कार्यकर्त्रियों की पदोन्नति द्वारा भरे जाएंगे, बशर्ते अन्य मानदंड पूरे होते हों।
- ii. 20 दिन की वार्षिक छुट्टी और 180 दिन की सवैतनिक मातृत्व अवकाश, गर्भपात/गर्भस्राव की स्थिति में एक बार 45 दिन का सवैतनिक अवकाश।
 - iii. राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को प्रधानमंत्री श्रम योगी मानधन (पीएम-एसवाईएम) पेंशन योजना के तहत अपना नामांकन कराने के लिए प्रोत्साहित करें, जो देश के असंगठित क्षेत्रों के लिए वृद्धावस्था सुरक्षा सुनिश्चित करने हेतु एक स्वैच्छिक और अंशदायी पेंशन योजना है।
 - iv. प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई) के तहत 18 से 50 वर्ष की आयु वर्ग की आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को 2.00 लाख रुपये तक का जीवन बीमा कवर (जीवन जोखिम, किसी भी कारण से मृत्यु सहित) और प्रधानमंत्री सुरक्षा बीमा योजना के तहत 18 से 59 वर्ष की आयु वर्ग में 2.00 लाख रुपये (दुर्घटना में मृत्यु और स्थायी पूर्ण विकलांगता) / 1.00 लाख रुपये (आंशिक लेकिन स्थायी विकलांगता) का दुर्घटना बीमा कवर प्रदान किया गया है।
 - v. वित्तीय वर्ष 2024-25 के बजट में की गई घोषणा के अनुसार, आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) के तहत सभी आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को 5 लाख रुपये का वार्षिक स्वास्थ्य देखभाल कवरेज।

विवरण
राज्य/संघ राज्य क्षेत्रवार आंगनवाड़ी-सह-क्रेच केन्द्रों की सूची

क्र.सं.	राज्य/संघ राज्य क्षेत्र	अनुमोदित आंगनवाड़ी-सह-क्रेच केन्द्र	कार्यशील आंगनवाड़ी-सह-क्रेच केन्द्र
1	अंडमान और निकोबार द्वीप समूह	8	7
2	आंध्र प्रदेश	108	0
3	अरुणाचल प्रदेश	86	43
4	असम	500	50
5	बिहार	504	85
6	चंडीगढ़	210	210
7	छत्तीसगढ़	1500	205
8	दादरा और नगर हवेली एवं दमन और दीव	190	68
9	दिल्ली	502	502
10	गोवा	11	9
11	गुजरात	25	0
12	हरियाणा	628	290
13	हिमाचल प्रदेश	152	0
14	जम्मू और कश्मीर	317	0
15	झारखंड	1024	80
16	कर्नाटक	1664	248
17	केरल	504	129
18	लद्दाख	7	6
19	लक्षद्वीप	8	0
20	मध्य प्रदेश	448	0
21	महाराष्ट्र	345	0
22	मणिपुर	702	0
23	मेघालय	1238	84
24	मिजोरम	200	200
25	नागालैंड	500	270

26	ओडिशा	1000	0
27	पुदुच्चेरी	86	9
28	पंजाब	148	144
29	सिक्किम	25	25
30	तमिलनाडु	600	0
31	तेलंगाना	1033	8
32	त्रिपुरा	114	114
33	उत्तराखंड	202	34
34	पश्चिम बंगाल	10	0

पीएबी की बैठक के दौरान राजस्थान और उत्तर प्रदेश से कोई प्रस्ताव प्राप्त नहीं हुआ।

UTILIZATION OF FUNDS UNDER JSSK

1298. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

- the details of allocation and utilization of funds under Janani Shishu Suraksha Karyakram (JSSK) in the country, State/UT-wise including Gujarat;
- total number of beneficiaries under the scheme across the country, State/UT wise;
- whether the Government has conducted any recent evaluation of the implementation and effect of the scheme; and
- if so, the details thereof and if not, the reasons therefor?

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

(a): The details of allocation and utilization of funds under Janani Shishu Suraksha Karyakram (JSSK) in the country, State/UT-wise including Gujarat are given in the enclosed **Statement-I** and **II**

(b): The total number of beneficiaries under the JSSK scheme in the country, State/UT-wise are given in the enclosed **Statement-III**.

(c) and (d): The Government assesses the effect of JSSK under National Health Mission (NHM) by undertaking periodic Regional/State level review meetings, field visits in various States/Union Territories (UTs), Common Review Missions (CRMs) and Evaluation of Centrally Sponsored Schemes (CSS) by Development Monitoring and Evaluation Office (DMEO), NITI Aayog.

These reports indicates that a majority of the services under JSSK are being availed by beneficiaries. The evaluation highlights improved access to free and cashless delivery services, free drugs and diagnostics, free diet during hospital stay, and free transport facilities for pregnant women and sick infants, which have increased the institutional deliveries and reduced the out-of-pocket expenditure for child birth. This further has contributed in reduction of maternal and neo-natal mortality in the country.

STATEMENT-I

State/UT wise SPIP Approval and Expenditure for Janani Shishu Suraksha Karyakram (JSSK-Maternal Health) under NHM for the F.Y. 2024-25			
(Rs. In lakhs)			
S no	State/ UTs	SPIP Approval	Expenditure
1.	All India	245865.44	130575.71
2.	Andaman and Nicobar Islands	4.00	0

3.	Andhra Pradesh	8,733.05	3,494.28
4.	Arunachal Pradesh	819.07	366.73
5.	Assam	11,197.04	7,832.00
6.	Bihar	27,315.40	9,816.57
7.	Chandigarh	0	0
8.	Chhattisgarh	4,040.00	2,814.02
9.	Dadra and Nagar Haveli and Daman and Diu	117.32	66.69
10.	Delhi	565.00	579.53
11.	Goa	121.10	88.46
12.	Gujarat	11,246.63	6,807.97
13.	Haryana	2,130.18	1,594.26
14.	Himachal Pradesh	1,264.82	547.80
15.	Jammu and Kashmir	4,073.36	3,557.18
16.	Jharkhand	11,215.44	9,321.39
17.	Karnataka	3,433.28	2,941.48
18.	Kerala	2,679.76	2,491.75
19.	Ladakh	99.50	91.64
20.	Lakshadweep	9.34	0.25
21.	Madhya Pradesh	10,081.37	8,594.78
22.	Maharashtra	23,169.79	8,726.85
23.	Manipur	1,043.00	578.91
24.	Meghalaya	1,552.58	1,087.74
25.	Mizoram	235.19	8.00
26.	Nagaland	503.30	611.03
27.	Odisha	4,480.88	4,093.13
28.	Puducherry	334.01	70.56
29.	Punjab	6,280.50	2,902.54
30.	Rajasthan	20,993.12	20,009.53
31.	Sikkim	154.85	161.31
32.	Tamil Nadu	4,555.71	3,884.82
33.	Telangana	5,640.50	4,044.31
34.	Tripura	1,159.46	851.90
35.	Uttar Pradesh	56,430.38	11,465.64
36.	Uttarakhand	2,313.42	1,117.81
37.	West Bengal	17,873.09	9,954.85

Note:

1. The above data is as per the available Financial Management Reports (FMRs) reported by the States/UTs and are provisional.
2. Expenditure includes Expenditure against Central Release, Corresponding State share release and unspent balances at the beginning of the year.

STATEMENT-II

State/UT wise SPIP Approval and Expenditure for Janani Shishu Suraksha Karyakram (JSSK-Child Health) under NHM for the F.Y. 2024-25			
(Rs. In lakhs)			
S no	State/UTs	SPIP Approval	Expenditure
1.	All India	16394.82	11299.83
2.	Andaman and Nicobar Islands	0.50	0
3.	Andhra Pradesh	761.67	417.58
4.	Arunachal Pradesh	5.47	0.35
5.	Assam	1,112.68	749.20
6.	Bihar	1,081.27	366.17
7.	Chandigarh	0	0
8.	Chhattisgarh	130.00	57.12
9.	Dadra and Nagar Haveli and Daman and Diu	21.74	0
10.	Delhi	85.00	11.61
11.	Goa	15.17	12.90
12.	Gujarat	1,533.63	1,122.12
13.	Haryana	106.61	76.57
14.	Himachal Pradesh	0	0
15.	Jammu and Kashmir	541.34	309.30
16.	Jharkhand	534.05	525.14
17.	Karnataka	350.31	167.47
18.	Kerala	173.01	145.94
19.	Ladakh	18.00	12.66
20.	Lakshadweep	9.98	0
21.	Madhya Pradesh	1,633.31	1,068.17
22.	Maharashtra	1,378.71	571.92
23.	Manipur	45.00	4.32
24.	Meghalaya	142.50	70.25
25.	Mizoram	40.40	0
26.	Nagaland	42.50	10.60
27.	Odisha	299.94	339.62
28.	Puducherry	11.00	7.19

29.	Punjab	400.00	82.24
30.	Rajasthan	2,449.00	1,978.04
31.	Sikkim	11.75	15.07
32.	Tamil Nadu	1,976.34	1,974.05
33.	Telangana	312.25	312.25
34.	Tripura	83.85	59.56
35.	Uttar Pradesh	167.20	8.84
36.	Uttarakhand	70.32	9.21
37.	West Bengal	850.32	814.37

Note:

1. The above data is as per the available Financial Management Reports (FMRs) reported by the States/UTs and are provisional.
2. Expenditure includes Expenditure against Central Release, Corresponding State share release and unspent balances at the beginning of the year.

STATEMENT-III

State/UT wise total number of beneficiaries benefitted under JSSK scheme in FY 2024-25			
S no.	State/UT	Pregnant Women	Sick infants
1	All India	20969056	1228753
2	Andaman and Nicobar Islands	4785	85
3	Andhra Pradesh	251558	26238
4	Arunachal Pradesh	24520	494
5	Assam	1080610	41856
6	Bihar	942682	29550
7	Chandigarh	87740	6015
8	Chhattisgarh	347851	26767
9	Delhi	139537	5165
10	Goa	29271	988
11	Gujarat	747495	80895
12	Haryana	414986	20807
13	Himachal Pradesh	150142	16645
14	Jammu and Kashmir	453084	36558

15	Jharkhand	536166	17273
16	Karnataka	531797	52672
17	Kerala	477080	19069
18	Ladakh	4210	1074
19	Lakshadweep	470	100
20	Madhya Pradesh	1226812	149137
21	Maharashtra	1946167	90828
22	Manipur	28232	2057
23	Meghalaya	187417	17982
24	Mizoram	7106	1184
25	Nagaland	12634	790
26	Odisha	1136420	54157
27	Puducherry	8977	1608
28	Punjab	707825	27711
29	Rajasthan	627230	96791
30	Sikkim	6008	832
31	Tamil Nadu	1320021	38519
32	Telangana	140510	10018
33	The Dadra and Nagar Haveli and Daman and Diu	13043	4231
34	Tripura	40351	5250
35	Uttarakhand	232008	8919
36	Uttar Pradesh	6075618	170736
37	West Bengal	1028693	165752

Data source: HMIS portal, MoHFW, Government of India.

MALNUTRITION AMONG CHILDREN

1299. MD. RAKIBUL HUSSAIN:

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

(a) whether cases of Severe Acute Malnutrition (SAM) and Moderate Acute

malnutrition (MAM) among children under five have increased in Assam in recent years;

- (b) if so, the details thereof, district-wise;
- (c) the details of the reasons for persisting malnutrition despite implementation of POSHAN Abhiyaan; and
- (d) the details of the corrective measures proposed for flood and minority-dominated areas?

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

(a) to (d): The Poshan Tracker Application data of Severe Acute Malnutrition (SAM) and Moderate Acute malnutrition (MAM) among those children under five in the State of Assam (district-wise), who attend Anganwadi Centres (AWCs) or receive Anganwadi services at home, in recent years is available at <https://www.poshantracker.in/statistics> .

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism of nutrients. This process is influenced by factors like sanitation, education and access to safe drinking water. As malnutrition requires a multi-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition in a convergent manner. It is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18

Ministries/Departments.

To address the challenge 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. This Mission includes beneficiaries; Children under 6 years of age, pregnant women, lactating mothers and adolescent girls (14-18 years, in Northeastern States and Aspirational Districts) of the country. This Mission is being implemented across the country including flood, minority-dominated and the remote areas. The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;
- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

Under Mission Poshan 2.0, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and

wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this Mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to break the intergenerational cycle of malnutrition by adopting a life cycle approach. It is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition 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).

Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maah and Poshan Pakhwada

celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers (AWWs) are required to conduct two Community Based Events every month.

Poshan Tracker an ICT tool has been implemented for monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators of stunting, wasting, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, ECCE, Delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Management of Malnutrition in Children (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Village Health Sanitation and Nutrition Days (VHSNDs) are observed by Ministry of Health and Family Welfare for provision of maternal and child health services and creating awareness on maternal and childcare including nutrition in convergence with Ministry of Women and Child Development.

Suposhit Gram Panchayat Abhiyaan was launched in December 2024. This

initiative aims to improve nutritional outcomes and well-being through strengthened nutrition services, community participation, and multi-stakeholder convergence. The top 1000 Gram Panchayats are awarded an incentive of Rs. 1 lakh. These incentives are to be utilized to motivate the Anganwadi workers and helpers to help improve service delivery, as an incentive to the Gram Panchayat to improve community mobilization and increase enrolment and help nutrition related initiatives such as development of Poshan Vatikas, SNP value addition, etc.

SCHEMES AND DISEASE SURVEILLANCE INFRASTRUCTURE OF NCDC

1300. SHRI BASTIPATI NAGARAJU:

SHRI DAGGUMALLA PRASADA RAO:

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

- (a) the list of schemes currently being implemented by the National Centre for Disease Control (NCDC) across the country, along with the year of inception of each scheme;
- (b) the total number of projects approved and established under each such schemes, year- wise since inception and State-wise and District-wise for the State of Andhra Pradesh;
- (c) the details of funds approved, released and utilised under each of these schemes, year- wise since inception and State-wise, including Andhra

Pradesh;

- (d) the measures taken by the National Centre for Disease Control to strengthen disease surveillance infrastructure across the country;
- (e) the number of disease surveillance infrastructure facilities established till date under NCDC-supported programmes, State-wise and District-wise for Andhra Pradesh;
- (f) the criteria adopted by the Government for identifying locations for establishing Metropolitan Surveillance Units (MSUs) in the country; and
- (g) whether the Government proposes to extend the establishment of Metropolitan Surveillance Units to other States, including Andhra Pradesh and if so, the details thereof ?

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

(a): National Centre for Disease Control (NCDC) under the Central Sector Umbrella Scheme implements National Programmes for Surveillance of Viral Hepatitis (2012), National Rabies Control Programme (2017), Programme for Prevention and Control of Leptospirosis (2013), National One Health Programme for Prevention and Control of Zoonosis (2013), Establishment and Strengthening of NCDC Branches (2015) and under the Central Sector component of Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) scheme

implements Strengthening surveillance of infectious disease and outbreak response comprising of establishment up of State branches, Bio Safety Level-3 Laboratory (BSL-3), NCDC regional branches, Metropolitan Surveillance Units, Strengthening of Integrated Health Information Platform (IHIP) and Strengthening and Upgradation of NCDC Head Quarters which are implemented across the country including the state of Andhra Pradesh.

Further NCDC also implements various other programmes some of which are Integrated Disease Surveillance Programme (IDSP), National Programme for Prevention and Control of Snakebite Envenoming, National Programme on Climate Change and Human Health (NPCCHH) under Central Sponsored Schemes of National Health Mission. The details of the programmes/schemes of NCDC may be accessed at following link: <https://ncdc.mohfw.gov.in/>

(b) to (e): Under the Central Sector component of PM-ABHIM one project each of BSL-3, NCDC State Branch, and Metropolitan Surveillance Unit have been sanctioned for the State of Andhra Pradesh.

The Government through National Health Mission (NHM) release funds to States/UTs based on the proposals received in Program Implementation Plans (PIPs) including the state of Andhra Pradesh. The details of the PIP State/UT wise may be seen at the following link:

<https://nhm.gov.in/index1.php?lang=1andlevel=1andsublinkid=1377andlid=744>

Details of the fund released by Government of India under the Central

Sector component of PM-ABHIM and Umbrella scheme of NCDC are given in the enclosed **Statement**.

NCDC undertakes several measures to strengthen disease surveillance infrastructure in the country, including implementation of the Integrated Disease Surveillance Programme (IDSP) across all States/UTs, transition to the Integrated Health Information Platform (IHIP) in 2021 for paperless, case-based and near real-time surveillance, establishment of Central, State and District Surveillance Units, strengthening of District Public Health Laboratories (DPHLs), establishment of Metropolitan Surveillance Units (MSUs), designation of the Viral Hepatitis Laboratory at NCDC as a Centre of Excellence, and establishment as well as strengthening of NCDC State and Regional Branches.

(f) and (g): The criteria adopted for identification of locations for establishing Metropolitan Surveillance Units (MSUs) includes population size and density, high disease burden and outbreak vulnerability, urbanization level (Tier-I and Tier-II cities), gaps in existing disease surveillance infrastructure, availability of supporting public health institutions.

In Andhra Pradesh, an MSU has been approved at Guntur. At present, there is no proposal to further extend MSUs to additional cities or States.

STATEMENT

Details of the fund released by Government of India under the Central Sector component of PM-ABHIM and Umbrella scheme of NCDC

SCHEME	2021-22		2022-23		2023-24		2024-25		2025-26 (31/12/2026)	
	Approved	Expenditure	Approved	Expenditure	Approved	Expenditure	Approved	Expenditure	Approved	Expenditure
PM-ABHIM	7.5	2.82	48.5	48.43	70.34	56.46	60	49.79	125	85.19
UMBR ELLA	50	38.26	52.46	37.8	27.52	17.05	30.37	24.72	30	24.96

EXCESSIVE SALT CONSUMPTION

1301. SHRI VIJAY KUMAR HANSDAK:

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

- (a) whether excessive salt consumption has emerged as a critical health crisis in the country, primarily driving a “silent pandemic” of hypertension and Cardiovascular Diseases and if so, the details thereof;
- (b) the steps taken/proposed to be taken by the Government to promote public awareness of the adverse health effects of excessive salt intake;
- (c) whether it is a fact that consumption of Low Sodium Salt Substitutes (LSSS) can go a long way in combating this “silent pandemic” of hypertension and Cardiovascular Disease (CVD) and if so, the details thereof; and
- (d) the measures taken or proposed to be taken by the Government to ensure

the availability, accessibility and affordability of Low Sodium Salt Substitutes (LSSS) for the general public?

THE MINISTER 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 Indian Council of Medical Research (ICMR), excessive salt consumption is a contributor to the growing burden of hypertension and cardiovascular diseases.

(b): The Government of India, through the Food Safety and Standards Authority of India (FSSAI), is implementing the Eat Right India movement to promote healthy eating practices and awareness about the harmful effects of excessive salt consumption. Under this movement, key activities include:

- Mass media and social media campaigns such as “Aaj Se Thoda Kam” to encourage gradual reduction in salt, sugar and fat intake in daily diet.
- Development and dissemination of the Eat Right Toolkit for frontline health workers to counsel communities on limiting high fat, sugar and salt (HFSS) foods.

(c) and (d) : Based on a review of the available evidence on effects and safety, and consideration of additional contextual factors, WHO in 2025 recommended:

- To reduce blood pressure and the risk of cardiovascular diseases, it is recommended to reduce sodium intake to less than 2 gm/day (strong

recommendation).

- In this context, using less regular table salt is an important part of an overall sodium reduction strategy. If choosing to use table salt, WHO suggests replacing regular table salt with lower-sodium substitutes that contain potassium (conditional recommendation). This recommendation is intended for adults (not pregnant women or children) in general populations, excluding individuals with kidney impairments or with other circumstances or conditions that might compromise potassium excretion.

SHORTAGE OF AYUSH DOCTORS IN LAKSHADWEEP

1302. SHRI HAMDULLAH SAYEED:

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

- (a) whether the Government is aware of the inadequate infrastructure, shortage of AYUSH doctors and paramedical staff and limited availability of medicines in AYUSH dispensaries in the Union Territory of Lakshadweep;
- (b) if so, the details of AYUSH dispensaries currently functioning in Lakshadweep, Island-wise along with the sanctioned and filled posts of doctors and staff therein;
- (c) whether the Government has any proposal to strengthen AYUSH healthcare services in Lakshadweep by upgrading infrastructure, filling

vacant posts, ensuring regular supply of medicines and introducing telemedicine and speciality AYUSH services;

(d) if so, the details thereof along with the timelines fixed for implementation; and

(e) if not, the reasons therefor?

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

(a) and (b): As Public Health being a State subject, the primary responsibility to ensure adequate infrastructure, availability of Ayush doctors and paramedical staff and availability medicines in Ayush dispensaries in the union Territory of Lakshadweep comes under the purview of respective UT Government. As reported by UT Government, 7 Ayushman Arogya Mandir- Ayush centers, 1 Ayush dispensary at Kadmat, and a 20-bedded Deen Dayal Upadhyaya Ayush Hospital at Kavaratti is functioning under National Ayush Mission (NAM). Ayush services are delivered by 18 Ayush doctors (10 Ayurveda and 8 Homoeopathy), 1 Unani and 1 Siddha doctor, with paramedical staff under National Health Mission (NHM) and NAM in Lakshadweep,. Medicines are procured as per Ministry of Ayush guidelines and supplied to the Ayush facilities. Further, Kadmat Island has one Ayush Dispensary co-located with Ayushman Arogya Mandir (AAM), staffed with one Ayurveda and one Homoeopathy doctor under NHM, along with two

masseurs and one Homoeopathy pharmacist under NAM.

(c) to (e): As public health is a State subject, the primary responsibility of strengthening of Ayush healthcare services by upgrading infrastructure, filling vacant posts, ensuring regular supply of medicines and introducing telemedicine, comes under the purview of the respective UT Government. However, Ministry of Ayush is implementing the Centrally Sponsored Scheme of NAM through State/UT Governments including Lakshadweep and supporting their efforts for overall development and promotion of Ayush system by providing financial assistance under different activities like strengthening of infrastructure, support of manpower, supply of medicines, implementation of public health programmes etc. Accordingly, UT Government may avail financial assistance by submitting suitable proposals through State Annual Action Plans (SAAPs) as per the provisions of NAM guidelines.

GROWING ALLIANCE BETWEEN PAKISTAN, CHINA AND BANGLADESH

1303. DR. MOHAMMAD JAWED:

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

- (a) whether the Government has taken note of the growing alliance between Pakistan, China and Bangladesh considering India's shares most of its international border with them;
- (b) if so, the perceived economic and security threat looming out of the growing

alliance; and

- (c) the steps has been taken by the Government internationally to counter any actions by the trio that could harm India's interest?

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

(a) to (c): The Government of India constantly monitors all developments having a bearing on India's security and economy and takes all necessary measures to safeguard it. This includes developments in our immediate neighbourhood. India continues to engage with regional partners with a view to ensure that its security and economic interests are respected and advanced. The Government remains committed to protecting India's national interests and ensuring comprehensive national security across all domains.

STATUS OF INTER-DISTRICT MOVEMENT OF VULNERABLE CHILDREN

1304. SUSHRI IQRA CHOUDHARY :

SHRI PUSHPENDRA SAROJ :

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

- (a) the number of children rescued in cases of trafficking, child labour/missing children who were subsequently transferred across districts for

rehabilitation, care or restoration in Uttar Pradesh during the last three years;

- (b) the number of cases where follow-up reports from receiving districts were not recorded within prescribed timelines;
- (c) whether any lack of inter-district tracking resulted in children being re-reported as missing, trafficked/untraceable, if so, the details thereof;
- (d) whether any institutional gaps were identified in coordination between District Child Protection Units, Child Welfare Committees and State authorities in tracking such cases;
- (e) if so, the details thereof; and
- (f) the measures being taken to establish mandatory inter-district tracking, data sharing/accountability mechanisms for vulnerable children in the said State?

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

(a) to (f) : The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), as amended in 2021 is the primary legislation for ensuring safety, security, dignity and well-being of Children in Need of Care and Protection (CNCP) as well as Children in Conflict with Law (CCL). It caters to their basic needs, care, protection, development, treatment, rehabilitation and social re-integration. 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).

As per Section 2 (14) (ii) and (ix) of Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) as amended in 2021, a child who is found working in contravention of the provisions of this act or labour laws for the time being in force or is found begging, or living on the street and who is found vulnerable is included as a “child in need of care and protection”, among others.

The Government of India has taken several steps to prevent child labour including enactment of the Child and Adolescent Labour (Prohibition and Regulation) Act, 1986. The Act inter-alia covers complete prohibition of work or employment of children below 14 years of age in any occupation or process and prohibition of adolescents in the age group of 14 to 18 years in hazardous occupations and processes. It also provides for stricter punishment for employers for violation of the Act and made the offence as cognizable.

Ministry of Home Affairs has issued an advisory dated 17.10.2022 to State Governments/UT Administrations regarding appointment of Child Welfare Police Officers and Special Juvenile Police Units under the Juvenile Justice (Care and Protection) Act, 2015 as these play a critical role in dealing with crime against children. Further, MHA has also issued another advisory dated 30.04.2024 to all State Governments/UT Administration to take pro-active steps to eliminate child

labour including registration of FIRs, ensuring better coordination between law enforcement agencies and other stakeholders like NGOs; Anti-Human Trafficking Units; District Child Protection Units; Railway Protection Force; Labour factories etc., sensitizing the law enforcement agencies about gravity of child labour by way of training/workshops/seminars etc.

Section 143 of BNS defines trafficking as recruiting, transporting, harbouring, transferring, or receiving a person for exploitation using various coercive means. The section outlines severe punishments for trafficking, with higher penalties for trafficking multiple persons or children. Further, Section 144 of BNS, 2023, deals with the exploitation of trafficked persons, including sexual exploitation. The section outlines different punishments for exploiting trafficked children and adults, with distinct terms of imprisonment and fines. Section 95 of BNS related to hiring, employing or engaging a child etc.to commit an offence, Section 99 of BNS related to buying a child for the purposes of prostitution are also relevant in the context of human trafficking. Additionally, the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 also recognizes trafficking as a cognizable and non-bailable offence.

Further, Ministry of Women and Child Development is implementing Centrally Sponsored Scheme namely Mission Vatsalya through the State/ UT Governments on pre-defined cost sharing basis between the Centre and the State Governments to deliver various services for children in difficult

circumstances, which include both institutional and non-institutional care services. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, inter-alia, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Support under non-institutional care is provided by way of sponsorship, foster care and after care to children in need of care and protection.

The Ministry of Women and Child Development regularly follows up with the State/ UT Governments so as to ensure better implementation of the processes and procedures mandated under the JJ Act and Rules.

Further, 'Police' and 'Public Order' are the "State" subjects under the Seventh Schedule to the Constitution of India. The responsibility for preventing and countering the crime of human trafficking, therefore, primarily vests with respective States/ Union Territories, who are competent to deal with such offences under extant provisions of law.

As per the information provided by NCRB, the number of children rescued in Uttar Pradesh in cases of trafficking during 2021 to 2023 is given in the enclosed **Statement-I**. The number of Children Missing and recovered in Uttar Pradesh during 2021 to 2023 is given in the enclosed **Statement-II**.

STATEMENT-I

The number of children rescued in Uttar Pradesh in cases of trafficking during 2021 to 2023

2021		2022		2023	
Trafficked	Rescued	Trafficked	Rescued	Trafficked	Rescued
40	40	73	73	66	64

STATEMENT-II

The number of children missing and recovered children in Uttar Pradesh during 2021 to 2023

2021		2022		2023	
Total children missing	Total recovered	Total children missing	Total recovered	Total children missing	Total recovered
5294	2764	5924	3750	6167	4110

स्थानीय उद्यमिता को प्रोत्साहन

1305. श्री कंवर सिंह तंवर:

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

- (क) क्या सरकार का उत्तर प्रदेश के अमरोहा जिले में रसायन, उर्वरक या दवा उत्पादन से संबंधित स्थानीय उद्यमशीलता और लघु व्यवसायों को सहायता देने का विचार है, जिसका उद्देश्य रोजगार सृजन और स्थानीय आर्थिक कार्यकलाप को बढ़ावा देते हुए विशेषरूप से उत्तर प्रदेश राज्य के अमरोहा, जोया, हसनपुर, धनाउरा, बछरायूं और नौगावां सादात में युवा और महिला उद्यमियों को प्रोत्साहित करना है;
- (ख) यदि हां, तो उक्त जिले में ऐसे उद्यम को बढ़ावा देने के लिए सुगमता उपायों, योजना सहायता,

प्रशिक्षण पहलों और ऋण-संबंधी सहायता के तहत उठाए गए कदमों सहित तत्संबंधी ब्यौरा क्या है; और

(ग) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) और (ख) : जी, हाँ। सरकार उद्यमशीलता और लघु व्यवसायों को बढ़ावा देने के लिए राष्ट्रीय स्तर की कई योजनाएँ कार्यान्वित कर रही है, जिनमें रसायन, औषध और संबंधित गतिविधियों के निर्माण में लगे व्यवसाय भी शामिल हैं। ये योजनाएँ उत्तर प्रदेश के अमरोहा, जोया, हसनपुर, धनाउरा, बछरायूं और नौगाँव सादात सहित अमरोहा जिले के पात्र उद्यमियों के लिए उपलब्ध हैं, जिनका मुख्य उद्देश्य रोजगार सृजन और युवा एवं महिला उद्यमशीलता को बढ़ावा देना है। इन योजनाओं/कार्यक्रमों में प्रधानमंत्री रोजगार सृजन कार्यक्रम, सूक्ष्म एवं लघु उद्यमों के लिए ऋण गारंटी योजना, सूक्ष्म एवं लघु उद्यम-क्लस्टर विकास कार्यक्रम, उद्यमशीलता कौशल विकास कार्यक्रम, अधिप्राप्ति एवं विपणन सहायता योजना, एमएसएमई निष्पादन संवर्धन एवं त्वरण, अंतर्राष्ट्रीय सहयोग योजना, टूल रूम, प्रौद्योगिकी केंद्र प्रणाली कार्यक्रम, राष्ट्रीय एससी/एसटी हब, एमएसएमई चैंपियंस योजना, पीएम विश्वकर्मा आदि शामिल हैं।

रसायन, उर्वरक और औषध हेतु जुलाई, 2020 में एमएसएमई मंत्रालय द्वारा शुरू किए गए उद्यम पंजीकरण प्रणाली के तहत अमरोहा जिले में कुल पंजीकृत सूक्ष्म, लघु एवं मध्यम उद्यम (एमएसएमई) उद्योगों का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

इसके अतिरिक्त, उत्तर प्रदेश सरकार ने अमरोहा सहित उत्तर प्रदेश के सभी जिलों में लघु एवं मध्यम उद्यमों (एमएसएमई) को बढ़ावा देने के लिए कई कदम उठाए हैं। इसका विस्तृत ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग) : प्रश्न नहीं उठता।

विवरण - I

रसायन, उर्वरक और औषध हेतु जुलाई, 2020 में एमएसएमई मंत्रालय द्वारा शुरू किए गए उद्यम पंजीकरण प्रणाली के तहत अमरोहा जिले में कुल पंजीकृत सूक्ष्म, लघु एवं मध्यम उद्यम (एमएसएमई) उद्योग

रसायनों एवं रासायनिक उत्पादों से संबंधित एमएसएमई					
(संख्या में)					
सूक्ष्म उद्योग	लघु उद्योग	मध्यम उद्योग	कुल एमएसएमई उद्योग	महिला उद्यमी	सृजित रोजगार
275	11	-	286	286	1672
औषध, औषधीय रसायन और वानस्पतिक उत्पादों से संबंधित एमएसएमई					
(संख्या में)					
सूक्ष्म उद्योग	लघु उद्योग	मध्यम उद्योग	कुल एमएसएमई उद्योग	महिला उद्यमी	सृजित रोजगार
151	5	0	156	156	813

विवरण - II

उत्तर प्रदेश के अमरोहा जिले में रसायन, उर्वरक या औषधि उत्पादन से संबंधित स्थानीय उद्यमशीलता और लघु व्यवसायों की सहायता करने के लिए उत्तर प्रदेश राज्य सरकार द्वारा उठाए गए कदमों का ब्यौरा:

एमएसएमई नीति 2022 के तहत, अमरोहा जिले के साथ-साथ राज्य के सभी जिलों में रसायन, उर्वरक, औषधि उत्पादन और अन्य विनिर्माण इकाइयों से संबंधित विनिर्माण इकाइयों को पूंजी सब्सिडी, ब्याज सब्सिडी, सीजीटीएमएसई कवरेज, नियोक्ता के ईपीएफ अंशदान की प्रतिपूर्ति आदि के माध्यम से प्रोत्साहन दिया जा रहा है। तकनीकी योजना के तहत, सूक्ष्म और लघु इकाइयों को पूंजीगत सब्सिडी, ब्याज सब्सिडी, ब्रांडिंग सहायता आदि के माध्यम से लाभ मिल रहा है।

इसके अलावा, 'ईज ऑफ डूइंग बिज़नेस' पहल के तहत, इन्वेस्ट यूपी द्वारा संचालित 'सिंगल विंडो सिस्टम' के माध्यम से सरल और समयबद्ध तरीके से अनुमोदन प्रक्रिया को सुगम बनाया जा रहा है। इसके अतिरिक्त, राज्य सरकार की विभिन्न योजनाएं जैसे 'मुख्यमंत्री युवा उद्यमी विकास योजना (सीएम युवा)', 'वन डिस्ट्रिक्ट वन प्रोडक्ट (ओडीओपी)', 'मुख्यमंत्री युवा स्वरोजगार योजना' और अन्य एमएसएमई-संबंधित योजनाएं विशेष रूप से युवा और महिला उद्यमियों को बढ़ावा देने के उद्देश्य से लागू की जा रही हैं। इन योजनाओं के तहत प्रशिक्षण, ऋण सुविधाएं, मार्गदर्शन और सब्सिडी के रूप में अनुदान सहायता प्रदान की जाती है। ये योजनाएं युवा और महिला उद्यमियों को औषधि, रसायन और संबद्ध विनिर्माण क्षेत्रों में उद्यम स्थापित करने के लिए प्रोत्साहित कर रही हैं। इस प्रकार, उत्तर प्रदेश सरकार द्वारा कार्यान्वित औद्योगिक और निवेश नीतियों के माध्यम से अमरोहा जिले और इसके विभिन्न विकास खंडों में स्थानीय उद्यमिता को बढ़ावा देने, रोजगार सृजन और महिला एवं युवा उद्यमियों के सशक्तिकरण के लिए पर्याप्त सहायता प्रदान की जा रही है।

CASES OF COUNTERFEIT AND SPURIOUS DRUGS

1306. SHRI NAVEEN JINDAL:

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

- (a) the system and measures that are in place to ensure the safety and authenticity of pharmaceuticals in the domestic and international markets;
- (b) the action taken against manufacturers and marketeers of counterfeit and spurious drugs, in each year during the last five years, year-wise;
- (c) the steps taken/proposed to be taken by the Government during the last five years and the ongoing fiscal to enhance collaboration between the Central

Drugs Standard Control Organization (CDSCO) and State authorities to combat the issue of counterfeit and spurious drugs; and

- (d) the steps being taken to raise public awareness regarding the dangers of counterfeit and spurious drugs?

THE MINISTER 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): Drugs manufactured in the country, irrespective for domestic or international market, are required to comply with the same standards as prescribed in the Drugs and Cosmetics Act, 1940 and Rules, 1945 made thereunder for their quality. Additionally, for export of drugs the manufacturer is also required to comply with the requirements of the importing country.

As per information received from States/UTs Drugs Controllers, the number of drug samples tested in last five years by various States/U.Ts and status regarding number of drug samples declared Not of Standard Quality/spurious/adulterated including enforcement actions taken is as under:

Financial Year	No. of drugs samples tested	No. of drugs samples declared Not of Standard Quality	No. of drugs samples declared Spurious/ Adulterated	Number of prosecution launched for manufacturing, sale and distribution of spurious/adulterated drugs
2020-21	84,874	2,652	263	236
2021-22	88,844	2,545	379	592
2022-23	96,713	3,053	424	663

2023-24	1,06,150	2,988	282	604
2024-25	1,16,323	3,104	245	961

CDSCO and Ministry of Health and Family Welfare have taken following regulatory measures to ensure the import and manufacture of safe, efficacious and quality medicines across the country:

- (i) On 17.11.2022, the Drugs Rules, 1945 were amended vide G.S.R. 823(E) which has come into force from 1st of August, 2023 providing that the manufacturers of top 300 brands of drug formulation products, as specified in Schedule H2, shall print or affix Bar Code or Quick Response Code on its primary packaging label or, in case of inadequate space in primary package label, on the secondary package label that store data or information legible with software application to facilitate authentication.
- (ii) On 18.01.2022, the Drugs Rules, 1945 were amended vide G.S.R. 20 (E) providing that every Active Pharmaceutical Ingredient (bulk drug) manufactured or imported in India shall bear Quick Response Code on its label at each level of packaging that store data or information readable with software application to facilitate tracking and tracing. The stored data or information shall include the minimum particulars including unique product identification code, Batch Number, Manufacturing date, Expiry Date etc.

CDSCO has made the said requirements regarding QR Codes

available to the general public by publishing the notification in this regard on its website

([https://cdsco.gov.in/opencms/opencms/en/Notifications/Gazette-](https://cdsco.gov.in/opencms/opencms/en/Notifications/Gazette-Notifications)

[Notifications](https://cdsco.gov.in/opencms/opencms/en/Notifications/Gazette-Notifications)) and has also advised industry stakeholders for public awareness campaigns in this regard.

- (iii) In order to assess the regulatory compliance of drug manufacturing premises in the country, the CDSCO along with State Drugs Controllers (SDCs) have conducted Risk-Based Inspections of more than 960 premises since December, 2022 and based on findings, more than 860 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses, warning letters have been taken by the State Licensing Authorities.
- (iv) List of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Adulterated by the Central Drugs Testing Laboratories is uploaded and available on the website of CDSCO under the heading of Drug Alert (www.cdsco.gov.in) and actions initiated as per provisions of the Drugs and Cosmetics Act, 1940 and rules thereunder.
- (v) 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.

- (vi) 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.
- (vii) An online portal, SUGAM labs is in place since September 2023 for integrating the drug testing labs of the CDSCO. It automates the entire workflow for testing of Medical Products (Drugs, Vaccine, Cosmetics and Medical devices) to meet the quality specification and tracing the testing status in the laboratories.
- (viii) The Drugs Rules, 1945 have been amended making it mandatory that, in case the applicant intends to market the drug under a brand name or trade name the applicant shall furnish an undertaking in Form 51 to the licensing authority that such or similar brand name or trade name is not already in existence with respect to any drug in the country and the proposed brand name or trade name shall not lead to any confusion or deception in the market.

- (ix) Vide G.S.R. 101 (E) dated 11.02.2020, the Drugs Rules, 1945 were amended, providing that with effect from 01.03.2021 any marketer who sells or distributes any drug shall be responsible for quality of that drug as well as other regulatory compliances along with the manufacturer under these Rules.
- (x) Central regulator coordinates activities of State Drug Control Organisations and provides expert advice through the Drugs Consultative Committee (DCC) meetings held with State Drugs Controllers for uniformity in administration of the Drugs and Cosmetics Act.
- (xi) 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.

महिला छात्रावास और बाल देखभाल केंद्र

1307. श्रीमती अनिता नागरसिंह चौहान:

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

- (क) क्या सरकार इस बात से अवगत है कि मध्य प्रदेश के जनजातीय बहुल रतलाम-झाबुआ अलीराजपुर संसदीय निर्वाचन क्षेत्र में कामकाजी महिलाओं, छात्राओं और औद्योगिक एवं सेवा

क्षेत्रों में कार्यरत महिलाओं के लिए सुरक्षित महिला छात्रावास/क्रेच सुविधाओं का अभाव इनकी शिक्षा और रोजगार की निरंतरता को प्रतिकूल रूप से प्रभावित करता है;

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

(ग) क्या सरकार का उक्त क्षेत्र में कामकाजी महिलाओं के लिए छात्रावास योजना और राष्ट्रीय शिशुगृह योजना के अंतर्गत कामकाजी महिलाओं के नए छात्रावास/बाल देखभाल केंद्र स्थापित करने का प्रस्ताव है;

(घ) यदि हां, तो अब तक स्वीकृत उक्त प्रस्तावों की संख्या कितनी है और उपरोक्त केंद्र स्थापित करने के लिए प्रस्तावित स्थान, क्षमता और समयसीमा का ब्यौरा क्या है; और

(ङ) यदि नहीं, तो इसके क्या कारण हैं और इस संबंध में प्रस्तावित भावी कार्य योजना का ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (ङ) : व्यापक मिशन शक्ति के अंतर्गत सखी निवास योजना [कामकाजी महिलाओं के लिए छात्रावास (डब्ल्यूडब्ल्यूएच)] एक मांग आधारित केंद्र प्रायोजित योजना है, जिसमें राज्य/संघ राज्य क्षेत्र स्थानीय जरूरतों के अनुसार अपनी आवश्यकता का आकलन करते हैं और उनके प्रस्तावों को उन के साथ चर्चा के बाद कार्यक्रम अनुमोदन समिति (पीएबी) द्वारा अनुमोदित किया जाता है। इस योजना का उद्देश्य शहरी, अर्ध-शहरी और यहां तक कि ग्रामीण क्षेत्रों में भी, जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, कामकाजी महिलाओं और उच्च शिक्षा एवं प्रशिक्षण प्राप्त कर रही महिलाओं के लिए सुरक्षित और सुविधाजनक आवास की उपलब्धता को बढ़ावा देना है, साथ ही बच्चों के लिए डे केयर सुविधा भी प्रदान करना है। इस योजना में किराये के आवास के लिए निधि प्रदान की जाती है। निर्माण घटक बंद कर दिया गया है।

वर्तमान में, सखी निवास के अंतर्गत 3 सखी निवास (भोपाल में 1 और इंदौर में 2) कार्यरत हैं

और राज्य द्वारा दी गई जानकारी के अनुसार, रतलाम-झाबुआ-अलीराजपुर जिलों में कोई भी सखी निवास कार्यरत नहीं है।

इसके अतिरिक्त, वित्त मंत्रालय (एमओएफ), व्यय विभाग (डीओई) ने अगस्त 2024 में राज्यों को पूंजी निवेश हेतु विशेष सहायता (एसएससीआई) योजना के भाग (X) (कामकाजी महिलाओं के लिए छात्रावासों का निर्माण) के तहत 28 राज्यों को कामकाजी महिलाओं छात्रावासों के निर्माण के लिए 5,000 करोड़ रुपये आवंटित किए हैं। इस योजना के तहत मध्य प्रदेश सरकार को 284.00 करोड़ रुपये आवंटित किए गए हैं और राज्य सरकार ने धार, उज्जैन, रायसेन, सिंगरौली, झाबुआ, देवास, नर्मदापुरम और भिंड जिलों में कुल 284.00 करोड़ रुपये की लागत से छात्रावासों के निर्माण के लिए 8 प्रस्ताव प्रस्तुत किए हैं। राज्य सरकार के प्रस्तावों को व्यय विभाग (डीओई) द्वारा अनुमोदित कर दिया गया है और व्यय विभाग (डीओई) द्वारा 2024-25 के दौरान राज्य सरकार को 187.44 करोड़ रुपये की पहली किस्त जारी कर दी गई है।

15वें वित्त आयोग की अवधि के दौरान, महिला एवं बाल विकास मंत्रालय ने सभी राज्यों और संघ राज्य क्षेत्र के लिए 1 अप्रैल 2022 से बच्चों को दिन की देखभाल की सुविधा और सुरक्षा प्रदान करने के लिए व्यापक मिशन शक्ति के समर्थ्य वर्टिकल के तहत आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी)-पालना की शुरुआत की है।

राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों के साथ प्रतिवर्ष आयोजित होने वाली कार्यक्रम अनुमोदन समिति (पीएबी) की बैठकों में राज्यों/संघ राज्य क्षेत्र को और अधिक आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) खोलने के प्रस्ताव प्रस्तुत करने के लिए प्रोत्साहित किया जाता है। पीएबी की बैठक में मध्य प्रदेश राज्य के लिए 448 आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) को कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा अनुमोदित कर दिया गया था।

DELAYS IN E-COURT MISSION MODE PROJECT IMPLEMENTATION**1308. SHRI MALAIYARASAN D.:**

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

- (a) whether the Government has taken note of delays in the implementation of the e-Court Mission Mode Project across various courts in the country;
- (b) if so, the reasons for the delays in completing key components such as digital case records, e-filing, virtual courtrooms and inter-connectivity of courts;
- (c) the current status of implementation of Phase II and Phase III of the e-Court Project, State-wise, particularly in Tamil Nadu and the progress made in district and subordinate courts in Kallakurichi constituency;
- (d) whether inadequate infrastructure, shortage of technical manpower or financial constraints have affected the timely implementation of the project; and
- (e) the steps taken by the Government to accelerate the rollout of e-Courts and ensure that district and subordinate courts benefit from digital judicial services at the earliest, especially in Kallakurichi constituency?

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

- (a) to (e): The e-Courts Mission Mode Project is being implemented in a phased

manner across the country with the objective of strengthening the use of Information and Communication Technology (ICT) in the judicial system. The Department of Justice in close coordination with eCommittee of Supreme Court of India is implementing the e-Courts Project in a decentralized manner through the respective High Courts.

Phase I (2011 – 2015) of the project primarily focused on basic computerization and internal connectivity in courts. Phase II (2015 – 2023), having financial outlay of Rs. 1670 crore, focused on ICT facilitation of judicial services to citizens. High Court-wise details of funds released under Phase-II of the eCourts Project are given in the enclosed **Statement-I**. The components included computer hardware, computerization of District and State Legal Services Authorities, Wide Area Network (WAN) connectivity, trainings of stakeholders, establishment of eSewa Kendra, etc. An advanced Case Information System (CIS) software, National Judicial Data Grid (NJDG) and systems for digital filing and payments were developed, which revolutionized the way public accessed the services provided by the judiciary.

Phase III (2023-2027) of the eCourts project envisions transforming Indian courts into digital and paperless courts by digitizing legacy and current case records, expanding video conferencing to all courts, jails, and selected hospitals, extending online courts beyond traffic violations and strengthening e-filing and e-payments systems. Further, the project aims at creation of eSewa Kendras in all

court complexes, creation of a state-of-the-art cloud-based data repository for storing digitized court records and applications, and deployment of emerging technologies such as Artificial Intelligence (AI) and Optical Character Recognition (OCR) for case analysis and forecasting. Phase III has financial outlay of Rs. 7210 crore, out of which Rs 2740.86 crore have been released to High Courts and other Agencies till date. The High Court-wise details of funds released are given in the enclosed **Statement-II**. The details of digitization of records, virtual courts, video conferencing and e-filing, as provided by the eCommittee, Supreme Court of India, High Court-wise and District Court-wise are given in the enclosed **Statement-III**.

Currently, over 618.36 crore pages of court records including legacy records have been digitized. Approximately 1.03 crore cases have been filed electronically through the e-filing platform. 29 Virtual Courts have been established to enable online adjudication of traffic challans, and live streaming of court proceeding is operational in 11 High Courts. Video Conferencing facilities have been expanded across 3,240 court complexes and 1,272 jails, and over 3.93 crore hearings have been conducted through video conferencing. The Wide Area Network (WAN) Project under e-Courts project is aimed at connecting all District and Subordinate court complexes, spread across the country using various technologies like Optical Fiber Cable (OFC), Radio Frequency (RF) and Very Small Aperture Terminal (VSAT) etc. So far, 99.5% court complexes have been

connected with 10 Mbps to 100 Mbps bandwidth speed. This forms the backbone for the eCourts project, ensuring data connectivity in courts across the length and breadth of the country. Further, all district court websites have been migrated to the Secure, Scalable, and Sugamya Website as a Service (S3WAAS) platform.

Under the software development component of the eCourts Project, manpower is engaged through NIC and outsourced resources as per Government norms. It includes software developers, system analysts, database administrators, cybersecurity and project management professionals at Central and High Court level to support development, maintenance, up-gradation and secure operation of eCourts applications across the judiciary. A Centre of Excellence (CoE) has also been established with adequate technical manpower for providing technical assistance to the High Courts. The project is being supported through adequate financial allocation, ongoing training of technical manpower, provision of funds to High Courts for infrastructure augmentation and connectivity, and continued coordination with the High Courts to facilitate effective and timely implementation.

In the State of Tamil Nadu, the e-Courts project is being implemented under the guidance of the Madras High Court, in all district and subordinate courts, including those in Kallakurichi constituency. During Phase II of the project, Kallakurichi was not constituted as a separate district and existed only as a taluk. It was subsequently established as a district during Phase III.

During Phase II and Phase III of the eCourts project, a wide range of

initiatives have been implemented aimed at strengthening ICT infrastructure and improving access to judicial services under the Madras High Court. All district courts were computerized and ICT infrastructure was provided to 1,161 courts, 259 court complexes and 41 District Legal Services Authorities (DLSAs)/ Taluka Legal Services Committees (TLSCs). 14 court complexes were equipped with solar power plants. Citizen-centric services were enhanced through the installation of 2 Justice Clocks, 317 e-Sewa Kendras, 105 Help Desk Counters and 259 information kiosks. Virtual hearings were facilitated by establishing 140 video conferencing cabins with broadband connectivity in 236 court complexes and 111 jails, and 20.1 lakh virtual hearings have been conducted till 31.12.2025. E-filing and e-payments systems were implemented across all courts. Over 33.93 crore pages of court records have been digitized so far. For effective service of summons, 2,906 smartphones were provided under the National Service and Tracking of Electronic Processes (NSTEP) initiative to senior bailiffs and process servers. Further, WAN connectivity was extended to 267 court complexes to provide robust, high-speed, and secure connectivity to remote and underserved court complexes. The Madras High Court has made substantial progress in the implementation of the e-Courts project. Further, a tripartite agreement has been executed among the Madras High Court, the State Government of Tamil Nadu, and the Government of India on the matter.

STATEMENT- I

Details of funds released under Phase II of the e-Courts project, High court-wise:

S. No.	High Court	Total (in Rs. crore)
1	Allahabad	109.48
2	Andhra Pradesh	1.96
3	Bombay	125.24
4	Calcutta	37.09
5	Chhattisgarh	27.31
6	Delhi	26.80
7	Gauhati (Arunachal Pradesh)	12.90
8	Gauhati (Assam)	70.77
9	Gauhati (Mizoram)	7.87
10	Gauhati (Nagaland)	7.99
11	Gujarat	72.82
12	Himachal Pradesh	11.19
13	Jammu and Kashmir and Ladakh	18.98
14	Jharkhand	24.25
15	Karnataka	65.38
16	Kerala	37.61
17	Madhya Pradesh	74.05
18	Madras	70.15
19	Manipur	9.27
20	Meghalaya	13.17
21	Orissa	46.41
22	Patna	55.82
23	Punjab and Haryana	54.13
24	Rajasthan	74.56
25	Sikkim	7.58
26	Telangana and Andhra Pradesh*	70.29
27	Telangana	1.79
28	Tripura	17.86
29	Uttarakhand	11.65
Total (in Cr.)		1164.37

** Funds released to erstwhile Andhra Pradesh and Telangana High Court; shared in the ratio of 58:42 respectively.*

Note: In addition to the funds released to High Courts, Rs 180.57 crore were released to NIC for providing technical support, Rs 293.68 crore to BSNL for WAN (Wide Area Network) connectivity, Rs 13.50 crore to eCommittee, SCI under Change Management and Rs 16.31 crore for miscellaneous expenditure (salary, office expenses, publicity, etc).

STATEMENT- II

Details of funds released under Phase III of the e-Courts project, High court-wise and year-wise:

(Rs. in crore)

S. No.	High Court	2023-24	2024-25	2025-26
1	Allahabad	95.87	51.78	119.92
2	Andhra Pradesh	25.44	31.74	15.81
3	Bombay	69.54	83.19	92.41
4	Calcutta	16.73	27.65	9.50
5	Chhattisgarh	16.27	24.17	39.11
6	Delhi	17.89	48.19	17.90
7	Gauhati (Arunachal Pradesh)	2.03	9.76	1.79
8	Gauhati (Assam)	24.97	33.85	3.65
9	Gauhati (Mizoram)	3.12	6.22	1.99
10	Gauhati, Kohima (Nagaland)	1.79	3.91	3.41
11	Gujarat	27.72	73.21	48.89
12	Himachal Pradesh	6.06	6.89	7.63
13	Jammu and Kashmir and Ladakh	6.52	14.53	12.81
14	Jharkhand	10.59	29.22	7.65
15	Karnataka	32.37	67.40	48.22
16	Kerala	15.40	32.62	51.60
17	Madhya Pradesh	22.90	77.31	48.58
18	Madras	90.69	91.75	113.20

S. No.	High Court	2023-24	2024-25	2025-26
19	Manipur	11.12	7.54	2.16
20	Meghalaya	3.33	8.50	3.83
21	Orissa	6.77	53.24	16.09
22	Patna	32.43	89.55	57.61
23	Punjab And Haryana	14.58	26.01	10.01
24	Rajasthan	19.80	34.72	60.88
25	Sikkim	1.71	8.98	2.51
26	Telangana	22.03	28.57	28.91
27	Tripura	0.53	7.05	8.79
28	Uttarakhand	13.68	19.95	29.57
	Total	611.88	997.49	864.43*

* As on 04.02.2026

Note: In addition to the funds released to High Courts, Rs. 185.06 crore have been released to NIC for providing technical support, Rs 54.79 crore to BSNL for WAN (Wide Area Network) connectivity, Rs 17.51crore to eCommittee, SCI under Change Management, Rs 0.28 crore to IIT Madras for development of e-Learning platform, and Rs 9.42 crore for miscellaneous expenditure (salary, office expenses, publicity, etc.).

STATEMENT-III

A. Details of digitization of court records in High Courts and District Courts till 31.12.2025:

S. No.	High Court	Total Pages Digitized in High Court	Total Pages Digitized in District Courts
1	Allahabad	57,74,41,007	1,68,69,63,743
2	Andhra Pradesh	3,41,11,865	17,28,50,732
3	Bombay	8,90,63,956	22,07,485
4	Calcutta	5,95,17,135	0
5	Chhattisgarh	24,26,800	1,91,84,603
6	Delhi	23,46,18,073	10,48,83,922

S. No.	High Court	Total Pages Digitized in High Court	Total Pages Digitized in District Courts
7	Gauhati – Arunachal Pradesh	5,06,407	1,26,322
8	Gauhati – Assam	2,97,53,593	15,58,31,203
9	Gauhati – Mizoram	12,31,287	20,97,820
10	Gauhati – Nagaland	0	0
11	Gujarat	16,98,629	11,64,409
12	Himachal Pradesh	79,15,775	11,81,757
13	Jammu and Kashmir and Ladakh	4,11,76,756	2,50,11,814
14	Jharkhand	3,01,84,408	96,24,854
15	Karnataka	5,14,20,668	4,63,47,270
16	Kerala	8,17,95,531	1,71,13,720
17	Madhya Pradesh	24,62,88,505	66,68,95,995
18	Madras	20,76,93,848	13,16,62,142
19	Manipur	58,56,075	57,36,785
20	Meghalaya	11,56,596	38,20,961
21	Orissa	5,33,13,761	17,36,02,357
22	Patna	2,40,49,339	2,39,56,123
23	Punjab and Haryana	29,46,04,020	62,82,06,241
24	Rajasthan	13,44,36,567	3,50,10,815
25	Sikkim	11,73,135	54,15,378
26	Telangana	12,85,86,477	7,61,42,250
27	Tripura	54,39,454	5,62,558
28	Uttarakhand	2,41,91,236	1,33,14,115
Total		2,36,96,50,903	4,00,89,15,374

(Source: eCommittee, SCI)

B. Details of virtual court establishments and challans, state-wise till**31.12.2025:**

S. No.	Virtual Court Establishment Name	Number of Challans Received	Challan Amount (In Rs.)
1	Assam (Assam Traffic Department)	2,52,352	3,10,25,201
2	Chandigarh (Virtual Court Chandigarh)	18,14,186	24,49,08,810
3	Chhattisgarh (Traffic Department)	1,29,303	82,60,701
4	Chhattisgarh (Transport Department)	49,572	3,30,500
5	Delhi (Notice Department)	2,62,11,142	2,18,20,23,706
6	Delhi (Traffic Department)	1,10,92,663	2,15,46,13,153
7	Gujarat (Traffic Department)	74,86,237	41,16,95,656
8	Gujarat (Transport Department)	8,10,340	33,05,10,865
9	Haryana (Traffic Department)	51,63,782	26,95,79,801
10	Himachal Pradesh (Traffic Department)	8,89,304	5,33,29,353
11	Jammu and Kashmir and Ladakh (Jammu Traffic Department)	14,59,411	12,12,00,646
12	Jammu and Kashmir and Ladakh (Kashmir Traffic Department)	14,20,148	14,98,72,014
13	Karnataka (Traffic Department)	1,27,657	1,10,16,14,350
14	Kerala (Police Department)	50,16,507	17,63,55,442
15	Kerala (Transport Department)	15,24,588	28,09,68,711
16	Madhya Pradesh (Traffic Department)	21,09,341	5,75,54,610
17	Maharashtra (Transport Department)	56,569	31,49,705
18	Maharashtra (Nashik Traffic Department)	22	2
19	Manipur (Virtual Court – Traffic)	19,671	7,96,000
20	Manipur (Virtual Court –Transport)	6,436	4,34,500
21	Meghalaya (Traffic Department)	6,472	1,00,501
22	Odisha (Traffic CTC-BBSR Commissionerate)	8,80,783	7,63,59,501
23	Rajasthan (Traffic Department)	3,17,077	2,16,07,070
24	Tamil Nadu (Traffic Department)	2,53,972	1,17,54,41,050
25	Tripura (Traffic Department)	2,69,894	42,48,726
26	Uttar Pradesh (Traffic Department)	2,99,56,401	82,72,27,444

S. No.	Virtual Court Establishment Name	Number of Challans Received	Challan Amount (In Rs.)
27	Uttarakhand (Traffic Department)	1,66,141	1,85,93,902
28	Uttarakhand (Transport Department)	1,43,967	2,30,60,042
29	West Bengal (Traffic Department)	4,83,932	76,88,452
	Total	9,81,17,870	973,25,50,414

(Source: eCommittee, SCI)

C. Number of cases heard through video conferencing in High Courts and District Courts till 31.12.2025:

S. No.	High Court	High Courts	District Courts
1	Allahabad	2,49,060	66,73,818
2	Andhra Pradesh	4,21,307	14,57,401
3	Bombay	94,493	3,10,408
4	Calcutta	1,81,591	1,85,189
5	Chhattisgarh	1,05,175	4,59,698
6	Delhi	3,22,201	75,03,131
7	Gauhati – Arunachal Pradesh	3,574	8,779
8	Gauhati – Assam	2,67,767	5,47,962
9	Gauhati – Mizoram	4,294	13,268
10	Gauhati – Nagaland	1,477	1,278
11	Gujarat	4,20,087	2,34,667
12	Himachal Pradesh	1,86,350	2,02,660
13	Jammu and Kashmir and Ladakh	2,65,337	5,98,259
14	Jharkhand	2,25,235	7,45,304
15	Karnataka	12,78,460	1,92,285
16	Kerala	2,80,384	6,93,555
17	Madhya Pradesh	6,97,374	11,72,912
18	Madras	15,31,620	4,79,195
19	Manipur	55,160	18,811
20	Meghalaya	6,930	77,483
21	Orissa	3,59,593	3,66,450
22	Patna	2,78,212	32,75,264

S. No.	High Court	High Courts	District Courts
23	Punjab and Haryana	6,53,089	37,34,523
24	Rajasthan	2,54,597	2,66,506
25	Sikkim	926	17,890
26	Telangana	15,31,472	2,01,818
27	Tripura	22,535	42,737
28	Uttarakhand	91,252	51,892
Total		97,89,552	2,95,33,143

(Source: eCommittee, SCI)

D. Number of cases e-filed in High Courts and District Courts till 31.12.2025:

S. No.	State Name	High Court/ District Court	Total Cases e-filed		
			HC	DC	Total
1.	Allahabad*	District Court	0	12,255	12,255
2.	Andhra Pradesh	High Court	22,909	27	22,936
3.	Bombay	Both Court	3,98,448	24,92,723	28,91,171
4.	Calcutta	High Court	11,847	2,453	14,300
5.	Chhattisgarh	Both Court	853	3,018	3,871
6.	Delhi*	District Court	0	16,06,202	16,06,202
7.	Gauhati – Arunachal Pradesh	Both Court	0	0	0
8.	Gauhati – Assam	Both Court	38,890	47,601	86,491
9.	Gauhati – Mizoram	Both Court	0	0	0
10.	Gauhati - Nagaland	Both Court	0	0	0
11.	Gujarat	High Court	64,582	10,043	74,625
12.	Himachal Pradesh	Both Court	3,584	1,07,244	1,10,828
13.	Jammu and Kashmir	Both Court	29,823	2,03,856	2,33,679
14.	Jharkhand	Both Court	57	1,316	1,373
15.	Karnataka	Both Court	9,908	3,90,35	4,00,260

				2	
16.	Kerala*	District Court	0	10,92,893	10,92,893
17.	Madhya Pradesh*	District Court	0	15,470	15,470
18.	Madras	Both Court	1,40,187	21,96,967	23,37,154
19.	Manipur	High Court	7,287	28,204	35,491
20.	Meghalaya	Both Court	39	1	40
21.	Odisha	Both Court	33,464	76,584	1,10,048
22.	Patna	Both Court	7,20,738	49,417	7,70,155
23.	Punjab and Haryana	Both Court	1,16,033	1,25,647	2,41,680
24.	Rajasthan	Both Court	1,22,607	6,997	1,29,604
25.	Sikkim	Both Court	3,887	6,724	10,611
26.	Telangana	Both Court	10,269	47,694	57,963
27.	Tripura	Both Court	4,425	34,356	38,781
28.	Uttarakhand	Both Court	312	98,527	98,839
Total			17,40,149	86,56,571	1,03,96,720

(Source: eCommittee, SCI)

Note: *Allahabad, Delhi, Kerala and Madhya Pradesh are using their own e-filing application for respective High Courts.

EXPANSION OF NATIONAL DHANWANTARI AYURVEDA AWARDS

1309. SHRI BASAVARAJ BOMMAI:

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

- (a) the steps taken by the Government to expand the reach and recognition of the National Dhanwantari Ayurveda Awards to include emerging Ayurveda practitioners and researchers;
- (b) the measures being taken by the Government to enhance the infrastructure

for Ayurveda research, education and clinical practice in rural and urban areas of the country;

- (c) whether the Government plans to introduce a mentorship program where past awardees can guide young Ayurveda practitioners and researchers; 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) : Ministry of Ayush has been celebrating Ayurveda Day every year since 2016, on the day of Dhanwantari Jayanti for the promotion, propagation and popularization of Ayurveda. However, as per the amendment Resolution published on 27.03.2025, the 23rd September has now been declared as Ayurveda Day, and for this, the Ministry has also instituted "National Dhanwantari Ayurveda Award for eminent Ayurveda Experts/ Vaidyas include emerging Ayurveda practitioners and researchers for their significant contribution to the field of Ayurveda in terms of promotion and propagation of Ayurveda at the National /International levels, which consists of a Citation, Trophy (Dhanwantari Statue), and cash reward of Rupees Five Lakhs are conferred on this day upon chosen/selected three (03) eminent Vaidyas and Ayurveda Experts to encourage excellence to promote and motivate adoption of best practices in the pursuit of excellence in Ayurveda.

Since 2023, the nominations for the Dhanwantari awards are invited through the common unified National Awards Portal – Rashtriya Puraskar portal of Ministry of Home Affairs (MHA).

(b) : Public Health being a State subject, strengthen the infrastructure in the country comes under the purview of respective State/UT Governments. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is a provision of financial assistance for setting up of Ayush Educational institution in the States where availability of Ayush teaching institutions is inadequate in Government. Accordingly, State/UT Governments may avail eligible financial assistance by submitting the suitable proposals through State Annual Action Plans (SAAPs) as per the provision of NAM guidelines.

Further, Ministry of Ayush, Government of India, has set up Central Council for Research in Ayurvedic Sciences (CCRAS), an autonomous organization for undertaking, coordinating, formulating, developing, and promoting research on scientific lines in Ayurvedic sciences. The activities of the Council are carried out through 30 peripheral Institutes in 25 States of the Country out of which health care services through OPD/IPD is being provided at 26 Peripheral Institute/Centres. The list is given in the enclosed **Statement**.

Furthermore, the following National Institutes of Ayurveda under the Ministry are imparting quality Medical Education, conducting Research and providing Ayurveda treatment through its attached Hospital across the country:-

- i. National Institute of Ayurveda (NIA), Jaipur and its extension centre at Panchkula.
- ii. All India Institute of Ayurveda (AIIA), New Delhi and its satellite centre at Goa.
- iii. Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar, Gujarat
- iv. Rashtriya Ayurveda Vidyapeeth (RAV), New Delhi.
- v. North Eastern Institute of Ayurveda and Homeopathy (NEIAH), Shillong, Meghalaya.
- vi. North Eastern Institute of Ayurveda and Folk Medicine Research (NEIAFMR), Pasighat, Arunachal Pradesh.

(c) and (d) : No such proposal is under consideration to introduce a 'Mentorship Programme' wherein former winners would guide young Ayurveda practitioners and researchers. However, the steps taken by the National Commission for Indian System of Medicine, New Delhi (NCISM) to promote Research in Ayurveda are as follows:-

I. Publication Grant:-

NCISM is giving publication grant to the teachers, UG and PG scholars, and practitioners of Ayurveda Medical system for publication of Research papers in quality journals as per the guidelines.

II. Studentship Program for Ayurveda Research Ken (SPARK)

NCISM in collaboration with Central Council for Research in Ayurvedic Sciences (CCRAS) under (SPARK) for undergraduate students of Ayurveda colleges were launched.

III. PG-STAR:-

NCISM in the collaboration with CCRAS has launched Scheme for Training in Ayurveda Research for Post Graduate scholars (PG-STAR).

IV. LITERARY RESEARCH:-

CCRAS is giving grant for literary research to the individuals and also working in collaboration with the teaching institutions for research purpose.

STATEMENT

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

State wise list of Ayurveda Hospitals/Dispensaries of CCRAS

S. No.	State/UT	Name of the CCRAS Institutes/Centre having Hospitals	Facility available
1.	Andaman and Nicobar Island	1.Regional Ayurveda Research Institute, Port Blair - 744101	OPD
2.	Andhra Pradesh	2.Regional Ayurveda Research Institute, Payakapuram, Vijayawada- 520015	OPD and IPD
3.	Arunachal Pradesh	3.Regional Ayurveda Research Institute, Itanagar -791111	OPD
4.	Assam	4.Central Ayurveda Research Institute, Borsojai, Beltola, Guwahati-781028	OPD and IPD
5.	Bihar	5.Regional Ayurveda Research Institute, D Block, Rajindra Memorial Res., Institute Building, Agam Kuan, Patna-800007	OPD
6.	Delhi	6.Central Ayurveda Research Road No.66, Punjabi Bagh, New Delhi - 110026	OPD and IPD
7.	Goa	7.Regional Ayurveda Research Institute for Mineral and Marine Medicinal Resources, Goa - 403006	OPD
8.	Gujarat	8.Regional Ayurveda Research Institute, Megani Nagar, Ahmedabad- 380016	OPD

9.	Himanchal Pradesh	9.Regional Ayurveda Research Institute, Jaral Pandoh, Mandi-175124	OPD
10.	Jammu and Kashmir	10.Regional Ayurveda Research Institute, JDA Housing Colony, Ban Talab, Rajender Nagar, Jammu-181123	OPD and IPD
11.	Karnataka	11.Central Ayurveda Research Institute, 12 Uttarahalli Manavartheekaval, Uttarahalli Hobli Kanakapura Main Road, Thalagatapura Post, Bengaluru-560109	OPD
12.	Kerala	12.National Ayurveda Panchakarma Research Institute, Cheruthuruthy- 679531	OPD and IPD
		13.Regional Ayurveda Research Institute, Poojapura, Trivandrum-695012	OPD and IPD
13.	Madhya Pradesh	14.Regional Ayurveda Research Institute, Amkho, Gwalior-474009	OPD and IPD
14.	Maharashtra	15.Central Ayurveda Research Institute, RA Podar College, Worli, Mumbai-400018	OPD and IPD
		16.Regional Ayurveda Research Institute, NIT Complex, Nandanwan, Nagpur-440009	OPD and IPD
15.	Nagaland	17.Regional Ayurveda Research Centre, CMO Building, District Hospital Colony, Dimapur (Nagaland)-797112	OPD
16.	Odisha	18.Central Ayurveda Research Institute, Bharatpur, Bhubaneswar-751003	OPD and IPD
17.	Punjab	19.Central Ayurveda Research Institute, Moti Bagh Road, Patiala-147001	OPD and IPD
18.	Rajasthan	20.Regional Ayurveda Research Institute, Indira Colony, Bani Park, Jhotwara Road, Jaipur-302016.	OPD and IPD
19.	Sikkim	21.Regional Ayurveda Research Institute, Tadong, Gangtok -737102	OPD
20.	Tamil Nadu	22.Dr. AchantaLakshmipati Regional Ayurveda Research Institute, VHS Campus, TTTI Post, Chennai-600113	OPD
21.	Tripura	23. Regional Ayurveda Research Centre, Ramnagar Road, No. 4 Opp. of Raj Bhandar, Agartala, Tripura - 799002	OPD
22.	Uttar Pradesh	24. Regional Ayurveda Research Institute, Indira Nagar, Lucknow-226016	OPD
23.	Uttarakhand	25. Regional Ayurveda Research Institute, Thapla, Ranikhet- 263645, Almora	OPD
24.	West Bengal	26.Central Ayurveda Research Institute, 4 CN Block, Sector V, Bidhan Nagar, Kolkata-700091	OPD and IPD

Source of Information-CCRAS, New Delhi.

CHILD CARE INSTITUTIONS

1310. SHRI ATUL GARG:

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

- (a) the details of the Child Care Institutions (CCIs) supported under the Mission Vatsalya in Ghaziabad in Uttar Pradesh;
- (b) the current status of the sponsorship and foster care program for the vulnerable children in the said district;
- (c) the details of the measures being taken to rehabilitate the children living in street situations and prevent child begging at the traffic signals of the city;
- (d) the details of the functioning of the Child Welfare Committee and the Juvenile Justice Board; and
- (e) the details of the Government's initiative to track missing children using the 'TrackChild' portal?

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

(a) and (b) : Mission Vatsalya scheme is a Centrally Sponsored Scheme (CSS) which is implemented through States/Union Territories (UTs) to deliver services for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) which include Institutional Care and Non-Institutional Care. Under the scheme Institutional Care is provided through Child Care Institutions (CCIs), as a

rehabilitative measure. The programmes and activities in Homes *interalia* include age-appropriate education, access to vocational training, recreation, health care, counselling etc. Under the Non-Institutional Care component, support is extended for Adoption, Foster Care, After Care and Sponsorship. The primary responsibility of execution of the Act and implementation of Scheme lies with the States/UTs. In Financial Year 2024-25 164 CCIs have been financially supported under Mission Vatsalya Scheme in the State of Uttar Pradesh including 2 CCIs in Ghaziabad district.

Support for non-institutional care including sponsorship and foster care programme has also been extended to Uttar Pradesh. District-wise data of beneficiaries under the scheme is not maintained centrally.

(c) : The National Commission for the Protection of Child Rights (NCPCR) has launched a “CiSS application” under the Baal Swaraj portal to help in the rehabilitation process of Children in Street Situations. (CiSS). This portal, developed by, NCPCR is a first-of-its-kind initiative in India to help children in street situations. The CiSS application is used for receiving data of children in street situations including children involved in begging from all the States and Union Territories, tracking their rescue and rehabilitation process.

Ministry of Social Justice and Empowerment has formulated a scheme “SMILE - Support for Marginalized Individuals for Livelihood and Enterprise”, which includes a sub-scheme - ‘Central Sector Scheme for Comprehensive

Rehabilitation of persons engaged in the act of Begging'. This scheme covers several comprehensive measures including welfare measures for persons who are engaged in the act of begging. The focus of the scheme is extensively on rehabilitation, provision of medical facilities, counselling, basic documentation, education, skill development, economic linkages and so on. Persons engaged in the act of Begging are to be covered under the scheme.

(d) : The Ministry of Women and Child Development is the nodal Ministry for implementing the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), which is the primary legislation for ensuring safety, security, dignity and well-being of children. It defines standards of care and protection to secure the best interest of child.

Under the JJ Act 2015 (Sections 27-30), the Child Welfare Committees (CWCs) have been empowered to take decisions with regard to the children in need of care and protection, keeping their best interest in mind. They are also mandated to monitor the function of the Child Care Institutions (CCIs). Similarly, the Juvenile Justice Boards are empowered to take decisions regarding the welfare of children in conflict with law (Sections 04-09). At the national and state level, the JJ Act provides the National/State Commissions for Protection of Child Rights to monitor the implementation of the Act (Section 109).

(e) : The Ministry of Women and Child Development has launched the revamped Mission Vatsalya Portal which is an integrated Digital platform for all the

stakeholders related to child protection services. Mission Vatsalya portal is a technologically upgraded secure portal which provides digital working platform for various stakeholders across different levels at State and district. The earlier Khoya-Paya and TrackChild services have been brought under this unified portal.

The key features of Mission Vatsalya Portal include single digital platform for use by the Stakeholders i.e. State Child Protection Society, State Adoption Resource Agency at State level and District Child Protection Unit, Child Welfare Committee, Juvenile Justice Board, Special Juvenile Police Unit at District level and Child Care Institutions. The portal avoids duplication of work at grassroots level. It also ensures better monitoring through various MIS Dashboards and optimum utilization of resources for planning and implementation.

बिहार में आंगनवाड़ी केंद्र

1311. श्री गोपाल जी ठाकुर:

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

- (क) बिहार के दरभंगा जिले में वर्तमान में स्वयं के भवनों में संचालित नहीं हो रहे आंगनवाड़ी केंद्रों की संख्या कितनी है;
- (ख) केंद्र सरकार और राज्य सरकार द्वारा आंगनवाड़ी केंद्रों के लिए स्थायी और अलग से भवन मुहैया कराने हेतु अब तक क्या ठोस कदम उठाए गए हैं;
- (ग) क्या सरकार का यह सुनिश्चित करने का प्रस्ताव है कि सभी आंगनवाड़ी केंद्र स्वयं के भवनों में संचालित हों और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या उक्त प्रयोजन के लिए कोई विशिष्ट समय-सीमा निर्धारित की गई है; और

(ङ) यदि हां, तो तत्संबंधी जिला-वार और वर्ष-वार ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) : बिहार के दरभंगा जिले में जो आंगनवाड़ी केंद्र इस समय उनके स्वयं के भवनों में नहीं चलाए रहे हैं, उनकी संख्या लिंक: <https://www.poshantracker.in/statistics> .पर उपलब्ध है।

(ख) से (ङ) : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (मनरेगा) के साथ समन्वय से प्रति वर्ष 10,000 आंगनवाड़ी केन्द्रों की दर से पांच वर्षों में 50,000 आंगनवाड़ी केन्द्रों के निर्माण का प्रावधान है, जिसमें प्रति आंगनवाड़ी केन्द्र की लागत के लिए 12 लाख रुपये का प्रावधान है। इसमें 8.00 लाख रुपये मनरेगा के तहत, 2.00 लाख रुपये 15वें वित्त आयोग (या किसी अन्य असंबद्ध निधि) के तहत और 2.00 लाख रुपये महिला एवं बाल विकास मंत्रालय द्वारा प्रति आंगनवाड़ी केंद्र के लिए प्रदान किए जाएंगे, यह लागत केंद्र और राज्यों/संघ राज्य क्षेत्रों के बीच निर्धारित लागत साझाकरण अनुपात में वहन की जाएगी।

इसके अतिरिक्त, राज्यों/संघ राज्य क्षेत्रों को सलाह दी गई है कि वे आंगनवाड़ी केंद्रों की इमारत के निर्माण के लिए विभिन्न स्कीमों अर्थात् सांसद स्थानीय क्षेत्र विकास योजना, ग्रामीण अवसंरचना विकास निधि, पंचायती राज संस्थाओं को वित्त आयोग अनुदान, अल्पसंख्यक कार्य मंत्रालय के बहुक्षेत्रीय विकास कार्यक्रम से निधि का उपयोग जारी रखें।

प्रधानमंत्री जनमन (प्रधानमंत्री जनजाति आदिवासी न्याय महा अभियान) के तहत, पीवीटीजी (विशेष रूप से कमजोर जनजातीय समूह) क्षेत्रों में कुल 2,500 आंगनवाड़ी केंद्रों के निर्माण को मंजूरी दी गई है।

जनजातीय कार्य मंत्रालय द्वारा शुरू किया गया धरती आबा जनजातीय ग्राम उत्कर्ष अभियान (डीएजीजेयूए) लगभग 63,843 गांवों में समन्वय, आउटरीच और पूर्ण विकास पर केंद्रित है।

डीएजेजेयूए के तहत 875 आंगनवाड़ी केंद्रों के निर्माण को मंजूरी दी गई है।

जीवंत ग्राम कार्यक्रम (वाइब्रेंट विलेज प्रोग्राम) का पहला चरण हिमाचल प्रदेश, उत्तराखंड, अरुणाचल प्रदेश तथा सिक्किम राज्यों और लद्दाख संघ राज्य क्षेत्र के उत्तरी सीमावर्ती गांवों के व्यापक विकास पर केंद्रित है। इन सीमावर्ती क्षेत्रों में कुल 101 आंगनवाड़ी केंद्रों के निर्माण की मंजूरी दी गई है।

राज्यों/संघ राज्य क्षेत्रों को दिशानिर्देश जारी किए गए हैं कि वे अपर्याप्त बुनियादी ढांचे के साथ किराए पर संचालित आंगनवाड़ी केंद्रों को पास के प्राथमिक विद्यालयों जहां स्थान उपलब्ध हो में सह-स्थापित करें। सरकारी प्राथमिक विद्यालयों में आंगनवाड़ी केंद्रों की सह-स्थापना के लिए शिक्षा मंत्रालय के साथ मिलकर संयुक्त रूप से दिशानिर्देश जारी किए गए हैं।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 केंद्र प्रायोजित योजना है। योजना का कार्यान्वयन राज्य सरकारों तथा संघ राज्य क्षेत्र प्रशासनों के कार्यक्षेत्र में आता है। अवसंरचना संबंधी मामला उनके साथ लगातार सम्पर्क साधकर तथा वीडियो कांफ्रेंसों के माध्यम से नियमित तौर पर उठाया जाता है ताकि यह सुनिश्चित हो सके कि लाभार्थियों को सेवाएं निर्बाध प्राप्त होती हैं।

जिला न्यायालयों को नोटिस देने में लगने वाला समय

1312. श्री अरुण गोविल :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या देश के जिला न्यायालयों में दायर कुछ मामलों में दूसरे पक्ष को नोटिस देने में अत्यधिक विलंब हुआ है और यदि हां, तो इसके क्या कारण हैं ;
- (ख) क्या दूसरे पक्ष को ऐसी सूचना देने में लगने वाले समय को कम किया जा सकता है; और
- (ग) यदि हां, तो इस संबंध में सरकार द्वारा क्या कदम उठाए गए हैं या उठाए जाने हेतु प्रस्तावित हैं ?

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

(क) से (ग) : देश के जिला न्यायालयों में फाइल किए गए मामलों में अन्य पक्षकार को सूचना की तामील में विलंब से संबंधित डाटा केन्द्रीय रूप से अनुरक्षित नहीं किया जाता है। तथापि, भारत सरकार ने ई-न्यायालय मिशन मोड परियोजना के अधीन न्यायालय की सूचनाओं और समनों की और अधिक त्वरित तथा विश्वस्त संसूचना के लिए अंतर प्रचलित दंड न्याय प्रणाली (आईसीजेएस) के अधीन ई समन प्लेटफार्म पुरःस्थापित किया है। और, राष्ट्रीय इलेक्ट्रानिक आदेशिका तामील और ट्रेकिंग (एनएसटीईपी) एप्लीकेशन का विकास समन तथा सूचनाओं की तामील तथा उन्हें जारी करने के लिए प्रौद्योगिकी समर्थित प्रक्रिया के लिए किया गया है। बेलिफ (कारिंदा) को अधिक पारदर्शिता तथा आदेशिकाओं के त्वरित परिदान के लिए समन की तामील हेतु जीपीएस-समर्थित युक्ति दी गई है। एनएसटीईपी, समन और सूचना की तामील की वास्तविक समय अद्यतन प्रास्थिति का तथा साथ ही तामील के समय पर आदेशिका तामीलकर्ता के भौगोलिक निर्देशांको की ट्रेकिंग का उपबंध करती है। इस समय, वर्ष 2025 में 672 जिलों में एनएसटीईपी पर 22,789 बेलिफ (कारिंदा) रखे गए हैं तथा 19.34 लाख आदेशिकाओं की तामील की गई है।

हृदय रोगों के मामले

1313. डॉ. संबित पात्रा:

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

(क) क्या देश में हृदय रोगियों की संख्या बढ़ रही है और क्या विगत पांच वर्षों के दौरान हृदय रोगों, वसा, एनजाइना, दिल के दौरों की रोकथाम और उपचार से संबंधित दवाओं की बिक्री में अत्यधिक वृद्धि दर्ज की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

- (ख) देश में गैर-संचारी रोगों के कारण हुई सर्वाधिक मौतों का राज्य-वार ब्यौरा क्या है;
- (ग) क्या सरकार ने देश में युवाओं और बुजुर्गों के बीच अलग-अलग हृदय संबंधी अध्ययन किए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार ने ओडिशा और अष्ट लक्ष्मी क्षेत्रों यानि भारत के आठ पूर्वोत्तर राज्यों में हृदय रोगों की रोकथाम और उपचार के लिए कोई विशेष कार्य-योजना तैयार की है और यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;और
- (ङ) मंत्रालय द्वारा समाज के गरीब वर्गों को हृदय रोगों का किफायती उपचार प्रदान करने के लिए चलाई जा रही योजनाओं में और अधिक सुधार करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने के लिए प्रस्तावित हैं?

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

(क) से (ग) : स्वास्थ्य एक राज्य का विषय है। हृदय रोगों के मामलों से संबंधित आंकड़े केंद्रीय रूप से संग्रहित नहीं किए जाते हैं। भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर) ने सूचित किया है कि हृदयघात के कारणों को समझने के लिए, आईसीएमआर-राष्ट्रीय महामारी विज्ञान संस्थान (आईसीएमआर-एनआईई) ने भारत भर के 25 अस्पतालों में एक बहु-केंद्रित सुमेल केस-कंट्रोल अध्ययन किया। इनमें उन 18-45 वर्ष आयु वर्ग के रोगियों को शामिल किया गया था जिन्हें अक्टूबर 2021 से जनवरी 2023 के बीच अध्ययन अस्पतालों में नए निदान किए गए तीव्र मायोकार्डियल इन्फार्क्शन (एमआई) के साथ भर्ती किया गया था। कंट्रोल उन 18-45 वर्ष आयु वर्ग के रोगियों को शामिल किया गया था जिन्हें उसी अस्पताल में अन्य कारणों से भर्ती किया गया था और जिनके भर्ती होने का समय अध्ययन अस्पतालों के रोगियों से मेल खाता था। विभिन्न जोखिम कारकों के बारे में जानकारी एकत्र की गई। अध्ययन में पाया गया कि एमआई के साथ अस्पताल में भर्ती होना किसी भी

ज्ञात सह-रुग्णता की उपस्थिति, थ्रोम्बोटिक घटनाओं के पारिवारिक इतिहास और धूम्रपान करने से संबंधित था।

भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर) द्वारा 2017 में प्रकाशित अध्ययन रिपोर्ट "इंडिया: हेल्थ ऑफ नेशंस स्टेटस" के अनुसार, भारत में गैर-संक्रामक रोगों (एनसीडी) से होने वाली मौतों का अनुपात 1990 में 37.9% से बढ़कर 2016 में 61.8% हो गया है। रिपोर्ट और राज्यवार विवरण यहां उपलब्ध हैं:

https://www.healthdata.org/sites/default/files/files/policy_report/2017/India_Health_of_the_Nation%27s_States_Report_2017.pdf

(घ) : एनएचएम के अंतर्गत व्यापक प्राथमिक स्वास्थ्य देखभाल के हिस्से के रूप में देश में उच्च रक्तचाप सहित सामान्य गैर-संचारी रोगों की रोकथाम, नियंत्रण और स्क्रीनिंग के लिए जनसंख्या आधारित पहल शुरू की गई है। इस पहल के तहत, 30 वर्ष से अधिक आयु के व्यक्तियों को स्क्रीनिंग के लिए लक्षित किया गया है। राष्ट्रीय गैर-संचारी रोग रोकथाम एवं नियंत्रण कार्यक्रम (एनपीएनसीडी) के तहत, 770 जिला एनसीडी क्लीनिक और सामुदायिक स्वास्थ्य केंद्रों में 6,410 एनसीडी क्लीनिक स्थापित किए गए हैं।

गैर-संचारी रोगों के बारे में जन जागरूकता बढ़ाने और स्वस्थ जीवनशैली को बढ़ावा देने के लिए अन्य पहलों में प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग करके निरंतर सामुदायिक जागरूकता अभियान चलाना शामिल है। एनएचएम के तहत, ओडिशा सहित राज्यों और संघ राज्य क्षेत्रों के साथ-साथ उत्तर-पूर्वी राज्यों को भी उनके कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के अनुसार जागरूकता गतिविधियों के लिए धनराशि उपलब्ध कराई जाती है।

आयुष्मान आरोग्य मंदिरों (एएएम) के माध्यम से व्यापक प्राथमिक स्वास्थ्य देखभाल के तहत सामुदायिक स्तर पर स्वास्थ्य गतिविधियों और लक्षित संचार को बढ़ावा देकर गैर-संचारी रोगों की

रोकथाम को मजबूत किया जाता है। भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण स्वस्थ खान-पान की आदतों को बढ़ावा देने के लिए अभियान चलाता है। युवा कार्य एवं खेल मंत्रालय द्वारा फिट इंडिया और खेलो इंडिया अभियान चलाए जाते हैं, और आयुष मंत्रालय द्वारा योग से संबंधित विभिन्न गतिविधियाँ संचालित की जाती हैं।

(ड): आयुष्मान भारत – प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत हृदय रोग सहित प्रमुख गैर-संचारी रोगों का उपचार उपलब्ध है। यह योजना माध्यमिक और विशिष्ट परिचर्या के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये प्रदान करती है। हाल ही में, पीएम-जेएवाई ने आय पर ध्यान दिए बिना 70 वर्ष और उससे अधिक आयु के सभी वरिष्ठ नागरिकों को स्वास्थ्य कवरेज प्रदान किया है। प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेई) के तहत, गैर-संचारी रोगों के लिए गुणवत्तापूर्ण जेनेरिक दवाएं सभी को किफायती कीमतों पर उपलब्ध कराई जाती हैं। किफायती दवाएं और विश्वसनीय प्रत्यारोपण (एएमआरआईटी) गैर-संचारी रोगों के उपचार के लिए किफायती दवाएं प्रदान करता है।

AYUSH HEALTH AND WELLNESS CENTRES IN ANDHRA PRADESH

1314. SHRI G. M. HARISH BALAYOGI:

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

- (a) the number of AYUSH Health and Wellness Centres and Hospitals established in Andhra Pradesh, district-wise, especially in Konaseema district;
- (b) the funds allocated, released, utilized for establishing and operationalizing such Centres and Hospitals in Andhra Pradesh since inception, year and

- district-wise, especially in Konaseema district;
- (c) the number of professionals currently employed at these Centres and Hospitals in Andhra Pradesh, district-wise, especially in Konaseema district;
 - (d) whether the Government has any proposal to establish additional AYUSH Wellness Centres or a dedicated AYUSH Hospital in Konaseema district and if so, the details thereof including location, capacity, budget allocation and expected timeline;
 - (e) whether any proposals from the Government of Andhra Pradesh are pending consideration with his Ministry for setting up or upgrading AYUSH Health and Wellness Centres in the State and if so, the details thereof; and
 - (f) whether any assessment has been conducted on demand for AYUSH services in Konaseema and if so, the details thereof along with steps taken to enhance access 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) : As per the proposals received from the State Government of Andhra Pradesh through State Annual Action Plans (SAAPs), Ministry of Ayush has approved 126 Ayush Health and Wellness Centres now known as Ayushman Arogya Mandir (Ayush) [AAM (Ayush)], including 04 AAM (Ayush) in Konaseema district. The District-wise status of AAM (Ayush) in Andhra Pradesh is given in the enclosed

Statement-I.

(b): As reported by the State Government, an amount of Rs. 1864.748 lakhs has been allocated/released during the financial years 2019-20, 2020-21 and 2024-25 for operationalisation Ayush AAM (Ayush) in different districts including Konaseema district and against which an expenditure/utilization of Rs. 1499.913 lakhs has been reported by the State.

(c): The District-wise status of deployed manpower/professionals at these AAM (Ayush) including in Konaseema district is given in the enclosed **Statement-II.**

(d): No.

(e): No.

(f): State Government has informed that an assessment of Ayush infrastructure and service delivery requirements has been conducted in Konaseema District. Based on the said assessment, upgradation of 06 Ayush dispensaries in Konaseema District has been approved for construction new building in place of existing dilapidated ones under NAM in the SAAP 2025-26 to enhance better access of Ayush Services.

STATEMENT-I**District-wise number of Ayushman Arogya Mandir (Ayush) in Andhra Pradesh**

S.No	District	No. of Dispensaries upgraded as AAM (Ayush)
1	Srikakulam	8

2	Vizianagaram	6
3	Manyam	1
4	Visakhapatnam	2
5	Anakapalli	6
6	Konaseema	4
7	East Godavari	4
8	Kakinada	5
9	West Godavari	4
10	Eluru	7
11	Krishna	10
12	NTR	7
13	Bapatla	5
14	Guntur	5
15	Palnadu	7
16	Prakasam	6
17	SPSR Nellore	10
18	Ananthapur	3
19	Annamayya	3
20	Chittoor	4
21	Kurnool	4
22	Nandyal	5
23	Sri Sathya Sai	5
24	Tirupathi	4
25	YSR Kadapa	1
Total:		126

STATEMENT-II**Status of deployed professionals/manpower at AAM (Ayush) in Andhra Pradesh**

S. No	District	No of manpower/ professionals deployed		
		MO	Compounder	Yoga Instructors
1	Srikakulam	7	5	15
2	Vizianagaram	6	2	10
3	Manyam	1	0	2
4	Visakhapatnam	2	0	4
5	Anakapalli	6	2	11
6	Konaseema	4	0	6
7	East Godavari	4	1	7
8	Kakinada	5	0	10
9	West Godavari	4	0	6
10	Eluru	7	4	11
11	Krishna	10	7	18
12	NTR	7	3	13
13	Bapatla	5	3	6
14	Guntur	5	1	6
15	Palnadu	6	2	11
16	Prakasam	6	3	8
17	SPSR Nellore	10	7	18
18	Ananthapur	3	2	4
19	Annamayya	3	1	6
20	Chittor	4	3	8
21	Kurnool	4	2	6
22	Nandyal	5	3	10
23	Sri Sathya Sai	4	3	10
24	Tirupathi	4	1	4
25	YSR Kadapa	1	1	0
Total:		123	56	210

GLOBAL STANDARDISATION OF AYUSH SYSTEMS

1315. DR. SHASHI THAROOR:

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

- (a) whether the Government has evaluated the progress under the Memorandum of Understanding signed with the World Health Organization in May 2025, for developing a dedicated Traditional Medicine module within the International Classification of Health Interventions (ICHI) to standardise AYUSH systems globally;
- (b) if so, the details thereof;
- (c) the details of the milestones achieved the timelines for completion of the module and the anticipated benefits for global recognition, clinical documentation and insurance integration of AYUSH interventions; and
- (d) whether the Government has established mechanisms to ensure that the scientific and technical outputs from this collaboration are systematically integrated into international healthcare standards and national policy frameworks 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 Government of India has reviewed the progress under the Memorandum of Understanding (MoU) and Donor Agreement signed with the

World Health Organization (WHO) on May 24, 2025. This collaboration is specifically aimed at developing a dedicated Traditional Medicine module within the International Classification of Health Interventions (ICHI) to facilitate the global standardization of Ayurveda, Siddha, and Unani (ASU) systems.

Significant progress was made during a two-day Technical Project Meeting organized by the WHO and Ministry of Ayush on December 20–21, 2025, in New Delhi. This meeting brought together experts from all six WHO regions and various member states to harmonize intervention descriptions and establish a strategic four-year framework for the development of these international codes.

The implementation of these standardized codes is expected to provide substantial benefits, including enhanced global recognition and scientific credibility for Ayush systems. By providing a common language for health procedures, the module will improve clinical documentation, support evidence-based research, and facilitate the integration of traditional medicine into national health information systems and insurance reimbursement frameworks globally.

VACANCIES AND PENDENCY IN SUBORDINATE COURTS IN JHARKHAND

1316. SHRI VISHNU DAYAL RAM:

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

- (a) the sanctioned strength, working strength and vacancy position of judicial officers in the district and subordinate courts of Jharkhand as on 31 March

2024, cadre-wise;

- (b) the number of districts in the State where judicial vacancies exceed 25 per cent and the average duration for which such vacancies have remained unfilled;
- (c) the case pendency per judicial officer in districts with high vacancy levels, as compared to the State average; and
- (d) the timelines communicated by the Union Government to the State for filling existing vacancies and operationalizing sanctioned courts during Financial Year 2024–25?

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

(a): As per the information available on Nyaya Vikas Portal of Department of Justice, the details regarding the sanctioned strength, working strength and vacancy position of judicial officers in the district and subordinate courts of Jharkhand as on 31.03.2024, cadre-wise, is given below:

Judicial Officer	Sanctioned Strength	Working Strength	Vacancy
District Judge	240	202	38
Civil Judge (Junior Division)	311	139	172
Civil Judge (Senior Division)	156	155	1
Total	707	496	211

(b) to (d): The data regarding number of districts in the State where judicial vacancies exceed 25 per cent and the average duration for which such vacancies have remained unfilled and the case pendency per judicial officer in districts with high vacancy levels, as compared to the State average is not centrally maintained. The filling of vacancies of judicial officers in District and Subordinate Courts is within the domain of the respective High Courts and State Governments. The Hon'ble Supreme Court vide order passed in January 2007 in the Malik Mazhar Sultan case, has inter-alia stipulated certain timelines, which are to be followed by the States and the respective High Courts for recruitment of judges in District and Subordinate Courts. The Government of India has, from time to time, requested the State Governments and High Courts, for filling existing vacancies. The setting up of District and Subordinate Courts falls within the domain of the State/UT in consultation with the respective High Court, as per its need and availability of resources. As per the extant provision under Article(s) 227 and 235 of the Constitution of India, the power of superintendence and control over all district courts and courts subordinate thereto under its jurisdiction is vested in the respective High Courts.

PROTECTION SERVICES FOR WOMEN FACING DOMESTIC VIOLENCE

1317. DR. AMAR SINGH:

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

- (a) whether the Government has examined the requirement for strengthening protection services including One Stop Centres, helplines, shelter support and counselling services for women facing domestic violence and harassment in Fatehgarh Sahib district in Punjab;
- (b) if so, the details of Government support systems, staffing adequacy, outreach processes/referral protocols reviewed for timely assistance in the said district;
- (c) whether the Government has assessed gaps in psycho-social support, counselling capacity, shelter support, legal assistance in the said district; and
- (d) if so, the details thereof?

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

(a) to (d) : The Central Government gives the highest priority to ensuring the safety and security of women and has undertaken various interventions in this regard. During the 15th Finance Commission period, the Ministry of Women and Child Development is implementing Centrally Sponsored Schemes under three verticals, viz. (i) Mission Shakti for safety, protection and empowerment of women, (ii) Saksham Anganwadi and Poshan 2.0 for improving nutrition and health indicators, and (iii) Mission Vatsalya for protection and welfare of children

in difficult circumstances.

Mission Shakti aims at strengthening interventions for women's safety, security and empowerment, and comprises two verticals. Sambal, for safety and security of women, and Samarthya, for women's empowerment. Under the Sambal vertical, the One Stop Centre (OSC) provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. The scheme is demand-driven.

As per the Mission Shakti guidelines, the Central Government provides 100% financial assistance to States and UTs under Sambal sub-scheme. Adequate staff and infrastructural support is provided for smooth operationalization of OSCs across the country. However, the implementation of the all schemes under Mission Shakti lies with the State Governments and UT Administrations. Funds are released to the States/ UTs as per the procedure prescribed by the Department of Expenditure, Ministry of Finance, including Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS). Further, once in a year, the Programme Approval Board (PAB) monitors with States and UTs, the progress of activities under the scheme and reviews status of achievement of objectives and effective delivery of services to women and children including rural and marginalized communities.

Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States and UTs from time to time.

Based on the proposals received from the State of Punjab, 23 One Stop Centres (OSCs) have been approved. All of these, 23 OSCs are operational, including one OSC in Fatehgarh Sahib district. Since inception i.e. 1st April, 2015 up to 30th September, 2025, 25489 women have been assisted by the OSCs in the State of Punjab including those assisted in Fatehgarh Sahib district.

In order to strengthen transparency and accessibility in service delivery with respect to reliefs and rehabilitation to women in distress, the Ministry of WCD launched Mission Shakti Dashboard, on 22.01.2025 (<https://missionshakti.wcd.gov.in/>). The Mission Shakti Dashboard data is now accessible *via* the Mission Shakti Mobile Application with multi-lingual feature thereby expanding outreach and convenience for users. These enhancements mark a significant step towards strengthening last-mile connectivity, improving ease of access and empowering women with digital tools for safety and support. A new feature has also been added whereby a woman in distress can now book an appointment with her nearest OSC through both the portal and the mobile application. The location of the nearest OSC can be easily identified through the mobile application ensuring timely support and access to essential services.

Further, a publicly accessible list of Protection Officers (POs) under the

Protection of Women from Domestic Violence Act, 2005 (PWDVA) is now available on the dashboard. As on 04.02.2026, The States and UTs have updated the details of over 2,432 POs. In addition, the dashboard hosts updated lists of Anti-Human Trafficking Units (AHTUs) and Nodal Officers of various schemes, including:- One Stop Centres (OSCs), Women Helpline (WHL), Shakti Sadan, Sakhi Niwas etc. The portal also consolidates all major helplines for easy public access: Women Helpline (181), NALSA Legal Aid (15100), Child Helpline (1098), Emergency Response Support System (112), National Cyber Crime Helpline (1930), Tele Manas (14416).

The Ministry of WCD vide letter dated 11th Nov, 2024, has conveyed approval to all States/ UTs for provision of extension of stay of distressed woman and provision of items like wheelchair, Stretcher and additional beds. While OSCs currently provide temporary shelter for a maximum of 5 days, a longer stay may be required in specific cases where relocation to Shakti Sadan is not feasible. In such cases, Centre Administrators have been given discretion to extend the stay up to 10 days on a case-by-case basis. For any further extension beyond 10 days, the District Nodal Officer (DNO)/ District Program Officer (DPO) has been authorized to allow additional stay of up to 10 more days, ensuring victims have continuous access to essential services, as required. States/UTs have also been intimated that they may ask for establishment of more than one OSC in a district should the need justify this.

Furthermore, the Ministry has also developed a SOP for OSCs to provide a comprehensive framework for coordinated survivor-centric operations and management ensuring uniform support for women in distress with the objective to establish clear consistent guidelines to standardize service delivery across all OSCs and define roles and responsibilities for stakeholders including OSC staff, health professionals, police, lawyers and legal aid providers. The SOP for OSC is accessible on Mission Shakti dashboard.

Under the “Samarthya” vertical, Shakti Sadan 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. The resident of Shakti Sadan provided with help, care and support and all the daily needs and services to such women. The residents are also provided vocational training, facility for opening of bank accounts etc. in convergence with schemes of the relevant departments.

ESTABLISHMENT OF VIRUS DETECTION AND SURVEILLANCE INSTITUTES

1318. SHRI M. K. RAGHAVAN:

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

- (a) whether the Government has proposed or approved the establishment of any new national institute(s) for the detection, surveillance and research of

viruses, including facilities with Bio Safety Level-4 (BSL-4) laboratories, in the country;

- (b) if so, the objectives, functions, institutional structure and funding pattern of the proposed or approved institute(s);
- (c) whether the Government has conducted any assessment or study regarding regional requirements for virus detection and surveillance institutes, particularly in States that frequently report outbreaks of diseases such as Nipah virus infection and amoebic meningitis and if so, the details thereof;
- (d) whether the State of Kerala has been considered for establishing any such national or regional virus detection institute, in view of its past experience with emerging and re-emerging viral diseases in the country, if so, the details thereof and if not, the reasons therefor; and
- (e) the steps taken/proposed to be taken by the Government to ensure adequate virus surveillance, detection and research infrastructure in the State of Kerala?

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

(a) to (c): Under the Pradhan Mantri–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), Indian Council of Medical Research (ICMR) has undertaken setting up of Zonal National Institutes of Virology (NIVs) at

Bengaluru, Jabalpur and Jammu with BSL-3 laboratories, and at Dibrugarh with a BSL-4 laboratory. Setting up of National Institute for One Health (NIOH), Nagpur, has also been undertaken with BSL-4 and BSL-3 laboratories, including an animal BSL-3 facility. The upgrading of five Viral Research and Diagnostics Laboratories (VRDLs) into BSL-3 facilities has also been supported by ICMR through PM-ABHIM scheme. These initiatives aim to strengthen capacity for early detection, diagnosis and research on high-risk pathogens, support outbreak investigations and molecular surveillance, promote a One Health approach, and enhance preparedness for public health emergencies.

Under the VRDL scheme of Department of Health Research (DHR), 165 VRDLs have been set up across 27 States and 5 Union Territories. Through the VRDL network, virus detection and surveillance activities are continuously carried out, and the resulting inputs are utilized for strengthening laboratory capacity and for prioritizing locations for augmentation of diagnostic and surveillance facilities.

The establishment of Zonal NIVs by ICMR and VRDLs in various medical colleges and research institutes has been undertaken based on the regional requirements for virus detection and surveillance, research needs as well as the proposals received from State/UT Governments.

(d) and (e): The Government of India, through the DHR under the VRDL Scheme, has undertaken measures to strengthen virus surveillance, detection

and research infrastructure in Kerala, including strengthening VRDLs with equipment, reagents and trained manpower; upgrading laboratories for molecular diagnostics; conducting regular training and capacity-building programmes; and supporting research on emerging and re-emerging viral diseases of public health importance.

In order to ensure adequate virus surveillance, detection and research infrastructure in the State of Kerala in the State of Kerala, the following VRDLs have been established:

Institution / Unit	Location	Type / Category
Government Medical College	Kozhikode	Regional Level
National Institute of Virology Field Unit	Alappuzha	State Level
Government Medical College	Thiruvananthapuram	Medical College Level
Government Medical College	Thrissur	Medical College Level
Government Medical College	Kannur	Medical College Level
Government Medical College	Manjeri	Medical College Level
Government Medical College	Ernakulam	Medical College Level
Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST),	Thiruvananthapuram	Medical College Level

ICMR has a field unit of ICMR-NIV in Alappuzha and also supports the

State of Kerala through existing national surveillance and laboratory networks, including access to apex and regional reference laboratories, genomic surveillance platforms, deployment of Mobile BSL 3 and technical support during outbreak investigations including recent Nipah virus outbreaks, as per national guidelines and mechanisms.

PROPOSAL FOR INTERNATIONAL FERRY SERVICE

1319. THIRU DAYANIDHI MARAN:

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

- (a) the action taken on the proposal from the Government of Tamil Nadu seeking approval and financial assistance for an international ferry service between Rameshwaram (India) and Talaimannar (Sri Lanka);
- (b) the current status of the proposal under the Sagarmala Programme, including the estimated project cost, funding pattern sought, along with the reasons for any delay in granting in-principle approval;
- (c) whether a Detailed Project Report (DPR) has been prepared by the National Transportation Planning and Research Centre (NTPRC), IIT Madras for establishing an international passenger terminal at Rameshwaram and if so, the details of the recommendations and present stage of scrutiny;
- (d) whether the Government will accord time-bound clearance to the said project

in view of its tourism, trade, cultural and people-to-people connectivity benefits for Tamil Nadu, if so, the details thereof; and

- (e) the expected timeline by which the said approval, financial sanction and commissioning of the ferry service is likely to be completed?

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

(a) to (e): Tamil Nadu Maritime Board (TNMB) submitted Detailed Project Report (DPR), prepared by National Technology Centre for Ports, Waterways and Coasts (NTCPWC), for development of passenger terminal at Rameswaram, for resumption of passenger ferry service between Rameswaram (India) and Thalaimannar (Srilanka), on 11.02.2025 at a cost of Rs. 118.50 crore, which was revised to Rs. 111.89 crore on 22.04.2025. The TNMB has sought 100% financial assistance under Sagarmala scheme of Government of India. On examination, it was observed that certain technical modifications in the DPR are required. Additionally, environment and coastal regulatory zone (CRZ) clearances for the project are not available. The TNMB has been informed to remove these deficiencies in the DPR and obtain environment and CRZ clearances. The Ministry of External Affairs has informed that the necessary infrastructure at Thalaimannar (Sri Lanka) side required for resumption of the said ferry service is also not ready at present.

Further, at present sufficient fiscal space is not available under Sagarmala

scheme to fund the project. Proposal for Sagarmala 2.0 is under preparation.

PROGRESS OF AB-PMJAY IN UTTAR PRADESH

1320. SHRI SHASHANK MANI:

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

- (a) whether the Government is implementing the Pradhan Mantri Jan Arogya Yojana (PM-JAY) to provide an annual health cover of Rupees five lakh per family to poor and vulnerable households across the country;
- (b) if so, the details of the progress made under this scheme in Uttar Pradesh, particularly with regard to the number of beneficiary families identified, Ayushman Cards issued and the number of hospital admissions authorized so far;
- (c) whether the Government is taking measures to expand the empanelment of private and public hospitals in smaller districts to improve access to tertiary and specialized healthcare under PM-JAY; and
- (d) if so, the details thereof?

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

- (a) and (b) : Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage of Rs. 5 lakh per family per year for secondary and

tertiary care hospitalization to 12 crore families constituting bottom 40% of India's population.

In March 2024, the eligibility criteria were expanded to include 37 lakh families of Accredited Social Health Activists, Anganwadi Workers and Anganwadi Helpers. In October 2024, the scheme was expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status.

As on 31.12.2025, 5.48 crore Ayushman cards have been created and 83.70 lakh hospital admissions amounting to Rs.13,756.18 crore have been authorized under the scheme in the State of Uttar Pradesh.

(c) and (d): Hospital empanelment is a continuous process and is done as per the criteria provided under the empanelment guidelines under PMJAY. Currently, over 33,270 hospitals are empanelled under the scheme out of which 15,733 are private hospitals. In order to improve the participation of hospitals a hospital-specific call centre (14413) has been set-up to address the concerns of hospitals on a real-time basis including concerns related to empanelment.

राजस्थान में आंगनवाड़ी केन्द्रों का उन्नयन

1321. श्री हनुमान बेनीवाल :

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

(क) राजस्थान में सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत उन्नयन के लिए चिह्नित की गई

- आंगनवाड़ी केन्द्रों की संख्या और उनका ब्यौरा क्या है;
- (ख) क्या सरकार ने पोषण ट्रैकर के माध्यम से बच्चों में पोषण की स्थिति, विकास और वृद्धि की डिजिटल निगरानी शुरू कर दी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) आंगनवाड़ी कार्यकर्ताओं को डिजिटल डाटा प्रविष्टि करने में सक्षम बनाने के लिए पर्याप्त प्रशिक्षण सुनिश्चित करने के लिए क्या कदम उठाए गए हैं;
- (घ) क्या आंगनवाड़ी केन्द्रों की भौतिक अवसंरचना की स्थिति का आकलन करने के लिए कोई अवसंरचना संपरीक्षा की गई है; और
- (ङ) यदि हां, तो सभी आंगनवाड़ी केन्द्रों को स्मार्ट सुविधाओं के साथ पूर्ण रूप से कार्यशील बनाने के लिए क्या समय-सीमा निर्धारित की गई है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (ङ) : मिशन पोषण 2.0 के तहत, 15वें वित्त आयोग की अवधि में सरकारी भवनों में स्थित 2 लाख आंगनवाड़ी केंद्रों (प्रति वर्ष 40,000 आंगनवाड़ी केंद्रों की दर से) को सक्षम आंगनवाड़ी केंद्रों के रूप में सुदृढ़ किया जा रहा है ताकि बेहतर पोषण और प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा प्रदान की जा सके। सक्षम आंगनवाड़ी केंद्रों को पारंपरिक आंगनवाड़ी केंद्रों की तुलना में बेहतर बुनियादी ढांचा प्रदान किया जाता है, जिसमें एलईडी स्क्रीन, जल शोधन प्रणाली, पोषण वाटिका, प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा सामग्री और बाला पेंटिंग शामिल हैं। 31.01.2026 तक राजस्थान राज्य में 3,514 आंगनवाड़ी केंद्रों सहित कुल 2 लाख आंगनवाड़ी केंद्रों को देश भर में सक्षम आंगनवाड़ी केंद्रों के रूप में उन्नयन के लिए मंजूरी दी गई है।

सक्षम आंगनवाड़ी और मिशन पोषण 2.0 के तहत, आंगनवाड़ी केंद्रों में पोषण प्रदायगी सहायता प्रणालियों को मजबूत बनाने और उनमें पारदर्शिता लाने के लिए सूचना प्रौद्योगिकी प्रणालियों का उपयोग किया गया है। 'पोषण ट्रैकर' एप्लिकेशन को मिशन के तहत एक महत्वपूर्ण प्रशासनिक

उपकरण के रूप में आरम्भ किया गया।

यह सभी आंगनवाड़ी केन्द्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निर्धारित संकेतकों के आधार पर निगरानी और ट्रैकिंग की सुविधा प्रदान करता है। पोषण ट्रैकर का उपयोग बच्चों में बौनापन, दुबलापन और अल्प-वजन के प्रचलन की गतिशील पहचान के लिए किया जाता है। इसने आंगनवाड़ी सेवाओं जैसे आंगनवाड़ी केंद्र के खुलने एवं बंद होने, दैनिक उपस्थिति, प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा गतिविधियां, पका हुआ गर्म भोजन और टेक होम राशन(टीएचआर-कच्चा राशन नहीं) की प्रदायगी, विकास मापन आदि के लगभग तत्समय(रियल टाइम) में डेटा संग्रह को सुगम बनाया है। यह एप्लिकेशन प्रमुख व्यवहारों और सेवाओं पर परामर्श वीडियो भी प्रदान करता है, जो जन्म की तैयारी, प्रसव, प्रसवोत्तर देखभाल, स्तनपान और पूरक आहार के बारे में संदेश प्रसारित करने में सहायक होते हैं। पोषण ट्रैकर एप्लिकेशन के उपयोग के संबंध में आंगनवाड़ी कार्यकर्त्रियों के लिए नियमित रूप से जमीनी स्तर पर प्रशिक्षण/कार्यशालाएं आयोजित की जाती हैं। पोषण ट्रैकर में आंगनवाड़ी कार्यकर्त्रियों के लिए स्व-अध्ययन वीडियो भी उपलब्ध हैं, जो डिजिटल मॉड्यूल के माध्यम से निरंतर क्षमता निर्माण और कार्यस्थल पर सीखने को सक्षम बनाते हैं।

इसके अतिरिक्त, सेवा प्रदायगी की अंतिम लाभार्थी तक पहुंच के लिए, महिला एवं बाल विकास मंत्रालय (एमडब्ल्यूसीडी) ने पोषण ट्रैकर एप्लिकेशन में चेहरे की पहचान प्रणाली (एफआरएस) विकसित की है ताकि टेक होम राशन प्रदायगी को सुनिश्चित किया जा सके और यह भी सुनिश्चित किया जा सके कि लाभ केवल पोषण ट्रैकर में पंजीकृत लक्षित लाभार्थी को ही मिले।

पोषण ट्रैकर में नामांकित व्यक्ति मॉड्यूल शुरू किया गया है ताकि लाभार्थियों (गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों) को टेक होम राशन (टीएचआर) की निर्बाध आपूर्ति सुनिश्चित की जा सके। यदि किसी कारणवश पंजीकृत लाभार्थी आंगनवाड़ी केंद्र जाकर एफआरएस के माध्यम से अपना टीएचआर प्राप्त करने में असमर्थ हैं, तो वे अपनी ओर से किसी

नामांकित व्यक्ति को टीएचआर प्राप्त करने के लिए नामित कर सकती हैं। नामांकित व्यक्ति को केवल एक बार ई-केवाईसी प्रक्रिया से गुजरना होगा। लेकिन लाभार्थी की ओर से टीएचआर प्राप्त करने के लिए हर बार चेहरे का मिलान किया जाएगा। नामांकित व्यक्ति को जोड़ने के बाद भी, लाभार्थी आंगनवाड़ी केंद्र से टीएचआर प्राप्त कर सकती हैं यदि नामांकित व्यक्ति ने इसे पहले ही प्राप्त नहीं कर लिया है।

इस मिशन के तहत, राज्य/संघ राज्य क्षेत्रों द्वारा लागत साझाकरण के आधार पर खरीदे गए स्मार्टफोन आंगनवाड़ी कार्यकर्त्रियों को डेटा एंट्री और पोषण ट्रैकर एप्लिकेशन के उपयोग के लिए उपलब्ध कराए गए हैं। सभी आंगनवाड़ी कार्यकर्त्रियों, पर्यवेक्षकों और ब्लॉक समन्वयकों को प्रति वर्ष 2000 रुपये प्रति आंगनवाड़ी केंद्र की दर से इंटरनेट कनेक्टिविटी शुल्क प्रदान किया जाता है।

ब्लॉक और जिला समन्वयक पोषण ट्रैकर के प्रभावी उपयोग और तकनीकी समस्याओं के समाधान के लिए आंगनवाड़ी कार्यकर्त्रियों को जमीनी स्तर पर मार्गदर्शन प्रदान करते हैं। इसके अलावा, राज्यों तथा संघ राज्य क्षेत्रों को भौतिक रजिस्ट्रों का उपयोग बंद करने की सलाह दी गई है।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 केंद्र सरकार द्वारा प्रायोजित योजना है। इस योजना के अंतर्गत समग्र योजना और नीति निर्माण की जिम्मेदारी केंद्र सरकार की है, जबकि इसका दैनिक कार्यान्वयन राज्य सरकार या संघ राज्य क्षेत्र प्रशासन के अंतर्गत आता है।

इसके अतिरिक्त, मंत्रालय विभिन्न स्तरों पर राज्यों के साथ बैठकों और वीडियो कॉन्फ्रेंसिंग के माध्यम से आंगनवाड़ी केंद्रों में बुनियादी ढांचागत सुविधाओं सहित योजना के कार्यान्वयन की निगरानी भी करता है।

आयुष्मान कार्डधारकों की वैधता

1322. श्री कुलदीप इंदौरा:

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

- (क) क्या सरकार को इस बात की जानकारी है कि आयुष्मान कार्ड मोटे तौर पर केवल सरकारी अस्पतालों में ही मान्य है और ऐसे कार्डधारकों को अक्सर निजी अस्पतालों में प्राथमिकता नहीं दी जाती है और यदि हां, तो सरकार द्वारा इस संबंध में क्या सुधारात्मक कदम उठाए जा रहे हैं;
- (ख) क्या सरकार को ऐसे मामलों की भी जानकारी है जहां सरकार द्वारा अस्पतालों को बकाया राशि के भुगतान में विलंब के कारण आयुष्मान कार्डधारक रोगियों को निजी अस्पतालों में भर्ती नहीं किया जाता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या ऐसे अस्पतालों की पहचान करने और उन्हें गंभीर रूप से दंडित करने का कोई प्रावधान है; और
- (घ) यदि हां, तो सरकार द्वारा अब तक ऐसे कितने अस्पतालों के विरुद्ध कार्रवाई की गई है?

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

(क) से (घ): आयुष्मान भारत - प्रधान मंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत सभी पात्र लाभार्थी 33,270 से अधिक सार्वजनिक और निजी पैनलबद्ध अस्पतालों के नेटवर्क के माध्यम से उपचार प्राप्त कर सकते हैं।

एबी-पीएमजेएवाई के अंतर्गत पैनलबद्धता के लिए दिशानिर्देशों के अनुसार, पैनलबद्ध अस्पताल योजना के पात्र लाभार्थियों को उपचार देने से मना नहीं कर सकते। पैनलबद्ध अस्पताल द्वारा उपचार से मना किए जाने की स्थिति में, लाभार्थी केंद्रीय शिकायत निवारण प्रबंधन प्रणाली (सीजीआरएमएस) या 24*7 टोल-फ्री हेल्पलाइन नंबर 14555 के माध्यम से अपनी शिकायत दर्ज करा सकते हैं। एबी-पीएमजेएवाई के अंतर्गत, स्वास्थ्य परिचर्या सेवाओं का उपयोग करने में लाभार्थियों को आने वाली समस्याओं के समाधान के लिए जिला, राज्य और राष्ट्रीय स्तर पर त्रिस्तरीय शिकायत निवारण प्रणाली बनाई गई है। प्रत्येक स्तर पर, शिकायतों के निवारण के लिए नामित नोडल अधिकारी और

शिकायत निवारण समितियां हैं।

ई-न्यायालय सेवा प्रणाली में कमियाँ

1323. श्री दामोदर अग्रवाल :

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या सरकार को इस बात की जानकारी है कि ई-न्यायालय सेवा प्रणाली में न्यायालय के आदेशों और अन्य दस्तावेजों को समयबद्ध तरीके से अपलोड नहीं किया जा रहा है ;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं ;
- (ग) ई-न्यायालय सेवा प्रणाली में कमियों का ब्यौरा क्या है और किन-किन राज्यों में ऐसे दस्तावेज समय पर अपलोड नहीं किए जा रहे हैं ; और
- (घ) सरकार द्वारा संबंधित अधिकारियों और इस संबंध में शिथिलता बरतने वाले राज्यों के विरुद्ध क्या कार्रवाई किए जाने का विचार है ?

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

(क) से (घ) : न्याय विभाग, भारत के उच्चतम न्यायालय की ई-समिति के साथ घनिष्ठ समन्वय में, विकेंद्रीकृत रीति से, संबंधित उच्च न्यायालयों के माध्यम से भारतीय न्यायपालिका को सूचना एवं संचार प्रौद्योगिकी (आईसीटी) से सशक्त बनाने के लिए ई-न्यायालय परियोजना को लागू कर रहा है। इस परियोजना के अंतर्गत, निर्णयों, आदेशों और संबंधित न्यायिक डेटा को समय पर अपलोड करने पर जोर दिया गया है। संबंधित न्यायालय आमतौर पर निर्णयों और आदेशों को समय पर अपलोड करते हैं, साथ ही वाद-विवाद सूचियों और दैनिक कार्यवाही का प्रकाशन भी करते हैं, जिन्हें ई-न्यायालय परियोजना के विभिन्न सेवा वितरण चैनलों के साथ-साथ संबंधित उच्च न्यायालयों की

वेबसाइट पर भी देखा जा सकता है। आज तक ई-न्यायालय वेबसाइट पर 1.73 करोड़ निर्णय और आदेश उपलब्ध हैं। ई-न्यायालय परियोजना ने निम्नलिखित पहलों के माध्यम से निर्णयों, आदेशों और न्यायिक डेटा को समय पर अपलोड करना सुकर बनाता है:

- i. मुख्य अनुप्रयोग, अर्थात् केस सूचना प्रणाली (सीआईएस), मुकदमेबाजों और नागरिकों की जानकारी के लिए वाद सूचियों और दैनिक कार्यवाही के प्रकाशन की सुविधा प्रदान करता है। केस सूचना प्रणाली (सीआईएस) 4.0 सभी अदालतों में लागू की गई है, और एक समान उपयोग के लिए एक उपयोगकर्ता मैनुअल ऑनलाइन प्रकाशित किया गया है।
- ii. राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी) जनता को देश भर की न्यायालय के मामलों के डेटा और आंकड़ों तक उपागमन का उपबंध करता है और इसे एक बेहतर डैशबोर्ड के साथ अद्यतन किया गया है, जो मामलों की लंबितता की पहचान करने, प्रबंधन करने और कम करने के लिए एक निगरानी उपकरण के रूप में कार्य करता है।
- iii. वास्तविक समय की डिजिटल सेवाओं का काफी विस्तार हुआ है, प्रतिदिन 4 लाख से अधिक एसएमएस और 6 लाख से अधिक ईमेल भेजे जा रहे हैं और ई-कोर्ट पोर्टल पर प्रतिदिन 35 लाख हिट्स दर्ज किए जा रहे हैं। न्यायालयों ने वादियों और अधिवक्ताओं को 14 करोड़ से अधिक एसएमएस भेजे हैं।
- iv. ई-कोर्ट सर्विसेज मोबाइल ऐप (3.54 करोड़ डाउनलोड) वकीलों और वादियों को मामले की स्थिति, मुकदमों की सूची आदि के संबंध में सुसंगत जानकारी प्रदान करता है।
- v. न्यायालयों में पुराने रिकॉर्ड सहित 618.36 करोड़ से अधिक पृष्ठों के न्यायालय के रिकॉर्ड को डिजिटलाइज किया गया है ताकि त्वरित पुनर्प्राप्ति, सुरक्षित भंडारण और निर्बाध डिजिटल कार्यप्रवाह सुनिश्चित किया जा सके।
- vi. ऑनलाइन केस फाइल करने और न्यायालय की फीस व जुर्माने का डिजिटल भुगतान

करने के लिए ई-फाइलिंग और ई-पेमेंट सिस्टम लागू किए गए हैं, जिससे भौतिक संपर्क और प्रक्रियात्मक बाधाएं कम हुई हैं। ई-फाइलिंग प्लेटफॉर्म के माध्यम से लगभग 1.03 करोड़ केस इलेक्ट्रॉनिक रूप से फाइल किए गए हैं और ई-पेमेंट सिस्टम ने 1,234 करोड़ रुपये की अदालती फीस और 63 करोड़ रुपये के जुर्माने के लेनदेन को संसाधित किया है।

- vii. वादियों और अधिवक्ताओं को ई-फाइलिंग, केस अपडेट और दस्तावेजीकरण में सहायता प्रदान करने के लिए ई-सेवा केंद्र वन-स्टॉप डिजिटल केंद्रों के रूप में कार्यरत हैं। सभी उच्च न्यायालयों में 48 ई-सेवा केंद्र और जिला न्यायालयों में 2283 ई-सेवा केंद्र कार्यरत हैं।
- viii. भारत के उच्चतम न्यायालय की ई-समिति द्वारा अन्य सरकारी विभागों के साथ डेटा साझा करने के लिए ओपन एप्लीकेशन प्रोग्रामिंग इंटरफेस (ओपन एपीआई) विकसित किया गया है। ओपन एपीआई का उपयोग संस्थागत स्तर पर केंद्रीय रूप से मामलों की निगरानी करने, मामले की तैयारी की निगरानी करने, लंबित मामलों और अनुपालनों का प्रबंधन करने के लिए किया जा रहा है।

न्यायिक प्रशासन, कार्यान्वयन और न्यायालय कर्मचारियों का पर्यवेक्षण संबंधित उच्च न्यायालयों के अधिकार क्षेत्र में आता है, जिनके मार्गदर्शन में न्यायालय कार्य करते हैं। समयबद्धता और निरंतरता को और मजबूत करने के लिए, न्यायालय कर्मचारियों की क्षमता निर्माण और प्रशिक्षण, डिजिटल अवसंरचना को मजबूत करने आदि उपाय किए गए हैं और ई-न्यायालय सेवा प्लेटफॉर्म के प्रभावी उपयोग के लिए उच्च न्यायालयों के साथ निरंतर संपर्क बनाए रखा गया है। ई-न्यायालय परियोजना के तीसरे चरण के अंतर्गत प्रशिक्षण छह स्तरीय राष्ट्रीय, राज्य और क्षेत्रीय मॉडल पर आधारित है, जो पूरे सिस्टम में एक समान डिजिटल तत्परता सुनिश्चित करता है। भारत के उच्चतम

न्यायालय की ई-समिति ने 910 प्रशिक्षण कार्यक्रम आयोजित किए हैं और न्यायाधीशों, वादियों, अधिवक्ताओं और न्यायालय कर्मचारियों सहित 3,22,740 पणधारियों को प्रशिक्षित किया है।

चिकित्सा महाविद्यालयों की मान्यता

1324. श्री रामवीर सिंह बिधूड़ी:

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

- (क) वर्ष 2020 में राष्ट्रीय चिकित्सा आयोग के गठन के बाद देश में कितने चिकित्सा महाविद्यालयों को मान्यता प्रदान की गई है;
- (ख) राष्ट्रीय चिकित्सा आयोग की स्थापना के बाद राज्य/संघ राज्यक्षेत्र-वार स्नातक (एमबीबीएस) और स्नातकोत्तर सीटों की संख्या में कितनी वृद्धि हुई है;
- (ग) क्या राष्ट्रीय चिकित्सा आयोग की स्थापना के समय से ही योग को चिकित्सा शिक्षा में शामिल किया गया है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख) : राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई सूचना के अनुसार, देश में चिकित्सा महाविद्यालयों की संख्या शैक्षणिक वर्ष 2021-22 के 596 से बढ़कर वर्तमान में 818 हो गई है। इसके अतिरिक्त, स्नातक (यूजी) सीटों की संख्या शैक्षणिक वर्ष 2021-22 के 88,120 के बढ़कर अब 1,28,976 हो गई है, जबकि इस अवधि के दौरान स्नातकोत्तर (पीजी) सीटों की संख्या 55,595 से बढ़कर 85,020 हो गई है।

(ग) और (घ) : राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा जारी न्यूनतम मानक आवश्यकताएं

(एमएसआर) विनियम, 2023 में चिकित्सा संस्थानों में योग विभाग की स्थापना का प्रावधान है। योग को एमबीबीएस के लिए योग्यता आधारित चिकित्सा शिक्षा (सीबीएमई) दिशानिर्देश 2024 में एक योग्यता के रूप में शामिल किया गया है, और चिकित्सा संस्थानों को छात्रों, पेशेवरों, कर्मचारियों और उनके परिवारों को योग के लाभों के प्रति जागरूक करने के लिए योग दिवस में सक्रिय रूप से भाग लेने हेतु प्रोत्साहित करने का निर्देश दिया गया है।

औषधियों की गुणवत्ता

1325. श्री उमेशभाई बाबूभाई पटेल:

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

- (क) वर्ष 2020-25 की अवधि के दौरान अप्रमाणित "मानक गुणवत्ता (एनएसक्यू)" के रूप में वर्गीकृत औषधियों की गुणवत्ता, लाइसेंस रद्द किए जाने और दवा कंपनियों द्वारा अच्छी विनिर्माण पद्धतियां (जीएमपी) के अनुपालन के संबंध में ब्यौरा क्या है;
- (ख) वर्ष 2020-25 की अवधि के दौरान भारत में ऐसी कितनी दवा कंपनियां हैं जिनकी दवाएं मानक गुणवत्ता की नहीं पाई गई हैं;
- (ग) ऐसी कंपनियों की सूची क्या है और उनके विरुद्ध की गई दंडात्मक कार्रवाई का वर्ष-वार ब्यौरा क्या है;
- (घ) वर्ष 2020-25 की अवधि के दौरान कितनी कंपनियों के विनिर्माण लाइसेंस निलंबित या रद्द किए गए थे और किन-किन आधारों पर ऐसी कार्रवाई की गई थी;
- (ङ) क्या केन्द्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा उपरोक्त अवधि के दौरान किसी भेषज कारखाने में किए गए निरीक्षणों के दौरान अच्छी विनिर्माण पद्धतियों (जीएमपी) का कोई गंभीर उल्लंघन पाया गया था; और

(च) यदि हां, तो ऐसे उल्लंघनों के विशिष्ट मानदंड क्या हैं और संबंधित कंपनियों 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 (च) : राज्य/संघ राज्य क्षेत्रों के औषधि नियंत्रकों से प्राप्त जानकारी के अनुसार, पिछले पाँच वर्षों में विभिन्न राज्यों/संघ राज्य क्षेत्रों द्वारा परीक्षण किए गए औषधि नमूनों की संख्या तथा घोषित अवमानक गुणवत्ता/नकली/मिलावटी औषधि नमूनों की संख्या सहित उन पर की गई प्रवर्तन कार्रवाई की स्थिति निम्नानुसार है:

वित्तीय वर्ष	परीक्षित औषधियों नमूनों की संख्या	घोषित की गई अवमानक गुणवत्ता औषधियों नमूनों की संख्या	घोषित की गई मिलावटी/नकली औषधियों के नमूनों की संख्या	नकली/मिलावटी औषधिओं के निर्माण, बिक्री और वितरण के लिए शुरू किए गए अभियोजन की संख्या
2020-21	84,874	2,652	263	236
2021-22	88,844	2,545	379	592
2022-23	96,713	3,053	424	663
2023-24	1,06,150	2,988	282	604
2024-25	1,16,323	3,104	245	961

केंद्रीय औषधि परीक्षण प्रयोगशालाओं द्वारा विभिन्न कंपनियों की घोषित की गई अवमानक गुणवत्ता/नकली/मिलावटी औषधिओं की सूची, सीडीएससीओ की वेबसाइट पर 'ड्रग अलर्ट' (www.cdsc.gov.in) शीर्षक के अंतर्गत अपलोड की गई है और उपलब्ध है तथा औषधि और प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बने नियमों के प्रावधानों के अनुसार कार्रवाई की गई है।

देश में औषधि निर्माण परिसरों के नियामक अनुपालन का आकलन करने के लिए, सीडीएससीओ ने राज्य औषधि नियंत्रकों (एसडीसी) के साथ मिलकर दिसंबर, 2022 से 960 से

अधिक परिसरों का जोखिम-आधारित निरीक्षण किया है और निष्कर्षों के आधार पर, राज्य लाइसेंसिंग प्राधिकरणों द्वारा औषधि नियमावली, 1945 के प्रावधानों के अनुसार 860 से अधिक कार्रवाई जैसे कारण बताओ नोटिस जारी करना, उत्पादन बंद करने का आदेश, निलंबन, लाइसेंस/उत्पाद लाइसेंस का रद्दकरण, चेतावनी पत्र शामिल हैं।

कनिष्ठ वकीलों के लिए वृत्तिका योजना

1326. श्री बजरंग मनोहर सोनवणे :

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या सरकार को इस बात की जानकारी है कि केरल, तमिलनाडु, आन्ध्र प्रदेश और झारखंड जैसे राज्यों ने कनिष्ठ वकीलों के लिए वृत्तिका योजनाएं लागू की हैं जबकि महाराष्ट्र में अभी तक ऐसी कोई योजना लागू नहीं की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ;
- (ख) क्या सरकार ने बार काउंसिल ऑफ इंडिया की उस सिफारिश पर विचार किया है जिसमें शहरी क्षेत्रों में कनिष्ठ वकीलों के लिए 20,000/- रुपये और ग्रामीण क्षेत्रों में कनिष्ठ वकीलों के लिए 15,000/- रुपये की मासिक वृत्तिका देने का सुझाव दिया गया था, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं ;
- (ग) क्या यह सच है कि नियत आय के अभाव में कनिष्ठ वकीलों को आवास, यात्रा और अध्ययन सामग्री से संबंधित कठिनाइयों सहित आर्थिक असुरक्षा का सामना करना पड़ता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और
- (घ) क्या सरकार का महाराष्ट्र में कनिष्ठ वकीलों के लिए वजीफा योजना लागू करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ?

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

(क) से (घ) : भारतीय विधिज्ञ परिषद् द्वारा सूचित किया गया है कि, केरल, तमिल नाडु, आंध्र प्रदेश और झारखंड जैसे राज्यों ने, राज्य सरकार स्कीमों, राज्य विधिज्ञ परिषद् कल्याण तंत्र और/या विधिज्ञ संगठनों के संरचित कार्यक्रमों के माध्यम से कनिष्ठ अधिवक्ताओं के लिए वृत्तिका और/या वित्तीय सहायता उपाय आरंभ किए हैं। जहां तक महाराष्ट्र का संबंध है, किसी राज्यव्यापी वृत्तिका योजना के लिए राज्य विधिज्ञ परिषद् और/या राज्य सरकार समर्थक कार्यक्रम के स्तर पर कोई कार्यात्मक ढांचा अपेक्षित है, जिसमें बजटीय समर्थन, अर्हता मानदंड, सत्यापन और संपरीक्षा सम्मिलित है।

भारतीय विधिज्ञ परिषद् को जानकारी है कि कनिष्ठ अधिवक्ताओं के एक बड़े वर्ग को अपने कैरियर के आरंभिक दिनों में आय की चुनौतियों का सामना करना पड़ता है। अतः, इसने, “अधिवक्ताओं/वरिष्ठ अधिवक्ताओं/विधि फर्मों को सहायता करने में सहबद्ध कनिष्ठ अधिवक्ताओं के लिए न्यूनतम वृत्तिका” विषय पर सभी राज्य विधिज्ञ परिषदों और विधिज्ञ संगठनों को संबोधित परिपत्र सं० बीसीआईडी: 5383/2024, तारीख 15.10.2024 द्वारा, अन्य बातों के साथ-साथ, शहरी क्षेत्रों में कनिष्ठ अधिवक्ताओं को कम से कम 20,000/- रुपये प्रति मास और ग्रामीण क्षेत्रों में कनिष्ठ अधिवक्ताओं को 15,000/- रुपये प्रति मास वृत्तिका मानदंड की सिफारिश की है।

REVAMPED RPTUA SCHEME

1327. SHRI D. M. KATHIR ANAND:

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

(a) whether the Government has launched the Revamped Pharmaceutical

- Technology Upgradation Assistance (RPTUA) Scheme for small and medium pharmaceutical companies in the country, if so, details thereof;
- (b) the list of pharmaceutical established and benefited from RPTUA Scheme since its inception, State and year-wise especially in Tamil Nadu;
 - (c) the total amount allocated, disbursed and utilized for the implementation of the RPTUA Scheme, year and State-wise especially in Tamil Nadu;
 - (d) whether the Government is keen on encouraging private sector for the establishment of more pharma companies to tackle severe shortage of medicines and pharmaceutical drugs, if so, the details thereof and action taken in this regard?

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

(a): Yes. Department of Pharmaceuticals launched Revised Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS) in March, 2024 with a view to facilitate technology upgradation of existing pharmaceutical units to comply with Revised Schedule-M and World Health Organization - Good Manufacturing Practices (WHO-GMP) quality standards. The financial outlay of the scheme is ₹300.10 crore from F.Y. 2024-2025 to 2025-2026.

Under RPTUAS, Pharmaceutical units are eligible to receive incentive ranging from 10% to 20% subject to a maximum of ₹ 2.00 crore based on their average turnover during the last three years as per the following categories:

S. No.	Turnover	Incentive as % of investment
1.	₹ 1 crore to ₹ 50 crore	20%
2.	₹ 50 crore to ₹ 250 crore	15%
3.	₹ 250 crore to ₹ 500 crore	10%

(b) and (c): Projects sanctioned so far involve grant-in-aid to 255 pharmaceutical companies for a total amount of ₹ 248.20 crore, including five units with grant-in-aid for a total amount of ₹ 5.92 crore in the State of Tamil Nadu. Release and utilisation of financial assistance under the scheme is to be done on receipt of certification by the drug regulatory authority concerned regarding compliance with the revised Schedule M to the Drugs Rules, 1945 and the World Health Organization – Good Manufacturing Practices. List of 255 pharmaceutical companies state and year wise approved under the RPTUAS is given in the enclosed **Statement**.

As on 31.1.2026, out of 255 approved pharmaceutical companies, the Scheme Steering Committee in its meeting held on 23.12.2025 has approved the disbursement of incentives amount to the tune of ₹ 18.25 crore to 19 pharmaceutical companies.

(d): Yes, the Production Linked Incentive (PLI) schemes implemented by the Department of Pharmaceuticals has encouraged private sector for the establishment of more pharma companies to manufacture medicines and pharmaceutical drugs. Scheme-wise details are as under:

- (i) PLI Scheme for promotion of domestic manufacturing of critical

KSMs/DIs/APIs in India (commonly known as the PLI Scheme for Bulk Drugs): The scheme, which has a total budgetary outlay of ₹6,940 crore, aims to avoid disruption in supply of critical active pharmaceutical ingredients (APIs) used to make critical drugs for which there are no alternatives by reducing supply disruption risk due to excessive dependence on single source. The scheme provides financial incentives on the sale of 41 identified KSMs/ DIs/ APIs products manufactured through greenfield projects set up under the scheme. Under the scheme, 48 projects are approved for manufacturing of 33 bulk drugs.

- (ii) PLI Scheme for Pharmaceuticals: The scheme, which has a total budgetary outlay of ₹15,000 crore, aims to enhance India's manufacturing capabilities by increasing investment and production in the sector and contributing to product diversification to high-value goods in the pharmaceutical sector. It incentivises production of high-value medicines such as biopharmaceuticals, complex generic drugs, patented drugs or drugs nearing patent expiry, auto-immune drugs, anti-cancer drugs, etc. as well as production of KSMs/ DIs/ APIs other than those notified under the PLI Scheme for Bulk Drugs, thereby contributing to self-reliance. Under the scheme, 55 applicants are approved for manufacturing of pharmaceuticals and in-vitro medical devices (IVDs) manufactured through both greenfield and brownfield projects.

STATEMENT**List of pharmaceutical companies whose projects have been considered and sanctioned under RPTUAS**

Sr. No	State / Union Territory	Applicant Pharmaceutical company	Year of sanction
1	Andhra Pradesh	Dinakara Life Science Pvt. Ltd.	2024
2		Alapati Pharma	
3		Inchem Laboratories Pvt. Ltd.	
4		Alivira Animal Health Ltd.	2025
5		Aparna Pharmaceuticals Pvt. Ltd.	
6		Sionc Pharmaceutical Pvt. Ltd.	
7		Rathnam Pharmaceuticals	
8	Assam	Signova Healthcare Pvt. Ltd. Unit-II	2025
9	Bihar	Ornate Labs Pvt. Ltd.	2024
10	Chandigarh	Anuja Healthcare Ltd.	2024
11		Saurav Chemicals Ltd.	
12		Torque Pharmaceuticals Pvt. Ltd.	
13	Dadra and Nagar Haveli and Daman and Diu	V S International Pvt. Ltd.	2025
14	Gujarat	Navil Laboratories Pvt. Ltd.	2024
15		Bakul Pharma Pvt. Ltd.	
16		Denis Chem Lab Ltd.	
17		Sangharsh Lifecare Pvt. Ltd.	
18		Virdev Intermediates Pvt. Ltd.	
19		Bdr Lifesciences Pvt. Ltd.	
20		Kentreck Laboratories Pvt. Ltd.	
21		Vasa Pharmachem Pvt. Ltd.	
22		Neha Life Science Pvt. Ltd.	
23		Arnav Research Laboratories	
24		Altis Finchem Pvt. Ltd.	
25		Swati Chemicals	
26		B. Sharda Pharma Pellets Pvt. Ltd.	
27		Adrhim Pharmaceuticals LLP	

28		Nucare Laboratories India	
29		Shiva Healthcare	
30		Exotic Pharma	
31		Shc Pharmaceuticals	
32		Padmavati Chemicals Pvt. Ltd.	
33		Yash Medicare Pvt. Ltd.	
34		Avik Pharmaceutical Ltd.	
35		Rajdip Pharmaceuticals	2025
36		Trio Lifescience Pvt. Ltd.	
37		Trio Remedies Pvt. Ltd.	
38		Maruti Industries	
39		Pulse Pharma Manu Co.	
40		C P M Enterprise	
41		Salus Pharmaceuticals	
42		Sanket Healthcare	
43		Sahajanand Life Sciences Pvt. Ltd.	
44		Exemed Pharmaceuticals	
45		Manish Pharma Lab	
46		Sg Healthcare Pvt. Ltd.	
47		Suchem Laboratories	
48		Krozex Remedies Pvt. Ltd.	
49		Shelat Brothers	
50		Carewin Pharmaceuticals Gujarat Pvt. Ltd.	
51		Luxica Pharma Inc.	
52		Techno Drugs And Intermediates Pvt. Ltd.	
53		Sbf Pharma Pvt. Ltd.	
54		Sruzam Labs Pvt. Ltd.	
55		Shree Pharma (India)	
56		Lexmark Pharmaceuticals Pvt. Ltd.	
57		Hbc Healthcare Pvt. Ltd.	
58		Lex-Mark Healthcare LLP	
59		Seejar Pharmaceuticals	
60		Parth Laboratories Pvt. Ltd.	

61		Adani Pharmachem Pvt. Ltd.	
62		Snj Labs Pvt. Ltd.	
63		Vm Chemicals	
64		Nira Life Sciences Pvt. Ltd.	
65		Bdr Pharmaceuticals International Pvt. Ltd.	
66		Nebula Healthcare Ltd.	
67		Ethicare Pharmaceuticals Pvt. Ltd.	
68		Divine Life Care Pvt. Ltd.	
69		Dwarkesh Healthcare	
70		Sunij Pharma Pvt. Ltd.	
71		Modi Antibiotics	
72		Sprout Laboratories Pvt. Ltd.	
73		Indamed Pharmaceuticals Pvt. Ltd.	
74		Sehat Pharma Pvt. Ltd.	
75		Intracin Pharmaceuticals Pvt. Ltd.	
76		Navin Saxsena Research And Technology Pvt. Ltd.	
77		Vadish Pharma Pvt. Ltd.	
78		Apex Formulations Pvt. Ltd.	
79		Omega Pharmaceuticals	
80		Bharat Parenterals Ltd.	
81		Oneiro Lifecare Pvt. Ltd.	
82	Haryana	Protech Biosystem Pvt. Ltd.	2024
83		Mcneil And Argus Pharmaceuticals Ltd.	
84		Mitra Industries Pvt. Ltd.	2025
85		Astonea Labs Ltd.	
86		Sia Pharma Pvt. Ltd.	
87	Himachal Pradesh	M Sea Pharmaceuticals Pvt. Ltd.	2024
88		Three B Healthcare Ltd.	
89		Pharma Force Lab	
90		Park Pharmaceuticals	
91		Ethix Health Care	
92		Bennet Pharmaceuticals Ltd.	

93		Maxwell Pharma	
94		Auraya Healthcare Unit-II	
95		Medoz Pharmaceuticals Pvt. Ltd.	
96		Unispeed Pharmaceuticals Pvt. Ltd.	
97		Sirmour Remedies Pvt. Ltd.	
98		Mediforce Healthcare Pvt. Ltd.	
99		Goish Remedies Ltd.	
100		Alexi Pharmicia Pvt. Ltd.	
101		Brit Lifescience	
102		Biodeal Pharmaceuticals Ltd.	
103		Next Wave India	
104		Varav Biogenesis Pvt. Ltd.	
105		Gnosis Pharmaceuticals Pvt. Ltd.	
106		Higgs Healthcare	
107		Unix Biotech	
108		Algen Healthcare Ltd.	
109		Nixi Laboratories Pvt. Ltd.	
110		Medicef Pharma	
111		Osper Formulation Pvt. Ltd.	
112		Brd Medilabs	
113		Legen Healthcare	
114		Caspian Pharmaceuticals	2025
115		Saphnix Life Sciences	
116		Healkraft Pharma (India) Pvt. Ltd.	
117		Dm Pharma Pvt. Ltd.	
118		Athens Life Sciences	
119		Purobien Lifesciences	
120		Smayan Healthcare Pvt. Ltd.	
121		Soft Touch Pharmaceuticals Pvt. Ltd.	
122		Magbro Health Care Pvt. Ltd.	
123		Brooks Laboratories Ltd.	
124		Syskem Pharmocrats	
125		Auraya Healthcare	
126		Lifecare Neuro Products Ltd.	
127		Hanuchem Laboratories Unit III	

128		Himsagar Laboratories Ltd.	
129		Mmg Healthcare	
130		Vellinton Healthcare	
131		Nanz Med Science Pharma Pvt. Ltd.	
132		Sarv Bio Labs Pvt. Ltd.	
133		Medisys Biotech Pvt. Ltd.	
134		Grampus Laboratories	
135		Legacy Remedies Pvt. Ltd.	
136		Sunlife Pharma Services	
137		Pinnacle Life Science Pvt. Ltd.	
138		MartinandBrown Bio Sciences Pvt. Ltd.	
139		Pacific India	
140		Kantil Pharmaceuticals Pvt. Ltd.	
141		Ekanthika Pharmaceuticals	
142		Ramom Health Care Pvt. Ltd.	
143		Vrindaan Global	
144		Curetech Skincare	
145		Maxtar Bio Genics	
146	JammuandKashmir	Vowcare Products	2024
147		Protech Biopharma Pvt. Ltd.	2025
148	Karnataka	Ce Chem Pharmaceuticals Pvt. Ltd.	2024
149		Nandu Chemical Industries	
150		Recipharm Pharmservices Pvt. Ltd.	
151		Kemwell Biopharma Pvt. Ltd.	2025
152		Anglo-French DrugsandIndustries Ltd.	
153		Nandu Chemicals Pvt. Ltd.	
154		M N Chemicals Ltd.	
155		Natural Capsules Ltd.	
156		Adeep Life Sciences Pvt. Ltd.	
157		Vazrachem Specialities	
158	Kerala	Chethana Formulations Pvt. Ltd.	2025
159		Lab induss Ltd.	
160		Megasys Biotek Pvt. Ltd.	
161	Madhya Pradesh	Zenith Drugs Ltd.	2024
162		Schon Pharmaceuticals Ltd.	

163		Modern Laboratories	2025
164		Beryl Drugs Ltd.	
165		Nandani Medical Laboratories Pvt. Ltd.	
166		Hind Pharma	
167		Garima Healthcare Pvt. Ltd.	
168		Riemann Labs Pvt. Ltd.	
169		Cipco Ltd.	
170		Arc Pharmaceuticals	
171	Maharashtra	Scitech Specialities Pvt. Ltd.	2024
172		Murli Krishna Pharma Pvt. Ltd.	
173		Emil Pharmaceutical Industries Pvt. Ltd.	
174		Aqua Fine Injecta Pvt. Ltd.	
175		Srikem Laboratories Pvt. Ltd.	
176		Sunshine Organics Pvt. Ltd.	
177		Aveo Pharmaceuticals Pvt. Ltd.	
178		Embio Ltd.	
179		Nitika Pharmaceutical Specialities Pvt. Ltd.	
180		Hindustan Antibiotics Ltd.	2025
181		Sequent Scientific Ltd.	
182		Kores (India) Ltd.	
183		Great Pacific Export Pvt. Ltd.	
184		Anek Prayog Pvt. Ltd.	
185		Vav Lipids Pvt. Ltd.	
186		Leben Laboratories Pvt. Ltd.	
187		Arco Life Science (India) Pvt. Ltd.	
188		Oceanic Laboratories Pvt. Ltd.	
189		Surajlok Chemicals Pvt. Ltd.	
190		Korten Pharmaceuticals Pvt. Ltd.	
191		Eisen Pharmaceutical Co Pvt. Ltd.	
192		Sydler Remedies Pvt. Ltd.	
193		Anant Pharmaceuticals Pvt. Ltd.	
194		Unilab Chemicals And Pharmaceuticals Pvt. Ltd.	

195		Zen Chemicals Pvt. Ltd.	
196		Orex Pharma Pvt. Ltd.	
197		U S Pharma (India) Pvt. Ltd.	
198		Flamingo Pharmaceuticals Ltd.	
199		Laxachem Organics Pvt. Ltd.	
200		Sanpras Health Care Pvt. Ltd.	
201		M J Biopharm Pvt. Ltd.	
202		Bakul Aromatics And Chemicals Pvt. Ltd.	
203		Nysa Biomed Pvt. Ltd.	
204		Pell Tech Health Care Pvt. Ltd.	
205		Asuwaldi Pharmaceuticals	
206	Odisha	M/S Jagannath Chemical And Pharmaceutical Works Pvt. Ltd.	2025
207	Punjab	Velite Pharmaceuticals	2024
208		Systacare Remedies	
209		Gag Pharmaceuticals	2025
210	Rajasthan	Lark Laboratories India Ltd.	2024
211		D.D. Pharmaceuticals Pvt. Ltd.	2025
212		Kusum Healthcare Pvt. Ltd.	
213	Puducherry	Life Care Formulations Pvt. Ltd.	2025
214		Linux Life Sciences Pvt. Ltd.	
215	Tamil Nadu	Saimirra Innopharm Pvt. Ltd.	2024
216		Tychos Therapeutics Pvt. Ltd.	2024
217		Medibest Pharma Pvt. Ltd.	
218		Pharm Products Pvt. Ltd.	
219		Bafna Pharmaceuticals Ltd.	2025
220	Telangana	Sreepathi Pharmaceuticals Ltd.	2024
221		Dano Vaccines and Biologicals Pvt. Ltd.	
222		Magnum Chemi Gran Pvt. Ltd.	
223		Sanzyme Pvt. Ltd.	
224		Maithri Drugs Pvt. Ltd.	2025
225		Rashmi Pharma Pvt. Ltd.	
226		Yeluri Formulations Pvt. Ltd.	
227		Kekule Pharma Ltd.	

228	Uttar Pradesh	Radicon Laboratories Ltd.	2024
229		Daffodills Pharmaceuticals Ltd.	
230		Indo Gulf Pharmaceuticals	2025
231	Uttarakhand	Daffohils Laboratories Pvt. Ltd.	2024
232		Pro-Pharma Care Pvt. Ltd.	
233		Sarv Pharmaceuticals	
234		Talent Healthcare	
235		Prochem Pharmaceuticals Pvt. Ltd.	
236		Tosc International Pvt. Ltd.	
237		Karnani Pharmaceuticals Pvt. Ltd.	
238		Evolet Pharmaceuticals Pvt. Ltd.	
239		Indian Drug Vision	2025
240		Cotec Health Care Pvt. Ltd.	
241		Aagya Biotech Pvt. Ltd.	
242		Rusan Pharma Ltd.	
243		Tulbros Formulations	
244		Suncare Formulations Pvt. Ltd.	
245		Verve Human Care Laboratories A Unit Of Venor Pharma Ltd.	
246		Suraksha Pharma Pvt. Ltd.	
247		Supermax Drugs And Pharmaceuticals Pvt. Ltd.	
248		Sushima Laboratories	
249	West Bengal	Vulcan Laboratories Pvt. Ltd.	2024
250		Mendine Pharmaceuticals Pvt. Ltd.	
251		Diamond Drugs Pvt. Ltd.	
252		Pharma Impex Laboratories Pvt. Ltd.	
253		Gena Pharmaceuticals Ltd.	
254		Hygeia Pharmaceuitcals Mfg Pvt. Ltd.	2025
255		Tetradrip Pharma Pvt. Ltd.	

ESTABLISHMENT OF GOVERNMENT MEDICAL COLLEGE IN RAYAGADA**1328. SHRI SAPTAGIRI SANKAR ULAKA:**

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

- (a) whether the Government has approved or is considering the establishment of a Government Medical College in Rayagada district of Odisha, which is one of the most backward and tribal-dominated districts and faces an acute shortage of doctors and specialist care and if so, the details thereof;
- (b) whether the Government has received a proposal from the State Government of Odisha for the said medical college and the present status of land identification, Detailed Project Report (DPR), statutory clearances and central funding in this regard;
- (c) whether the Government will consider naming the proposed Rayagada Government Medical College after Late Shri Ramachandra Ulaka, a great tribal leader and educationist who revolutionised school education for tribal communities in Odisha and if so, the details thereof; and
- (d) whether the Government has any time-bound roadmap for making the Rayagada Government Medical College operational, so that people of Rayagada, Koraput and neighbouring tribal districts get access to quality tertiary healthcare, 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 administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the Scheme, all the envisaged 157 Government medical colleges have already been approved in three phases including 07 medical colleges (Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri in Phase-I, Jajpur in Phase-II and Kalahandi in Phase-III) in Odisha. All the 07 medical colleges in Odisha are functional. However, no proposal for setting up of Medical College at Rayagada has been received from the State of Odisha.

PM BHARTIYA JAN AUSHADHI KENDRAS

1329. SHRI JANARDAN SINGH SIGRIWAL:

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

(a) the number of PM Bhartiya Jan Aushadhi Kendras (PMBJAKs) in the

- country, State/district-wise including Bihar;
- (b) the details of drugs, surgical instruments and products like protein powder etc. provided through the said scheme;
 - (c) whether the Government proposes to set up such Kendras in each district of the country, district-wise;
 - (d) If so, the details thereof along with the number of districts in the country where these Kendras are already present, State -wise including Bihar; and
 - (e) the steps taken by the Government to ensure quality control of drugs/products available in PM Bhartiya Jan Aushadhi Kendras?

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

(a) : Under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) scheme, a total of 17,990 Jan Aushadhi Kendras (JAKs) have been opened across the country as on 31.12.2025, of which 1058 JAKs have been opened in the State of Bihar. The State-wise /Union Territory-wise and district-wise number of JAKs opened across the country are given in the enclosed **Statement-I**.

(b): 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 such as protein powder, protein powder for women, 100% whey

protein, etc.

(c) and (d): Jan Aushadhi Kendras are opened by inviting applications from individual entrepreneurs, non-governmental organisations, societies, trusts, firms, private companies, etc. Online applications have been invited from all districts of the country through the website www.janaushadhi.gov.in. So far, 767 districts have already been covered under the scheme including 38 districts in the State of Bihar. State and Union Territory-wise list of districts covered is given in the enclosed **Statement-II**.

(e): With a view to ensure quality of medicines available at JAKs so that health of patients is not compromised, concrete mechanisms have been put in place to ensure continuous inspection, testing and standardisation, including the following:

- (i) *Supply only from WHO Good Manufacturing Practices (GMP) certified plants:* Only plants that are certified as WHO-GMP compliant by the Central Drugs Standard Control Organisation (CDSCO) after direct inspection are eligible for supply.
- (ii) *Distribution only after 100% pre-testing of all medicine batches:* Samples are drawn from 100% of batches supplied at PMBI's warehouses for testing anonymously, and medicines are dispatched for supply to JAKs only after the quality test is passed.
- (iii) *Testing only at labs compliant with Good Laboratory Practices (GLP):* Samples are tested only at labs accredited and periodically inspected by

the National Accreditation Board for Testing and Calibration Laboratories (NABL) and, in addition, assessed by PMBI for GLP compliance.

STATEMENT-I

The State-wise /Union Territory-wise and district-wise number of Jan Aushadhi Kendras opened across the country as on 31.12.2025

S. No.	State / Union territory	District	Number of JAKs opened
1	AndamanandNicobar	Nicobars	1
2		North And Middle Andaman	2
3		South Andamans	3
4	Andhra Pradesh	Alluri Sitharama Raju	2
5		Anakapalli	7
6		Ananthapuramu	12
7		Annamayya	7
8		Bapatla	8
9		Chittoor	12
10		Dr. B.R. Ambedkar Konaseema	8
11		East Godavari	14
12		Eluru	11
13		Guntur	22
14		Kakinada	5
15		Krishna	9
16		Kurnool	20
17		Nandyal	7
18		Ntr	16
19		Palnadu	11
20		Parvathipuram Manyam	3
21		Prakasam	16
22		Sri Potti Sriramulu Nellore	6
23		Sri Sathya Sai	10
24		Srikakulam	9

25		Tirupati	15
26		Visakhapatnam	10
27		Vizianagaram	9
28		West Godavari	14
29		Y.S.R.	9
30	Arunachal Pradesh	Anjaw	1
31		Changlang	3
32		Dibang Valley	1
33		East Kameng	2
34		East Siang	3
35		Kamle	1
36		Kra Daadi	2
37		Kurung Kumey	2
38		Leparada	1
39		Lohit	1
40		Longding	1
41		Lower Dibang Valley	2
42		Lower Siang	1
43		Lower Subansiri	1
44		Namsai	1
45		Pakke Kessang	1
46		Papum Pare	2
47		Shi Yomi	1
48		Siang	1
49		Tawang	1
50		Tirap	1
51		Upper Siang	1
52		Upper Subansiri	1
53		West Kameng	2
54		West Siang	1
55	Assam	Baksa	1
56		Barpeta	4
57		Biswanath	2
58		Bongaigaon	4
59		Cachar	38

60		Charaideo	2
61		Chirang	2
62		Darrang	3
63		Dhemaji	3
64		Dhubri	3
65		Dibrugarh	9
66		Dima Hasao	1
67		Goalpara	2
68		Golaghat	3
69		Hailakandi	10
70		Hojai	2
71		Jorhat	4
72		Kamrup	7
73		Kamrup Metro	17
74		Karbi Anglong	2
75		Karimganj	17
76		Kokrajhar	4
77		Lakhimpur	1
78		Majuli	1
79		Marigaon	4
80		Nagaon	11
81		Nalbari	2
82		Sivasagar	2
83		Sonitpur	4
84		South Salmara Mancachar	2
85		Tinsukia	7
86		Udalguri	2
87	Bihar	Araria	7
88		Arwal	3
89		Aurangabad	14
90		Banka	5
91		Begusarai	55
92		Bhagalpur	23
93		Bhojpur	19
94		Buxar	7

95		Darbhanga	48
96		Gaya	32
97		Gopalganj	30
98		Jamui	7
99		Jehanabad	7
100		Kaimur (Bhabua)	8
101		Katihar	10
102		Khagaria	10
103		Kishanganj	1
104		Lakhisarai	6
105		Madhepura	8
106		Madhubani	53
107		Munger	12
108		Muzaffarpur	114
109		Nalanda	13
110		Nawada	2
111		Pashchim Champaran	35
112		Patna	142
113		Purbi Champaran	85
114		Purnia	9
115		Rohtas	16
116		Saharsa	14
117		Samastipur	41
118		Saran	44
119		Sheikhpura	4
120		Sheohar	11
121		Sitamarhi	52
122		Siwan	54
123		Supaul	16
124		Vaishali	41
125	Chandigarh	Chandigarh	19
126	Chhattisgarh	Balod	8
127		Balodabazar-Bhatapara	22
128		Balrampur-Ramanujganj	6
129		Bastar	9

130		Bemetara	10
131		Bijapur	3
132		Bilaspur	20
133		Dakshin Bastar Dantewada	2
134		Dhamtari	10
135		Durg	58
136		Gariyaband	7
137		Gaurela-Pendra-Marwahi	5
138		Janjgir-Champa	10
139		Jashpur	9
140		Kabeerddham	7
141		Khairagarh-Chhuikhadan-Gandai	7
142		Kondagaon	7
143		Korba	12
144		Korea	3
145		Mahasamund	11
146		Manendragarh-Chirmiri-Bharatpur(M C B)	6
147		Mohla-Manpur-Ambagarh Chouki	4
148		Mungeli	8
149		Narayanpur	3
150		Raigarh	12
151		Raipur	42
152		Rajnandgaon	19
153		Sakti	5
154		Sarangarh-Bilaigarh	4
155		Sukma	1
156		Surajpur	7
157		Surguja	4
158		Uttar Bastar Kanker	4
159	Delhi	Central	22
160		East	55
161		New Delhi	6
162		North	59
163		North East	60

164		North West	118
165		Shahdara	18
166		South	62
167		South East	26
168		South West	56
169		West	107
170	Goa	North Goa	8
171		South Goa	10
172	Gujarat	Ahmedabad	117
173		Amreli	16
174		Anand	21
175		Arvalli	12
176		Banas Kantha	14
177		Bharuch	14
178		Bhavnagar	23
179		Botad	10
180		Chhotaudepur	5
181		Dahod	6
182		Dangs	1
183		Devbhumi Dwarka	8
184		Gandhinagar	14
185		Gir Somnath	24
186		Jamnagar	20
187		Junagadh	24
188		Kachchh	45
189		Kheda	25
190		Mahesana	24
191		Mahisagar	7
192		Morbi	12
193		Narmada	5
194		Navsari	11
195		Panch Mahals	13
196		Patan	15
197		Porbandar	7
198		Rajkot	101

199		Sabar Kantha	22
200		Surat	117
201		Surendranagar	13
202		Tapi	6
203		Vadodara	77
204		Valsad	15
205		Vav-Tharad	4
206	Haryana	Ambala	27
207		Bhiwani	13
208		Charki Dadri	7
209		Faridabad	41
210		Fatehabad	6
211		Gurugram	73
212		Hisar	33
213		Jhajjar	27
214		Jind	12
215		Kaithal	13
216		Karnal	32
217		Kurukshetra	17
218		Mahendragarh	20
219		Nuh	5
220		Palwal	11
221		Panchkula	13
222		Panipat	15
223		Rewari	14
224		Rohtak	31
225		Sirsa	15
226		Sonipat	34
227		Yamunanagar	15
228	Himachal Pradesh	Bilaspur	4
229		Chamba	3
230		Hamirpur	8
231		Kangra	21
232		Kinnaur	1
233		Kullu	2

234		Lahaul And Spiti	1
235		Mandi	12
236		Shimla	6
237		Sirmaur	3
238		Solan	5
239		Una	8
240	Jammu and Kashmir	Anantnag	33
241		Bandipora	8
242		Baramulla	21
243		Budgam	23
244		Doda	7
245		Ganderbal	7
246		Jammu	73
247		Kathua	13
248		Kishtwar	6
249		Kulgam	15
250		Kupwara	13
251		Poonch	11
252		Pulwama	22
253		Rajouri	10
254		Ramban	8
255		Reasi	8
256		Samba	18
257		Shopian	9
258		Srinagar	37
259		Udhampur	9
260	Jharkhand	Bokaro	28
261		Chatra	2
262		Deoghar	17
263		Dhanbad	13
264		Dumka	4
265		East Singhbhum	13
266		Garhwa	2
267		Giridih	6
268		Godda	2

269		Gumla	4
270		Hazaribagh	5
271		Jamtara	3
272		Khunti	3
273		Koderma	4
274		Latehar	3
275		Lohardaga	1
276		Pakur	3
277		Palamu	8
278		Ramgarh	4
279		Ranchi	24
280		Sahebganj	4
281		Saraikela Kharsawan	7
282		Simdega	3
283		West Singhbhum	3
284	Karnataka	Bagalkote	30
285		Ballari	30
286		Belagavi	31
287		Bengaluru Rural	40
288		Bengaluru Urban	442
289		Bidar	31
290		Chamarajanagara	13
291		Chikkaballapura	19
292		Chikkamagaluru	27
293		Chitradurga	21
294		Dakshina Kannada	142
295		Davangere	40
296		Dharwad	43
297		Gadag	18
298		Hassan	31
299		Haveri	52
300		Kalaburagi	42
301		Kodagu	19
302		Kolar	21
303		Koppal	24

304		Mandya	48
305		Mysuru	84
306		Raichur	31
307		Ramanagara	16
308		Shivamogga	44
309		Tumakuru	50
310		Udupi	78
311		Uttara Kannada	30
312		Vijayanagar	16
313		Vijayapura	53
314		Yadgir	19
315	Kerala	Alappuzha	135
316		Ernakulam	211
317		Idukki	58
318		Kannur	97
319		Kasaragod	41
320		Kollam	110
321		Kottayam	109
322		Kozhikode	150
323		Malappuram	177
324		Palakkad	168
325		Pathanamthitta	58
326		Thiruvananthapuram	168
327		Thrissur	204
328		Wayanad	28
329	Ladakh	Kargil	1
330		Leh Ladakh	2
331	Lakshadweep	Lakshadweep District	1
332	Madhya Pradesh	Agar-Malwa	5
333		Alirajpur	2
334		Anuppur	9
335		Ashoknagar	3
336		Balaghat	9
337		Barwani	9
338		Betul	10

339		Bhind	3
340		Bhopal	39
341		Burhanpur	5
342		Chhatarpur	25
343		Chhindwara	8
344		Damoh	8
345		Datia	3
346		Dewas	24
347		Dhar	16
348		Dindori	2
349		Guna	3
350		Gwalior	32
351		Harda	4
352		Indore	100
353		Jabalpur	32
354		Jhabua	4
355		Katni	9
356		Khandwa (East Nimar)	6
357		Khargone (West Nimar)	13
358		Maihar	2
359		Mandla	9
360		Mandsaur	12
361		Mauganj	3
362		Morena	6
363		Narmadapuram	8
364		Narsimhapur	11
365		Neemuch	11
366		Niwari	2
367		Pandhurna	1
368		Panna	4
369		Raisen	6
370		Rajgarh	6
371		Ratlam	23
372		Rewa	14
373		Sagar	15

374		Satna	7
375		Sehore	11
376		Seoni	6
377		Shahdol	6
378		Shajapur	9
379		Sheopur	3
380		Shivpuri	6
381		Sidhi	4
382		Singrauli	7
383		Tikamgarh	6
384		Ujjain	23
385		Umaria	3
386		Vidisha	7
387	Maharashtra	Ahilyanagar	15
388		Akola	11
389		Amravati	11
390		Beed	23
391		Bhandara	4
392		Buldhana	27
393		Chandrapur	6
394		Chhatrapati Sambhajinagar	14
395		Dharashiv	15
396		Dhule	3
397		Gadchiroli	1
398		Gondia	8
399		Hingoli	9
400		Jalgaon	13
401		Jalna	28
402		Kolhapur	22
403		Latur	46
404		Mumbai	71
405		Mumbai Suburban	20
406		Nagpur	18
407		Nanded	25
408		Nandurbar	4

409		Nashik	33
410		Palghar	33
411		Parbhani	17
412		Pune	53
413		Raigad	12
414		Ratnagiri	4
415		Sangli	28
416		Satara	18
417		Sindhudurg	3
418		Solapur	29
419		Thane	64
420		Wardha	5
421		Washim	7
422		Yavatmal	13
423	Manipur	Bishnupur	5
424		Chandel	2
425		Churachandpur	1
426		Imphal East	11
427		Imphal West	22
428		Jiribam	1
429		Kakching	3
430		Kamjong	1
431		Kangpokpi	1
432		Noney	3
433		Pherzawl	1
434		Senapati	3
435		Tamenglong	3
436		Tengnoupal	2
437		Thoubal	7
438		Ukhrul	2
439	Meghalaya	East Garo Hills	1
440		East Jaintia Hills	2
441		East Khasi Hills	6
442		Eastern West Khasi Hills	1
443		North Garo Hills	1

444		Ri Bhoi	3
445		South Garo Hills	1
446		South West Garo Hills	2
447		South West Khasi Hills	1
448		West Garo Hills	3
449		West Jaintia Hills	3
450		West Khasi Hills	1
451	Mizoram	Aizawl	5
452		Champhai	1
453		Hnahthial	3
454		Khawzawl	1
455		Kolasib	1
456		Lunglei	1
457		Mamit	1
458		Saitual	1
459		Serchhip	2
460	Nagaland	Mon	4
461		Chumoukedima	1
462		Dimapur	2
463		Kiphire	2
464		Kohima	2
465		Longleng	1
466		Mokokchung	2
467		Niuland	1
468		Peren	1
469		Phek	2
470		Shamator	1
471		Tuensang	1
472		Wokha	1
473		Zunheboto	1
474	Odisha	Anugul	16
475		Balangir	14
476		Baleshwar	75
477		Bargarh	22
478		Bhadrak	32

479		Boudh	4
480		Cuttack	142
481		Deogarh	2
482		Dhenkanal	27
483		Gajapati	2
484		Ganjam	69
485		Jagatsinghapur	44
486		Jajapur	51
487		Jharsuguda	9
488		Kalahandi	4
489		Kandhamal	3
490		Kendrapara	41
491		Kendujhar	15
492		Khordha	109
493		Koraput	3
494		Malkangiri	2
495		Mayurbhanj	13
496		Nabarangpur	4
497		Nayagarh	13
498		Nuapada	1
499		Puri	34
500		Rayagada	5
501		Sambalpur	19
502		Sonepur	11
503		Sundargarh	17
504	Puducherry	Karaikal	5
505		Puducherry	28
506	Punjab	Amritsar	23
507		Barnala	13
508		Bathinda	45
509		Faridkot	9
510		Fatehgarh Sahib	11
511		Fazilka	11
512		Ferozepur	10
513		Gurdaspur	13

514		Hoshiarpur	17
515		Jalandhar	45
516		Kapurthala	14
517		Ludhiana	107
518		Malerkotla	4
519		Mansa	13
520		Moga	15
521		Pathankot	30
522		Patiala	71
523		Rupnagar	10
524		S.A.S Nagar	28
525		Sangrur	16
526		Shahid Bhagat Singh Nagar	6
527		Sri Muktsar Sahib	16
528		Tarn Taran	5
529	Rajasthan	Ajmer	10
530		Alwar	28
531		Balotra	6
532		Banswara	1
533		Baran	4
534		Barmer	8
535		Beawar	2
536		Bharatpur	8
537		Bhilwara	12
538		Bikaner	9
539		Bundi	4
540		Chittorgarh	8
541		Churu	15
542		Dausa	12
543		Deeg	3
544		Dholpur	4
545		Didwana-Kuchaman	17
546		Dungarpur	3
547		Ganganagar	17
548		Hanumangarh	24

549		Jaipur	203
550		Jaisalmer	3
551		Jalore	13
552		Jhalawar	2
553		Jhunjhunu	28
554		Jodhpur	35
555		Karauli	10
556		Khairthal-Tijara	5
557		Kota	15
558		Kotputli-Behror	10
559		Nagaur	23
560		Pali	9
561		Phalodi	5
562		Pratapgarh	2
563		Rajsamand	6
564		Salumbar	2
565		Sawai Madhopur	13
566		Sikar	24
567		Sirohi	6
568		Tonk	13
569		Udaipur	10
570	Sikkim	Gangtok	4
571		Gyalshing	2
572		Mangan	1
573		Namchi	5
574		Pakyong	3
575	Tamil Nadu	Ariyalur	8
576		Chengalpattu	65
577		Chennai	211
578		Coimbatore	99
579		Cuddalore	37
580		Dharmapuri	26
581		Dindigul	41
582		Erode	52
583		Kallakurichi	13

584		Kancheepuram	26
585		Kanniyakumari	96
586		Karur	20
587		Krishnagiri	25
588		Madurai	79
589		Mayiladuthurai	19
590		Nagapattinam	26
591		Namakkal	26
592		Perambalur	9
593		Pudukkottai	30
594		Ramanathapuram	14
595		Ranipet	17
596		Salem	56
597		Sivaganga	18
598		Tenkasi	21
599		Thanjavur	64
600		The Nilgiris	11
601		Theni	27
602		Thiruvallur	61
603		Thiruvarur	34
604		Thoothukkudi	19
605		Tiruchirappalli	73
606		Tirunelveli	41
607		Tirupathur	11
608		Tiruppur	43
609		Tiruvannamalai	16
610		Vellore	42
611		Viluppuram	15
612		Virudhunagar	24
613	Telangana	Adilabad	11
614		Bhadradi Kothagudem	3
615		Hanumakonda	5
616		Hyderabad	22
617		Jagitial	14
618		Jangoan	8

619		Jayashankar Bhupalapally	2
620		Jogulamba Gadwal	3
621		Kamareddy	1
622		Karimnagar	3
623		Khammam	3
624		Kumuram Bheem Asifabad	4
625		Mahabubabad	3
626		Mahabubnagar	7
627		Mancherial	7
628		Medak	1
629		Medchal Malkajgiri	34
630		Mulugu	3
631		Nagarkurnool	2
632		Nalgonda	2
633		Narayanpet	1
634		Nirmal	4
635		Nizamabad	13
636		Peddapalli	4
637		Rajanna Sircilla	1
638		Ranga Reddy	19
639		Sangareddy	6
640		Siddipet	3
641		Suryapet	3
642		Vikarabad	6
643		Wanaparthy	4
644		Warangal	7
645		Yadadri Bhuvanagiri	3
646	The Dadra and Nagar Haveli and Daman and Diu	Dadra And Nagar Haveli	21
647		Daman	16
648		Diu	3
649	Tripura	Dhalai	3
650		Gomati	2
651		Khowai	2
652		North Tripura	4
653		Sepahijala	4

654		South Tripura	4
655		Unakoti	4
656		West Tripura	10
657	Uttar Pradesh	Agra	108
658		Aligarh	55
659		Ambedkar Nagar	30
660		Amethi	27
661		Amroha	27
662		Auraiya	13
663		Ayodhya	44
664		Azamgarh	64
665		Baghpat	25
666		Bahraich	31
667		Ballia	53
668		Balrampur	24
669		Banda	27
670		Bara Banki	71
671		Bareilly	60
672		Basti	34
673		Bhadohi	21
674		Bijnor	15
675		Budaun	41
676		Bulandshahr	59
677		Chandauli	35
678		Chitrakoot	14
679		Deoria	136
680		Etah	26
681		Etawah	24
682		Farrukhabad	19
683		Fatehpur	35
684		Firozabad	26
685		Gautam Buddha Nagar	108
686		Ghaziabad	128
687		Ghazipur	58
688		Gonda	41

689		Gorakhpur	165
690		Hamirpur	16
691		Hapur	31
692		Hardoi	56
693		Hathras	17
694		Jalaun	33
695		Jaunpur	32
696		Jhansi	49
697		Kannauj	28
698		Kanpur Dehat	22
699		Kanpur Nagar	111
700		Kasganj	15
701		Kaushambi	13
702		Kheri	80
703		Kushinagar	86
704		Lalitpur	12
705		Lucknow	286
706		Mahoba	13
707		Mahrajganj	74
708		Mainpuri	33
709		Mathura	40
710		Mau	40
711		Meerut	145
712		Mirzapur	26
713		Moradabad	38
714		Muzaffarnagar	69
715		Pilibhit	26
716		Pratapgarh	48
717		Prayagraj	101
718		Rae Bareli	36
719		Rampur	42
720		Saharanpur	103
721		Sambhal	22
722		Sant Kabir Nagar	21
723		Shahjahanpur	42

724		Shamli	22
725		Shrawasti	6
726		Siddharthnagar	40
727		Sitapur	76
728		Sonbhadra	29
729		Sultanpur	48
730		Unnao	27
731		Varanasi	107
732	Uttarakhand	Almora	11
733		Bageshwar	5
734		Chamoli	5
735		Champawat	8
736		Dehradun	86
737		Haridwar	69
738		Nainital	61
739		Pauri Garhwal	13
740		Pithoragarh	7
741		Rudra Prayag	4
742		Tehri Garhwal	9
743		Udam Singh Nagar	31
744		Uttar Kashi	10
745	West Bengal	Alipurduar	5
746		Bankura	34
747		Birbhum	8
748		Cooch Behar	14
749		Dakshin Dinajpur	2
750		Darjeeling	16
751		Hooghly	98
752		Howrah	94
753		Jalpaiguri	16
754		Jhargram	3
755		Kalimpong	1
756		Kolkata	118
757		Malda	12
758		Murshidabad	15

759		Nadia	23
760		North 24 Parganas	176
761		Paschim Bardhaman	49
762		Paschim Medinipur	33
763		Purba Bardhaman	40
764		Purba Medinipur	35
765		Purulia	10
766		South 24 Parganas	51
767		Uttar Dinajpur	6
Total			17990

STATEMENT-II

The State-wise and Union Territory-wise List of districts covered under the scheme as on 31.12.2025

S. No.	State / Union territory	Number of District covered
1	Andaman And Nicobar Islands	3
2	Andhra Pradesh	26
3	Arunachal Pradesh	25
4	Assam	32
5	Bihar	38
6	Chandigarh	1
7	Chhattisgarh	33
8	Delhi	11
9	Goa	2
10	Gujarat	34
11	Haryana	22
12	Himachal Pradesh	12
13	Jammu And Kashmir	20
14	Jharkhand	24
15	Karnataka	31
16	Kerala	14
17	Ladakh	2

S. No.	State / Union territory	Number of District covered
18	Lakshadweep	1
19	Madhya Pradesh	55
20	Maharashtra	36
21	Manipur	16
22	Meghalaya	12
23	Mizoram	9
24	Nagaland	14
25	Odisha	30
26	Puducherry	2
27	Punjab	23
28	Rajasthan	41
29	Sikkim	5
30	Tamil Nadu	38
31	Telangana	33
32	The Dadra And Nagar Haveli And Daman And Diu	3
33	Tripura	8
34	Uttar Pradesh	75
35	Uttarakhand	13
36	West Bengal	23
Total		767

VACANCIES IN THE MINISTRY

1330. SHRI BAPI HALDAR:

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

- (a) the number of sanctioned positions, employees in position and vacancies in the Ministry of Women and Child Development, as of 31 January 2026;

- (b) whether any positions have been lying vacant for more than two to five years, if so, the details thereof, category-wise; and
- (c) the number of sanctioned positions/vacancies in National Commission for Protection of Child Rights, Central Adoption Resource Authority/National Commission for Women, as of 31 January 2026?

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

(a) and (b): The details of sanctioned posts, employees in-position and vacancies in the Ministry of Women and Child Development (Main Secretariat), as of 31 January 2026, are as under:

Sanctioned	In-position	Vacant
265	208	57

Further, 14 posts of MTS in the Ministry (Main Secretariat) are lying vacant for two to five years.

(c): The number of sanctioned positions/vacancies in National Commission for Protection of Child Rights, Central Adoption Resource Authority and National Commission for Women, as of 31 January 2026, are as under:

Organization	Sanctioned	Vacancy	Remarks
National Commission for Protection of Child Rights (NCPCR)	36	34	Including 27 posts deemed abolished
Central Adoption Resource Authority (CARA)	37	13	-

National Commission for Women (NCW)	64	34	Including 1 post deemed abolished

MISSION SHAKTI

1331. SHRI ARUN BHARTI:

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

- (a) the details of the funds released under the 'Mission Shakti' (Sambal and Samarthya components) during the last two years to Bihar;
- (b) the number of 'One Stop Centres' (OSCs) and 'Shakti Sadans' (Swadhar Grehs) that are functional in said State, with specific data for Jamui district;
- (c) the number of women in said district who have received support through the 'Pradhan Mantri Matru Vandana Yojana' (PMMVY), including the second-child (girl) benefit;
- (d) the number of 'Nari Adalats' established in Bihar for alternate dispute resolutions; and
- (e) the steps being taken to ensure the effective functioning/awareness of the Women Helpline (181) in said State?

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

(a) : Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals '**Sambal**' for safety and security of women and '**Samarthya**' for empowerment of women.

The 'Sambal' has components of One Stop Centre (OSC), Women Helpline(WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat (Nari Adalat). The 'Samarthya' has components of Shakti Sadan, Sakhi Niwas, Padhan Mantri Matru Vandana Yojana (PMMVY), Palna and SANKALP: Hub for Empowerment of Women (SNKALP: HEW).

During the last two years, funds released to the state of Bihar under the *Mission Shakti* scheme were Rs.1.06 crore and Rs.3.60 crore in 2023–24 and 2024–25 under the **Sambal** component, and Rs.0.53 crore and Rs 148.59 crore in 2023–24 and 2024–25 under the **Samarthya** component respectively.

(b) : 65 One Stop Centres (OSCs) has been approved in the State of Bihar. Out of which 39 OSCs are functional one each in all districts including the district of Jamui. Further, 11 Shakti Sadans are functional in the State of Bihar. Out of these, 01 Shakti Sadan is functional in the district of Jamui.

(c) : A total of 63,918 beneficiaries has been paid maternity benefits (including benefits for second child{girl}) in the district of Jamui of Bihar since inception of Pradhan Mantri Matru Vandana Yojana (PMMVY) Scheme (i.e. 01.01.2017),

(d) : Nari Adalat Scheme provides a platform for alternative grievance redressal for women at the gram panchayat level. Nari Adalat comprises 7-9 women who are elected women representatives of the panchayat and are of good social standing, education and reputation. The Adalats are mandated to help women in distress at the panchayat level in resolving smaller issues relating to domestic violence, and other gender-based violence by negotiation, mediation, and reconciliation with mutual consent for accessible justice. Presently, Nari Adalat is being run on pilot basis in Assam, UT of Jammu and Kashmir, Sikkim and Mizoram. The scheme has not been implemented in the State of Bihar

(e) : The Ministry of Women and Child Development conducts various awareness programs for all States and UTs through Hub for Empowerment of Women (HEW) under Samarthya. Women Helpline (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. To ensure the effective awareness of the Women Helpline, official logo for Women Helpline has been approved along with information boards for awareness and outreach

activities. Women Helpline is operational in 35 States/ Union Territories and also integrated with Emergency Response Support System ERSS-112. Through WHL, over 96.37 lakh women have been assisted across the country including the State of Bihar since the inception i.e. from 01.04.2015 till 31.12.2025.

कामकाजी महिलाओं के लिए छात्रावास

1332. श्री बिप्लब कुमार देब :

श्री डी. एम. कथीर आनंद:

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

- (क) वर्तमान में देश के विभिन्न राज्यों में कामकाजी महिलाओं के लिए कितने छात्रावास मौजूद हैं;
- (ख) क्या सरकार देश के विभिन्न भागों में और अधिक छात्रावासों का निर्माण करने की योजना बना रही है/बनाने का विचार है और यदि हां, तो त्रिपुरा सहित देश के विभिन्न भागों में किन-किन जिलों में ये छात्रावास खोले जाने का प्रस्ताव है;
- (ग) क्या सरकार ने देश में कामकाजी महिलाओं के छात्रावासों (डब्ल्यूडब्ल्यूएच) की स्थापना के लिए कोई धनराशि प्रदान की है और यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है;
- (घ) क्या केन्द्र सरकार ने 28 राज्यों में नए डब्ल्यूडब्ल्यूएच के निर्माण के लिए 5000 करोड़ रुपये आवंटित किए हैं और यदि हां, तो तत्संबंधी राज्य-वार, वर्ष-वार ब्यौरा क्या है;
- (ङ) क्या केन्द्र सरकार ने देश में डब्ल्यूडब्ल्यूएच की कुल आवश्यकता के बारे में राज्य-वार कोई अध्ययन/विश्लेषण कराया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (च) क्या केन्द्र सरकार के वित्तपोषण से सार्वजनिक/निजी कंपनियों/संगठनों/गैर-सरकारी संगठनों को भी कामकाजी महिला छात्रावासों को चलाने के लिए अनुमोदन/अनुमति दी गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (च) : सखी निवास योजना [कामकाजी महिला छात्रावास (डब्ल्यूडब्ल्यूएच)], व्यापक मिशन शक्ति के अंतर्गत मांग-आधारित केंद्र प्रायोजित योजना है, जिसमें राज्य/संघ राज्य क्षेत्र स्थानीय जरूरतों के अनुसार अपनी आवश्यकता का आकलन करते हैं और उनके प्रस्तावों को राज्य/संघ राज्य क्षेत्रों के साथ चर्चा के बाद कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा अनुमोदित किया जाता है। इस योजना का उद्देश्य शहरी, अर्ध-शहरी और यहां तक कि ग्रामीण क्षेत्रों में भी, जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, कामकाजी महिलाओं और उच्च शिक्षा एवं प्रशिक्षण प्राप्त कर रही महिलाओं के लिए सुरक्षित और सुविधाजनक आवास की उपलब्धता को बढ़ावा देना है साथ ही बच्चों के लिए डे केयर की सुविधा भी प्रदान करना है। इस योजना में किराये के आवास के लिए निधि प्रदान की जाती है। राज्य सरकारें/संघ राज्य क्षेत्र प्रशासन सखी निवास स्थापित करने के लिए वित्तीय सहायता प्राप्त करने के पात्र हैं।

वर्तमान में, त्रिपुरा सहित देशभर में 560 सखी निवास (कामकाजी महिला छात्रावास) कार्यरत हैं। देशभर में कार्यशील सखी निवासों का ब्यौरा संलग्न **विवरण-I** में दिया गया है। 15वें वित्त आयोग की अवधि के दौरान सखी निवास योजना के अंतर्गत राज्यों/संघ राज्य क्षेत्रों को जारी की गई निधि का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

व्यय विभाग, वित्त मंत्रालय ने दिनांक 09.08.2024 के कार्यालय ज्ञापन संख्या 44(1)/पीएफ-एस/2024-25 (कैपेक्स) के माध्यम से राज्यों को पूंजी निवेश हेतु विशेष सहायता (एसएससीआई) योजना के भाग (X) (कामकाजी महिला छात्रावासों का निर्माण) के अंतर्गत 28 राज्यों को कामकाजी महिला छात्रावासों के निर्माण के लिए 5,000 करोड़ रुपये आवंटित किए हैं। व्यय विभाग (डीओई) ने एसएससीआई योजना के तहत, 28 राज्यों में 52991 बिस्तरों की कुल क्षमता वाले 254 कामकाजी महिला छात्रावासों के निर्माण को 4,826.31 करोड़ रुपये की कुल स्वीकृत लागत पर अनुमोदित किया

है और इसमें से 3,148.28 करोड़ रुपये की पहली किस्त राज्यों को 2024-25 के दौरान जारी की जा चुकी है। संबंधित ब्यौरा संलग्न **विवरण-III** में दिया गया है।

विवरण-I

दिनांक 31.12.2025 तक कार्यशील सखी निवासों (डब्ल्यूडब्ल्यूएच) का ब्यौरा

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कार्यशील छात्रावासों की संख्या
1.	अंडमान और निकोबार द्वीप समूह	03
2.	आंध्र प्रदेश	23
3.	अरुणाचल प्रदेश	03
4.	असम	10
5.	चंडीगढ़	06
6.	छत्तीसगढ़	06
7.	दिल्ली	14
8.	गुजरात	13
9.	हरियाणा	07
10.	हिमाचल प्रदेश	06
11.	जम्मू एवं कश्मीर	02
12.	झारखंड	02
13.	कर्नाटक	62
14.	केरल	124
15.	लक्षद्वीप	01
16.	मध्य प्रदेश	03
17.	महाराष्ट्र	88
18.	मणिपुर	54
19.	मेघालय	03
20.	मिजोरम	08
21.	नागालैंड	15
22.	ओडिशा	11
23.	पुदुच्चेरी	02
24.	राजस्थान	15
25.	सिक्किम	01
26.	तमिलनाडु	60
27.	तेलंगाना	09
28.	त्रिपुरा	01

29.	उत्तर प्रदेश	08
	कुल	560

* राज्यों/राज्य संघ क्षेत्रों से प्राप्त सूचना के अनुसार।

विवरण -II

15वें वित्त आयोग अवधि के दौरान जारी की गई निधि का विवरण

(लाख रुपये में)

राज्य/संघ राज्य क्षेत्र	कुल
आंध्र प्रदेश	30.52
बिहार	90.00
अरुणाचल प्रदेश	147.02
असम	156.23
छत्तीसगढ़	48.87
दिल्ली	14.54
गुजरात	116.16
हिमाचल प्रदेश	33.46
जम्मू एवं कश्मीर	42.04
केरल	883.09
मध्य प्रदेश	191.26
महाराष्ट्र	89.50
मेघालय	24.98
मिजोरम	90.55
मणिपुर	1089.97
नागालैंड	299.11
ओडिशा	56.06
पुदुच्चेरी	0.26
सिक्किम	13.43
तमिलनाडु	1075.00
त्रिपुरा	0.25
उत्तर प्रदेश	40.70

विवरण-III

राज्यों को पूंजी निवेश हेतु विशेष सहायता (एसएससीआई) योजना के अंतर्गत कामकाजी महिला छात्रावासों के निर्माण के लिए राज्य-वार निधि आवंटन का ब्यौरा

क्र.सं.	राज्य का नाम	आवंटन (करोड़ में)	स्वीकृत निधि (करोड़ में)	वित्त मंत्रालय द्वारा पहली किस्त के रूप में जारी की गई निधि (करोड़ में)
1	आंध्र प्रदेश	172.00	172.00	113.52
2	अरुणाचल प्रदेश	188.00	187.98	90.00
3	असम	226.00	226.00	149.16
4	बिहार	223.00	223.00	147.18
5	छत्तीसगढ़	202.00	202.00	133.32
6	गोवा	100.00	100.00	66.00
7	गुजरात	202.00	190.48	125.70
8	हरियाणा	155.00	65.30	43.10
9	हिमाचल प्रदेश	132.00	132.00	87.12
10	झारखंड	163.00	163.00	107.58
11	कर्नाटक	193.00	193.00	127.38
12	केरल	120.00	120.00	79.20
13	मध्य प्रदेश	284.00	284.00	187.44
14	महाराष्ट्र	215.00	215.00	141.90
15	मणिपुर	149.00	149.00	98.34
16	मेघालय	132.00	132.00	87.12
17	मिजोरम	127.00	127.00	83.82
18	नागालैंड	145.00	145.00	95.70
19	ओडिशा	189.00	189.00	124.74
20	पंजाब	159.00	136.56	90.13
21	राजस्थान	202.00	165.32	109.11
22	सिक्किम	106.00	106.00	69.96
23	तमिलनाडु	223.00	223.00	147.18
24	तेलंगाना	202.00	202.00	133.32
25	त्रिपुरा	114.00	114.00	75.24
26	उत्तर प्रदेश	382.00	381.56	251.83
27	उत्तराखंड	136.00	136.00	86.76
28	पश्चिम बंगाल	159.00	146.11	96.43
	कुल	5000	4826.31	3148.28

चिकित्सा में आयुर्वेदिक प्रणाली को अपनाया जाना

1333. श्री सुनील कुमार:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार आयुर्वेदिक चिकित्सा पद्धति को अपनाने के लिए प्रोत्साहित कर रही है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) सरकार द्वारा बिहार राज्य में विशेषकर वाल्मीकि नगर संसदीय निर्वाचन क्षेत्र में कुल कितने आयुष केन्द्र खोले गए/स्थापित किए गए हैं?

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

(क) और (ख) : आयुष स्वास्थ्य सेवा पद्धति के प्रचार और प्रसार संबंधी अधिदेश को पूरा करने के उद्देश्य से, यह मंत्रालय आयुष में सूचना, शिक्षा और संचार (आईईसी) के प्रचार हेतु एक केंद्रीय क्षेत्रीय योजना कार्यान्वित करता है। इस योजना के अंतर्गत, यह मंत्रालय राष्ट्रीय/राज्य स्तर पर आरोग्य मेले, योग फेस्ट/उत्सव, आयुर्वेद पर्व आयोजित करता है, आयुष पद्धति के महत्वपूर्ण दिवस मनाता है, स्वास्थ्य मेलों/प्रदर्शनियों आदि में भाग लेता है, सेमिनारों, कार्यशालाओं, सम्मेलनों के आयोजन हेतु वित्तीय सहायता प्रदान करता है और स्वास्थ्य देखभाल एवं उपचार की आयुष पद्धति के संबंध में नागरिकों में जागरूकता उत्पन्न करने हेतु मल्टीमीडिया अभियान आदि चलाता है।

इसके साथ-साथ, मंत्रालय देश में आयुष पद्धति के विकास और संवर्धन हेतु राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और उन्हें उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) में प्राप्त प्रस्तावों के अनुसार वित्तीय सहायता प्रदान कर रहा है। राज्य/संघ राज्य क्षेत्र सरकारें एनएएम के दिशानिर्देशों के

अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती हैं।

इसके अलावा, आयुर्वेद को बढ़ावा देने के उद्देश्य से, आयुष मंत्रालय ने 01 अनुसंधान परिषद-केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) और 06 राष्ट्रीय संस्थान स्थापित किए हैं। आयुष मंत्रालय के अधीन कार्यरत अनुसंधान परिषदों और राष्ट्रीय संस्थानों का ब्यौरा संलग्न **विवरण-I** पर दिया गया है। आयुर्वेद चिकित्सा पद्धति अपनाने को प्रोत्साहित करने हेतु अनुसंधान परिषद (सीसीआरएएस) और राष्ट्रीय संस्थानों द्वारा की जाने वाली गतिविधियों का ब्यौरा संलग्न क्रमशः **विवरण-II** से **विवरण-IV** में दिया गया है।

(ग) : केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) के अंतर्गत क्षेत्रीय आयुर्वेद अनुसंधान संस्थान (आरएआरआई) की स्थापना बिहार राज्य के पटना में की गई है। साथ ही, क्षेत्रीय यूनानी चिकित्सा अनुसंधान संस्थान (आरआरयूएम) की स्थापना भी पटना में की गई है।

विवरण-I

आयुष मंत्रालय के अंतर्गत कार्यरत अनुसंधान परिषदों और राष्ट्रीय संस्थानों का ब्यौरा अनुसंधान परिषदें:

क्रम सं.	अनुसंधान परिषद का नाम
1	केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस)

राष्ट्रीय संस्थान:

क्रम सं.	संस्थान का नाम
1	राष्ट्रीय आयुर्वेद संस्थान (एनआईए) • जयपुर • पंचकुला (सेटलाइट केंद्र)
2	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए)

	• नई दिल्ली • गोवा (अनुषंगी केंद्र)
3	राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी), दिल्ली
4	आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए), जामनगर
5	पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच), शिलांग
6	पूर्वोत्तर आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान (एनईआईएफएमआर), पासीघाट

विवरण-II

अनुसंधान परिषद द्वारा आयुष की आयुर्वेदिक चिकित्सा पद्धति को अपनाने हेतु की गई गतिविधियाँ

आयुष मंत्रालय के तत्वावधान में केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस), अपने 30 परिधीय संस्थानों के नेटवर्क के माध्यम से सूचना शिक्षा और संचार (आईईसी) गतिविधियों द्वारा आयुर्वेद को बढ़ावा देने के लिए नैदानिक देखभाल प्रदान करती है और जागरूकता गतिविधियों में संलग्न है।

सीसीआरएएस आम जनमानस के बीच अंग्रेजी, हिंदी और क्षेत्रीय भाषाओं में इलेक्ट्रॉनिक और प्रिंट मीडिया के माध्यम से आयुर्वेद पद्धति को लोकप्रिय बनाने में लगा हुआ है, जिसका प्रचार राष्ट्रीय/राज्य स्तरीय आरोग्य मेलों, स्वास्थ्य शिविरों, प्रदर्शनियों, एक्सपो आदि के माध्यम से व्यापक रूप से किया जाता है, और सीसीआरएएस के आउटरीच कार्यक्रमों जैसे अनुसूचित जाति उपयोजना (एससीएसपी) अनुसंधान कार्यक्रम, जनजातीय स्वास्थ्य देखभाल अनुसंधान कार्यक्रम (टीएचसीआरपी) आदि के माध्यम से देश के विभिन्न राज्यों में अपने 30 परिधीय संस्थानों के माध्यम से भी किया जाता है। परिषद की वेबसाइट पर भी सामान्यतः सूचना, शिक्षा और संचार सामग्री उपलब्ध है और यह अन्य महत्वपूर्ण वेबसाइटों से हाइपरलिंक की गई है जो व्यापक उपयोगिता के लिए जानकारी प्रदान करती हैं।

परिषद की तीन पत्रिकाएँ नामतः जर्नल ऑफ ड्रग रिसर्च इन आयुर्वेदिक साइंसेज (जेडीआरएएस), जर्नल ऑफ रिसर्च इन आयुर्वेदिक साइंसेज (जेआरएएस), और जर्नल ऑफ इंडियन मेडिकल हेरिटेज (जेआईएमएच) हैं। ये पत्रिकाएँ सार्वजनिक डोमेन में इलेक्ट्रॉनिक रूप से निःशुल्क उपलब्ध हैं ताकि शोध के परिणामों को आम जनमानस तक पहुँचाया जा सके। सीसीआरएएस, आम जनमानस के लिए सामान्य भाषाओं में शोध परिणामों के प्रसार हेतु तिमाही आधार पर सीसीआरएएस बुलेटिन भी प्रकाशित कर रहा है। अब तक, परिषद ने पुस्तकें, मोनोग्राफ और तकनीकी रिपोर्टें प्रकाशित की हैं, और आयुर्वेद के शोध परिणामों और गुणों को व्यापक रूप से प्रचारित करने के लिए इन्हें बेचा या वितरित किया जा रहा है।

विवरण-III

आयुर्वेद राष्ट्रीय संस्थानों द्वारा आयुर्वेदिक चिकित्सा पद्धति को अपनाने और प्रोत्साहित करने हेतु की गई गतिविधियों का ब्यौरा

राष्ट्रीय आयुर्वेद संस्थान (एनआईए) आयुर्वेद का एक शीर्ष संस्थान है। यह अस्पताल, राष्ट्रीय अस्पताल एवं स्वास्थ्य सेवा प्रदाता प्रत्यायन बोर्ड से मान्यता प्राप्त है, जिसमें एक दर्जन से अधिक विशिष्ट क्लीनिक, विश्व स्तरीय पंचकर्म इकाई, केंद्रीय प्रयोगशाला, पूरी तरह सुसज्जित ऑपरेशन थिएटर आदि हैं। अस्पताल की सेवाओं का और अधिक विस्तार किया जा रहा है जिसके लिए परिसर में एक बहुमंजिला भवन का निर्माण किया जा रहा है। विभिन्न प्रचार गतिविधियों में आईईसी सामग्री का वितरण, राष्ट्रीय और अंतर्राष्ट्रीय स्तर पर प्रशिक्षण, कार्यशालाएँ और सेमिनारों का आयोजन, विभिन्न देशों में अपने विशेषज्ञों को भेजकर विश्व स्तर पर आयुर्वेद के प्रचार में आयुष मंत्रालय की सहायता करना आदि भी शामिल हैं।

एनआईए में 300 बिस्तरों वाला एक अस्पताल है जिसमें पंचकर्म, क्षार सूत्र, मधुमेह क्लिनिक, नशामुक्ति केंद्र आदि जैसे विभिन्न विशेषज्ञता केंद्र हैं, जिनके माध्यम से विभिन्न रोगों और विकारों का उपचार, परामर्श, प्रबंधन आदि किया जाता है। केंद्रीय प्रयोगशाला में अधिकांश औषधि सुविधाएँ भी

उपलब्ध हैं। इस संस्थान में एक सैटेलाइट अस्पताल भी है जहाँ ओपीडी सेवाएँ प्रदान की जाती हैं। राजस्थान राज्य में अनुसूचित जाति की आबादी के लाभ के लिए एससीएसपी योजना के तहत एक अलग अस्पताल शुरू किया गया है, जिसमें वर्तमान में ओपीडी सेवाएँ उपलब्ध हैं। इन सभी गतिविधियों को हर साल और अधिक औषधियों, नैदानिक सुविधाओं, अस्पताल के लिए आवश्यक उपकरणों और यंत्रों, जनशक्ति आदि के साथ सुदृढ़ किया जा रहा है। यह संस्थान हैंडबिल, पैम्फलेट, सूचना पुस्तिकाएं वितरित करता है जिनमें आयुर्वेद पर प्रचार सामग्री होती है जैसे कि अच्छे शारीरिक और मानसिक स्वास्थ्य के प्रबंधन के लिए क्या करें और क्या न करें, दैनिक दिनचर्या, पंचकर्म चिकित्सा, जीवनशैली प्रबंधन, नशामुक्ति, योग, व्यायाम आदि और संस्थान की विभिन्न शैक्षणिक, रोगी देखभाल और अन्य गतिविधियों के संबंध में भी जानकारी होती है। ये आईईसी सामग्रियां संस्थान के अस्पतालों में रोगियों, उनके परिचारकों को तथा देश में विभिन्न आरोग्य मेलों के आयोजन के दौरान वितरित की जाती हैं। इस संस्थान ने, शहर में और दूरदराज के इलाकों में चिकित्सा शिविरों के दौरान विभिन्न आयुर्वेद जागरूकता शिविर, उपचार शिविर, मेले आदि का भी आयोजन किया है। ये गतिविधियाँ आम जनता में आयुर्वेद के प्रति जागरूकता उत्पन्न करने और उसकी लोकप्रियता बढ़ाने में मदद करती हैं।

पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच) ने आयुर्वेद, होम्योपैथी और योग आदि आयुष चिकित्सा पद्धति को बढ़ावा देने के लिए कई कदम उठाए हैं। इस संबंध में, संस्थान नियमित रूप से संस्थान के अस्पतालों (ओपीडी और आईपीडी दोनों) में निःशुल्क परामर्श प्रदान करता है और गाँवों, स्कूलों, सरकारी विभागों, सैन्य कर्मियों और सामुदायिक स्तर पर निःशुल्क चिकित्सा एवं जागरूकता शिविर आयोजित करता है। एनईआईएच ने राष्ट्रीय सेमिनार/कार्यशालाएँ, पैनल चर्चाएँ, ऑल इंडिया रेडियो, शिलांग में अंग्रेजी, हिंदी और क्षेत्रीय भाषा (ख़ासी) में "डॉक्टर से मिलें" कार्यक्रम, और दूरदर्शन केंद्र, शिलांग में आयुर्वेद पर टीवी वार्ता कार्यक्रम आदि का आयोजन

किया है। एनईआईएच ने आयुर्वेद और होम्योपैथी को बढ़ावा देने के लिए मेघालय राज्य के पूर्वी खासी हिल्स जिले के स्मित क्षेत्र में आयुर्वेद और होम्योपैथी में एक परिधीय ओपीडी भी शुरू की है। संस्थान ने प्रधानमंत्री जनजाति आदिवासी न्याय महाअभियान (पीएम-जनमन) कार्यक्रमों के अंतर्गत स्वास्थ्य शिविर भी आयोजित किए। यह संस्थान आयुर्वेदिक चिकित्सा एवं शल्य चिकित्सा स्नातक (बीएएमएस) और होम्योपैथिक चिकित्सा एवं शल्य चिकित्सा स्नातक (बीएचएमएस) पाठ्यक्रम, एक वर्षीय पंचकर्म तकनीशियन प्रमाणपत्र भी संचालित कर रहा है। एनईआईएच पड़ोसी राज्यों के चिकित्सा अधिकारियों (आयुर्वेद) को पंचकर्म चिकित्सा प्रशिक्षण भी प्रदान करता है। उन्होंने शैक्षणिक सत्र 2023-24 में पीजी होम्योपैथी विषयों तथा शैक्षणिक सत्र 2025-26 से पीजी आयुर्वेद विषयों में छात्रों को प्रवेश भी दिया है।

आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए), जामनगर, जामनगर शहर की विशाल जनसंख्या की आवश्यकताओं को पूरा कर रहा है। यह संस्थान, सभी सुविधाओं और उच्च गुणवत्ता वाली औषधियों से सुसज्जित एक अस्पताल संचालित करता है। इस संस्थान में राष्ट्रीय परीक्षण एवं अंशांकन प्रयोगशाला प्रत्यायन बोर्ड (एनएबीएल) से मान्यता प्राप्त प्रयोगशालाएँ हैं जो रोगी समुदाय की आवश्यकताओं को पूरा करती हैं। यह सब मामूली लागत पर किया जाता है।

अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली ने शिक्षा, रोगी देखभाल और अनुसंधान के माध्यम से आयुर्वेद को बढ़ावा देने के लिए विभिन्न गतिविधियाँ शुरू की हैं। ब्यौरा और गतिविधियाँ संलग्न **विवरण-IV** पर दी गई हैं।

पूर्वोत्तर आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान (एनईआईएफएमआर) ने वर्ष 2024-25 में 30 छात्रों की प्रवेशक्षमता के साथ एक आयुर्वेद महाविद्यालय शुरू किया है। इसके अलावा, स्वास्थ्य शिविर और राष्ट्रीय कार्यक्रम जैसी विभिन्न गतिविधियाँ नियमित रूप से आयोजित की जाती हैं।

राष्ट्रीय आयुर्वेद विद्यापीठ (आरएवी), गुरु-शिष्य परम्परा की पारंपरिक शिक्षण पद्धति के अंतर्गत एक वर्षीय पूर्णकालिक पाठ्यक्रम, राष्ट्रीय आयुर्वेद विद्यापीठ (सीआरएवी) प्रमाणपत्र प्रदान करता है। आरएवी आयुर्वेदिक चिकित्सकों के लिए एक कार्यक्रम है और आयुर्वेद शिक्षा एवं अनुसंधान को बढ़ावा देने के लिए राष्ट्रीय स्तर पर विभिन्न प्रशिक्षण कार्यक्रम भी आयोजित करता है।

विवरण-IV

अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली द्वारा शुरू की गई विभिन्न गतिविधियों की सूची

क. शिक्षा:

1. संस्थान को भारतीय गुणवत्ता परिषद द्वारा NAAC A++ मान्यता प्राप्त है।
2. संस्थान आयुर्वेद की बारह शाखाओं में स्नातकोत्तर और डॉक्टरेट की उपाधियाँ प्रदान करता है।
3. संस्थान बौद्धिक चर्चा को बढ़ावा देने और आयुर्वेद के राष्ट्रीय और वैश्विक स्तर पर एकीकरण और प्रचार की रणनीति बनाने के लिए समय-समय पर राष्ट्रीय सम्मेलनों का आयोजन करता है।
4. संस्थान ने अक्टूबर 2023 में AROHA-2024 अंतर्राष्ट्रीय सम्मेलन का आयोजन किया, जिसमें विभिन्न देशों के विशेषज्ञों और प्रतिभागियों ने भाग लिया।
5. संस्थान ने iCAINE के माध्यम से एक स्टार्टअप इकोसिस्टम बनाया है, जिसका उद्देश्य विद्वानों के मध्य नवाचार और उद्यमिता के अवसरों को बढ़ावा देना है।

ख. रोगी देखभाल:

1. अखिल भारतीय आयुर्वेद संस्थान में 200 बिस्तरों वाला तृतीयक देखभाल अस्पताल है, जो एनएबीएच से मान्यता प्राप्त है। इसमें एक कार्यरत आईसीयू है, जहां प्रतिदिन लगभग 1500 रोगियों का इलाज होता है।
2. संस्थान ने एकीकृत ऑन्कोलॉजी, छाती रोग, चयापचय रोग, जीवनशैली संबंधी रोग, रुमेटोलॉजी और त्वचा क्लीनिक स्थापित किए हैं।
3. संस्थान ने विशिष्ट बाह्य रोगी विभाग स्थापित किए हैं, जिनके माध्यम से एकीकृत उपचार प्रदान किए जा रहे हैं।
4. एआईआईए ने भारत भर में रणनीतिक रूप से महत्वपूर्ण स्थानों जैसे भारत के सर्वोच्च न्यायालयों के परिसर में, लाल बहादुर शास्त्री राष्ट्रीय प्रशासन अकादमी, मसूरी, स्टैच्यू ऑफ यूनिटी, केवडिया, गुजरात, आईआईटी दिल्ली में विस्तार केंद्र स्थापित किए हैं।
5. एआईआईए ने एम्स, जज्झर में एक कार्यरत एकीकृत कैंसर क्लिनिक और अनुसंधान केंद्र स्थापित किया है और सफदरजंग अस्पताल, वीएम मेडिकल कॉलेज, नई दिल्ली में एकीकृत चिकित्सा केंद्र स्थापित किया है।

ग. अनुसंधान:

अखिल भारतीय आयुर्वेद संस्थान ने अपने जनादेश में अंतःविषयक अनुसंधान को प्राथमिकता दी है। इस अनुसंधान का उद्देश्य उन्नत अनुसंधान पद्धति के माध्यम से आयुर्वेद चिकित्सा की वैधता स्थापित करना है, जो वर्तमान राष्ट्रीय और अंतर्राष्ट्रीय मानकों/दिशानिर्देशों के अनुरूप हो, ताकि उच्च गुणवत्ता वाले साक्ष्य उत्पन्न किए जा सकें।

एआईआईए, नई दिल्ली 03 वैज्ञानिक पत्रिकाएँ प्रकाशित करता है:

1. इंटरनेशनल जर्नल ऑफ आयुर्वेद रिसर्च (आईजेआर)

2. जर्नल ऑफ आयुर्वेद केस रिपोर्ट्स (आयुकेयर)
3. आयुष जर्नल ऑफ इंटीग्रेटिव ऑन्कोलॉजी (एजेआईओ)

MEDICAL INSTITUTE IN NORTH WEST DELHI

1334. SHRI YOGENDER CHANDOLIA:

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

- (a) whether the Government has received a proposal from the Vice-Chancellor of Delhi University for the development of a premier medical institute with a 1400 bed hospital on a 46 acre land at Village Shahabad Daulatpur, Rohini, in the North West Delhi Parliamentary Constituency;
- (b) if so, the details thereof along with the current status of the proposal;
- (c) whether the said proposal has been approved by the Government, if so, the details thereof; and
- (d) the details of the timeline for released funds and commencement of the project, considering the urgent need for quality healthcare infrastructure in North West Delhi?

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

- (a) to (d): No proposal has been received from the Vice-Chancellor of Delhi University for the development of a premier medical institute with a 1400 bed

hospital on a 46 acre land at Village Shahabad Daulatpur, Rohini, in the North West Delhi Parliamentary Constituency.

However, Ministry of Health and Family Welfare, Government of India received a proposal from Vice-Chancellor of Delhi University to revisit the Union Cabinet decision dated 25.08.2005 regarding handing over the University College of Medical Sciences (UCMS) to Government of National Capital Territory (NCT) of Delhi. Government of National Capital Territory (NCT) of Delhi vide Order dated 18.03.2025 has taken over the UCMS. Therefore, University College of Medical Sciences (UCMS) now functions under administrative control of Government of National Capital Territory (NCT) of Delhi for all purposes.

EARLY CHILDHOOD CARE AND DEVELOPMENT

1335. DR. D. RAVI KUMAR:

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

- (a) whether the Government has prioritised any specific long-term strategy for Early Childhood Care and Development (ECCD) as a core component of human capital formation, rather than treating it as a welfare measure;
- (b) if so, the details thereof;
- (c) whether the Government has articulated any concrete, time-bound road map for systematic investment in ECCD to ensure child's life during the

first 3,000 days critical for brain development, physical health and cognitive ability, if so, the details thereof and if not, the reasons therefor;

- (d) whether infrastructure, manufacturing, digital innovation/ease of doing business receive substantial policy attention and funding whereas comparatively limited/fragmented investment is made in ECCD, which underpins future productivity and economic growth; and
- (e) the details of the steps being taken to ensure convergence between health, nutrition, education and social protection schemes during this period considering the fact that the World Health Organization and UNICEF recognise the first 1,000 days as a crucial 'window of opportunity'?

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

(a) to (d): The Early Childhood Care and Education (ECCE) is one of the six services provided in an integrated manner under Mission Saksham Anganwadi and Poshan 2.0 (Poshan 2.0).

National Early Childhood Care and Education (ECCE) Policy, 2013 emphasises the need to accord priority attention to ECCE as it is an indispensable foundation for lifelong development and learning, and has lasting impact on early childhood development. It recognises ECCE as most cost-effective way to break the intergenerational cycle of multiple disadvantages and remove inequity, leading to long term social and economic benefits. National

Education Policy (NEP), 2020 also stresses the need for appropriate stimulation in the early years of a child's growth, recognizing that adequate care is necessary to build a strong foundation for life.

In line with NEP, 2020 focus, Government of India launched in October 2022, the National Curricular Framework for Foundational Stage (NCF-FS) providing a structure for the syllabus, Training of Teachers, Learning Teaching Material (LTM), etc. It is the first ever integrated Curriculum Framework for children between ages 3-8 in India.

Key initiatives taken by the Ministry, for strengthening ECCE in the country for ensuring holistic development of children up to the age of 6 years, are mentioned as under:

- i. Navchetana, which is a National Framework for Early Childhood Stimulation for children up to 3 years of age, was launched in March 2024. It aims to fill the conceptual and practical gaps in the understanding and implementing care and stimulation of child's growth. The framework empowers caregiver and Anganwadi Workers (AWWs) for holistic early stimulation of children through responsive caregiving.
- ii. Aadharshila, which is a National Curriculum for ECCE for children of age 3 to 6 years, was launched in March 2024 to ensure holistic development across physical, cognitive, social and emotional domains. Aadharshila improves the quality of early childhood education transacted at the

Anganwadi Centre by prioritizing competency based lesson plans and activities, covering all learning domains.

- iii. Poshan Bhi Padhai Bhi (PBPB) initiative was launched on 10th May, 2023 for upgrading skills of all Anganwadi workers to strengthen their capacity to provide ECCE and nutrition service to children below six years of age, including divyang children. In the first round of training programme, 41,645 State Level Master Trainers (SLMTs) and 10,05,756 AWWs have been trained as on 3rd February 2026.
- iv. Nutrition Support through Supplementary Nutrition Programme (SNP) is provided for Pregnant Women and Lactating Mothers (PWLM) and children (6 months–6 years).
- v. Annual provision of Rs. 3,000 per Anganwadi Centre have been made for Pre-School Education (PSE) Kits comprising culturally relevant and low/no-cost toys.
- vi. Daily learning prompts through Poshan Tracker, including over 249 videos, 190 voice notes and 1000+ activity PDFs for children aged 3–6 years, are digitally provided to AWWs.
- vii. For children aged 0–3 years, 14 videos comprising 140 activities have been developed to support structured home visits and caregiver engagement.
- viii. 'Vidyarambh' ECCE Certificate for smooth transition from Anganwadi to Grade I has been introduced.

- ix. ECCE Days are being celebrated at Anganwadis every month to stimulate parental engagement and encourage community participation.

(e): Ministry has strengthened convergence with the Department of School Education and Literacy (DoSEL), Ministry of Education. Guidelines for Co-locating Anganwadi Centers within Government Primary Schools were released on 3rd September 2025. Presently, about 2.9 lakh Anganwadi Centers are co-located within Government schools across the country.

DoSEL also supports creation of infrastructure and basic facilities for pre-primary students in Government Schools, under the Centrally sponsored Samagra Shiksha Scheme in which funds are provided to States / UTs for child friendly furniture, BaLA (Building as Learning Aids) features, and outdoor play activities. Funds are also provisioned for items like teachers' capacity building, Teaching Learning Material (TLM) student wise etc.

The provision for creation of Automated Permanent Academic Account Registry (APAAR) for 3-6 years children has been enabled on the Poshan Tracker (mobile based application). Similarly, provision for creation of Ayushman Bharat Health Account (ABHA) ID for children aged 0–6 years has also been enabled on the Poshan Tracker.

Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, ASHA (Accredited Social Health Activist) performs structured home visits in the community to improve the child rearing

practices focused on promotion of health, nutrition and early childhood development.

आयुष सेवाओं का विस्तार

1336. श्रीमती गनीबेन नागाजी ठाकोर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में आयुष अस्पतालों, औषधालयों और चिकित्सा महाविद्यालयों की राज्य/संघ राज्यक्षेत्र-वार और विधा-वार संख्या कितनी है;
- (ख) क्या देशभर के ग्रामीण और जनजातीय क्षेत्रों में आयुष सेवाओं का विस्तार हुआ है; और
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में इसके लिए प्रदान की गई वित्तीय सहायता का ब्यौरा क्या है?

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

(क) : राज्य/संघ राज्य क्षेत्र की सरकारों द्वारा दी गई सूचना के अनुसार, दिनांक 01.04.2023 तक देश में आयुष अस्पतालों, आयुष औषधालयों और आयुष चिकित्सा महाविद्यालयों की राज्य/संघ राज्य क्षेत्र-वार और विधा-वार कुल संख्या क्रमशः संलग्न **विवरण-I**, **विवरण-II** और **विवरण-III** में दी गई है।

(ख) : राष्ट्रीय आयुष मिशन (एनएएम) के तहत, आयुष मंत्रालय ग्रामीण और जनजातीय क्षेत्रों सहित, देश भर में आयुष सेवाओं का विस्तार करने के लिए राज्य/संघ राज्य क्षेत्र सरकारों को राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के आधार पर वित्तीय सहायता प्रदान करके उनके प्रयासों का समर्थन कर रहा है। व्यापक प्राथमिक स्वास्थ्य देखभाल सेवाएं प्रदान करने के लिए,

इस प्रकार के समर्थन में प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष इकाइयों की सह-संस्थापना, 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना, नए आयुष औषधालयों की स्थापना, आयुष अस्पतालों और औषधालयों का उन्नयन, आयुष शिक्षण संस्थानों की स्थापना, आयुष स्नातक संस्थानों का उन्नयन, पीजी, फार्मसी और पैरामेडिकल पाठ्यक्रमों के समावेश सहित आयुष स्नातकोत्तर (पीजी) संस्थानों का उन्नयन, और मौजूदा आयुष औषधालयों का आयुष्मान आरोग्य मंदिर (आयुष) के रूप में उन्नयन शामिल है।

इसके अलावा, एनएएम के तहत, राज्य/संघ राज्य क्षेत्र सरकारों को देश के विभिन्न हिस्सों में विभिन्न संरचित आयुष जन स्वास्थ्य कार्यक्रमों के कार्यान्वयन के लिए समर्थन दिया जा रहा है, जिसमें ग्रामीण और जनजातीय क्षेत्र भी शामिल हैं, ताकि आयुष पद्धतियों की निवारक, प्रोत्साहक, उपचारात्मक और पुनर्वास संबंधी क्षमता का या तो एकल उपचारों के रूप में अथवा पारंपरिक स्वास्थ्य देखभाल के ऐड-ऑन के रूप में लाभ उठाकर जनता की स्वास्थ्य देखभाल की जरूरतों को पूरा किया जा सके। इन कार्यक्रमों में राष्ट्रीय ऑस्टियोआर्थराइटिस और अन्य मस्क्युलोस्केलेटल विकार रोकथाम एवं प्रबंधन कार्यक्रम; राष्ट्रीय कैंसर, मधुमेह, हृदयवाहिका रोग और आघात रोकथाम एवं नियंत्रण कार्यक्रम (एनपीसीडीसीएस) के साथ आयुष का एकीकरण; आयुष आधारित मातृ एवं नवजात उपचारों को सुदृढ़ करने के लिए सुप्रजा; आयुष वृद्धावस्था स्वास्थ्य देखभाल सेवाओं के लिए वयो मित्र; आयुष में स्कूली बच्चों के बीच स्वस्थ जीवन शैली को बढ़ावा देने के लिए आयुर्विद्या; अल्पसेवित, दूरस्थ और जनजातीय क्षेत्रों में स्वास्थ्य सेवा प्रदायगी के लिए आयुष मोबाइल मेडिकल यूनिट; आयुष उपशामक देखभाल सेवाओं के लिए कारुण्य और लिम्फैटिक फाइलेरियासिस (लिम्फोएडेमा) के रूग्णता प्रबंधन और अशक्तता रोकथाम (एमएमडीपी) के लिए आयुष पर राष्ट्रीय कार्यक्रम शामिल हैं। इन उपचारों के माध्यम से, ग्रामीण और जनजातीय क्षेत्रों सहित देश में आयुष

सेवाओं का निरंतर विस्तार हुआ है, जिससे जनता के लिए समग्र स्वास्थ्य देखभाल सेवाओं तक पहुंच में सुधार हुआ है।

(ग) : राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, आयुष मंत्रालय ने राज्यों/संघ राज्य क्षेत्रों से उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के आधार पर 203 एकीकृत आयुष अस्पतालों (आईएच), 21 आयुष शैक्षणिक संस्थानों और 384 नए आयुष औषधालयों की स्थापना के लिए अनुमोदन दिया है। वर्ष 2014-15 से 2024-25 के दौरान, एनएएम के तहत, देश में स्थापना के लिए समर्थित एकीकृत आयुष अस्पतालों, आयुष औषधालयों और आयुष शैक्षणिक संस्थानों की राज्य/संघ राज्य क्षेत्र-वार सूची संलग्न **विवरण-IV** में दी गई है।

इसके अलावा, एनएएम के तहत, वर्ष 2014-15 से 2024-25 के दौरान, एकीकृत आयुष अस्पतालों, आयुष शैक्षणिक संस्थानों और आयुष औषधालयों की स्थापना के लिए राज्य/संघ राज्य क्षेत्र सरकारों को अनुदान सहायता के रूप में क्रमशः 1032.86 करोड़ रुपये, 179.21 करोड़ रुपये और 81.55 करोड़ रुपये की मंजूरी दी गई है।

विवरण-I

दिनांक 01.04.2023 तक आयुष अस्पतालों की राज्य/संघ राज्य क्षेत्र-वार और विधा-वार कुल संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	आयुर्वेद	युनानी	सिद्ध	योग	प्राकृतिक चिकित्सा	होम्योपैथी	सोवा-रिग्पा	कुल
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
क. राज्य/संघ राज्य क्षेत्र									
1	आंध्र प्रदेश	3	2	0	0	0	3	0	8
2	अरुणाचल प्रदेश	10	0	0	0	0	1	0	11
3	असम	1	0	0	0	0	1	0	2
4	बिहार	5	1	0	0	0	2	0	8
5	छत्तीसगढ़	11	1	0	1	0	3	0	16
6	दिल्ली	2	2	0	0	0	2	0	6
7	गोवा	1	0	0	0	0	1	0	2

8	गुजरात	39	0	0	0	0	1	0	40
9	हरियाणा	15	1	0	0	0	1	0	17
10	हिमाचल प्रदेश	34	0	0	0	1	0	0	35
11	जम्मू-कश्मीर	4	6	0	0	0	0	0	10
12	झारखंड	0	0	0	0	0	1	0	1
13	कर्नाटक	195	25	0	0	18	36	0	274
14	केरल	129	0	1	0	1	34	0	165
15	मध्य प्रदेश	41	4	0	0	6	26	0	77
16	महाराष्ट्र	91	7	0	0	0	62	0	160
17	मणिपुर	6	5	0	5	0	9	0	25
18	मेघालय	4	0	0	0	0	8	0	12
19	मिजोरम	2	0	0	0	0	8	0	10
20	नागालैंड	2	0	0	2	0	2	0	6
21	ओडिशा	5	0	0	0	0	4	0	9
22	पंजाब	21	1	0	0	0	3	0	25
23	राजस्थान	119	11	0	1	2	6	0	139
24	सिक्किम	2	0	0	1	0	2	1	6
25	तमिलनाडु	2	1	289	2	0	1	0	295
26	त्रिपुरा	3	0	0	1	0	3	0	7
27	उत्तर प्रदेश	1788	183	0	0	0	11	0	1982
28	उत्तराखंड	430	3	0	0	0	0	0	433
29	पश्चिम बंगाल	6	1	0	0	0	12	1	20
30	अंडमान व निकोबार द्वीप	1	0	0	1	0	1	0	3
31	चंडीगढ़	1	0	0	0	0	1	0	2
32	दादरा व नागर हवेली और दमन व दीव	2	0	0	0	0	2	0	4
33	लद्दाख	0	0	0	0	0	0	0	0
34	लक्षद्वीप	1	0	0	0	0	1	0	2
35	पुडुचेरी	3	0	2	0	0	1	0	6
36	तेलंगाना	4	3	0	0	1	3	0	11
कुल (क)		2983	257	292	14	29	252	2	3829
ख. सीजीएचएस और केंद्र सरकार संगठन		22	10	6	1	5	9	3	56
कुल(क+ख)		3005	267	298	15	34	261	5	3885

स्रोत: राज्य/संघ राज्य क्षेत्र की सरकारें और संबंधित एजेंसियां।

विवरण-II

दिनांक 01.04.2023 तक राज्य/संघ राज्य क्षेत्र-वार और विधा-वार आयुष औषधालयों की कुल संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	आयुर्वेद	युनानी	सिद्ध	योग	प्राकृतिक चिकित्सा	होम्योपैथी	सोवा- रिप्पा	कुल
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
क. राज्य/संघ राज्य क्षेत्र									
1	आंध्र प्रदेश	373	92	0	0	25	245	0	735
2	अरुणाचल प्रदेश	38	1	0	0	0	133	2	174
3	असम	505	0	0	0	0	68	0	573
4	बिहार	799	333	0	0	0	458	0	1590
5	छत्तीसगढ़	956	26	0	0	0	112	0	1094
6	दिल्ली	55	25	0	0	0	117	0	197
7	गोवा	140	0	0	0	0	67	0	207
8	गुजरात	579	0	0	0	0	273	0	852
9	हरियाणा	625	23	0	18	0	164	0	830
10	हिमाचल प्रदेश	1185	3	0	0	0	14	4	1206
11	जम्मू-कश्मीर	311	267	0	0	0	16	0	594
12	झारखंड	362	147	0	0	0	272	0	781
13	कर्नाटक	7432	89	1	0	22	97	0	7641
14	केरल	1041	16	34	0	1	1078	0	2170
15	मध्य प्रदेश	1496	64	0	0	0	213	0	1773
16	महाराष्ट्र	462	24	0	0	0	0	0	486
17	मणिपुर	0	0	0	0	0	1	0	1
18	मेघालय	39	0	0	2	0	54	0	95
19	मिजोरम	1	0	0	0	0	20	0	21
20	नागालैंड	10	0	0	2	0	34	0	46
21	ओडिशा	620	9	0	0	0	562	0	1191
22	पंजाब	672	34	0	1	0	225	0	932
23	राजस्थान	3664	341	0	0	3	329	0	4337
24	सिक्किम	2	0	0	0	0	10	1	13
25	तमिलनाडु	101	65	790	174	0	108	0	1238

26	त्रिपुरा	35	0	0	0	0	66	0	101
27	उत्तर प्रदेश	2112	73	0	0	0	1576	0	3761
28	उत्तराखंड	412	2	0	0	0	148	0	562
29	पश्चिम बंगाल	545	6	0	12	0	2105	0	2668
30	अंडमान व निकोबार द्वीप	13	0	0	6	0	18	0	37
31	चंडीगढ़	12	2	0	0	0	16	0	30
32	दादरा व नागर हवेली और दमन व दीव	10	0	0	0	0	10	0	20
33	लद्दाख	3	8	0	0	0	2	35	48
34	लक्षद्वीप	9	0	0	0	0	9	0	18
35	पुडुचेरी	30	0	28	4	0	18	0	80
36	तेलंगाना	423	184	0	0	28	199	0	834
	कुल (क)	25072	1834	853	219	79	8837	42	36936
	ख. सीजीएचएस और केंद्र सरकार संगठन	354	40	65	94	15	289	11	868
	कुल (क+ख)	25426	1874	918	313	94	9126	53	37804

स्रोत: राज्य/संघ राज्य क्षेत्र की सरकारें और संबंधित एजेंसियां।

विवरण-III

दिनांक 01.04.2023 तक देश में राज्य/संघ राज्य क्षेत्र-वार और विधा-वार आयुष महाविद्यालयों की कुल संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	आयुर्वेद	युनानी	सिद्ध	योग प्राकृतिक चिकित्सा	होम्योपैथी	सोवा-रिग्पा	कुल
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	आंध्र प्रदेश	3	1	0	2	7	0	13
2	अरुणाचल प्रदेश	0	0	0	0	1	0	1
3	असम	1	0	0	0	3	0	4
4	बिहार	10	5	0	0	15	0	30
5	छत्तीसगढ़	6	1	0	1	3	0	11
6	दिल्ली	3	2	0	1	2	0	8
7	गोवा	2	0	0	0	1	0	3
8	गुजरात	45	0	0	2	45	0	92
9	हरियाणा	14	0	0	1	1	0	16
10	हिमाचल प्रदेश	4	0	0	0	1	1	6
11	जम्मू-कश्मीर	2	4	0	0	0	0	6
12	झारखंड	1	0	0	0	6	0	7
13	कर्नाटक	99	6	0	9	19	1	134
14	केरल	18	1	1	0	6	0	26
15	मध्य प्रदेश	33	4	0	2	25	0	64
16	महाराष्ट्र	120	7	0	0	65	0	192
17	मेघालय	2	0	0	0	1	0	3
18	ओडिशा	6	0	0	0	7	0	13
19	पंजाब	18	1	0	0	4	0	23
20	राजस्थान	18	3	0	10	12	0	43
21	सिक्किम	0	0	0	0	0	1	1
22	तमिलनाडु	8	1	16	15	14	0	54
23	तेलंगाना	2	3	0	1	5	0	11
24	उत्तर प्रदेश	100	17	0	4	12	1	134
25	उत्तराखंड	20	1	0	1	2	0	24
26	पश्चिम बंगाल	4	1	0	0	12	1	18
27	चंडीगढ़	1	0	0	0	1	0	2
28	पुडुचेरी	1	0	0	0	0	0	1

29	लद्दाख	0	0	0	0	0	2	2
कुल		541	58	17	49	270	7	942

स्रोत: आईपी-1 और आईपी-11 अनुभाग, आयुष मंत्रालय, सीसीआरवाईएन और योग एवं प्राकृतिक चिकित्सा महाविद्यालय।

टिप्पणी: महाविद्यालयों की संख्या में यूजी, पीजी (यूजी पाठ्यक्रमों के बाद) और विशिष्ट पीजी आयुष महाविद्यालय शामिल हैं।

विवरण-IV

देश में स्थापना के लिए समर्थित राज्य/संघ राज्य क्षेत्र-वार एकीकृत आयुष अस्पताल, आयुष औषधालय और आयुष शैक्षणिक संस्थान

क) वर्ष 2014-15 से 2024-25 के दौरान स्थापना के लिए अनुमोदित एकीकृत आयुष अस्पतालों की चिकित्सा विधा-वार और राज्य/संघ राज्य क्षेत्र-वार स्थिति

क्र. सं.	राज्य/संघ राज्य क्षेत्र	स्थान (जिला)	चिकित्सा पद्धति	बिस्तरों की संख्या
1	अंडमान एवं निकोबार द्वीप	जंगलीघाट, पोर्ट ब्लेयर (दक्षिणी अंडमान)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
2	आंध्र प्रदेश	काकीनाडा	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		विशाखापत्तनम	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
3	अरुणाचल प्रदेश	भालुकर्पोंग (पश्चिमी कामेंग)	आयुर्वेद, होम्योपैथी और योग	50
		लिकाबली (लोवर सियांग)	आयुर्वेद, होम्योपैथी और योग	50
		यिंगकिओंग (अपर सियांग)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		सेप्पा (पूर्वी कामेंग)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		जीरो (लोवर सुबनसिरी)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
4	असम	दुधनोई (गोलपाड़ा)	आयुर्वेद	50
		माजुली	आयुर्वेद	50
		कोकराझार	आयुर्वेद और होम्योपैथी	50
		बक्सा	आयुर्वेद और होम्योपैथी	50
		मोरीगांव	आयुर्वेद और होम्योपैथी	50
		कालियाबोर (नगाँव)	आयुर्वेद और होम्योपैथी	50
		दिफू (कारबी एंगलोंग)	आयुर्वेद और होम्योपैथी	30
		बाजाली	आयुर्वेद और होम्योपैथी	10
5	बिहार	पटना	आयुर्वेद, होम्योपैथी, यूनानी और योग	50

6	चंडीगढ़	सेक्टर-34 (चंडीगढ़)	आयुर्वेद और होम्योपैथी	50
7	छत्तीसगढ़	जांजगीर-चंपा	आयुर्वेद, होम्योपैथी और यूनानी	10
		महासमुंद	आयुर्वेद, होम्योपैथी और यूनानी	10
		कोरिया	आयुर्वेद, होम्योपैथी और यूनानी	10
		कोरबा	आयुर्वेद, होम्योपैथी और यूनानी	10
		कांकेर (उत्तर बस्तर कांकेर)	आयुर्वेद, होम्योपैथी और यूनानी	10
		नारायणपुर	आयुर्वेद, होम्योपैथी और यूनानी	10
		बीजापुर	आयुर्वेद, होम्योपैथी और यूनानी	10
		दंतेवाड़ा (दक्षिण बस्तर दंतेवाड़ा)	आयुर्वेद, होम्योपैथी और यूनानी	10
		दल्ली राजहरा (बालोद)	आयुर्वेद	30
		सूरजपुर	आयुर्वेद, होम्योपैथी और यूनानी	10
8	दादरा नागर हवेली और दमन व दीव	सिलवासा (दादरा एवं नागर हवेली)	आयुर्वेद	50
9	गोवा	वेलगुएम (उत्तरी गोवा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		मरगांव (दक्षिणी गोवा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
10	गुजरात	सूरत	आयुर्वेद, होम्योपैथी और योग	50
		राजकोट	आयुर्वेद, होम्योपैथी और योग	30
11	हरियाणा	हिसार	आयुर्वेद, होम्योपैथी, यूनानी और योग	50
12	हिमाचल प्रदेश	कुल्लू	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		मंडी	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		धर्मशाला	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
13	जम्मू और कश्मीर	किश्तवाड़	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50
		कुपवाड़ा	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50
		बिलावर (कठुआ)	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50
		कुलगाम	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50
		सांबा	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50
		गदी गढ़ (जम्मू)	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	10
		बांदीपाथीन	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	10

14	झारखंड	इतकी,रांची	आयुर्वेद और होम्योपैथी	50
		गुमला	आयुर्वेद और होम्योपैथी	10
		बोकारो	आयुर्वेद और होम्योपैथी	10
		देवघर	आयुर्वेद और होम्योपैथी	10
		पलामू	आयुर्वेद और होम्योपैथी	10
		दुमका	आयुर्वेद और होम्योपैथी	10
		जमशेदपुर	आयुर्वेद और होम्योपैथी	50
15	कर्नाटक	गदग	आयुर्वेद और होम्योपैथी	50
		मैंगलोर	आयुर्वेद और होम्योपैथी	50
		तीर्थहल्ली	आयुर्वेद और होम्योपैथी	10
16	केरल	चालाकुडी, त्रिसूर जिला	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		मट्टनूर, कन्नूर	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		अडूर, पथनमथिट्टा	होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		अट्टापडी	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		कोट्टाराकारा, कोल्लम	आयुर्वेद, सिद्ध और योग एवं प्राकृतिक चिकित्सा	30
		वायनाड	आयुर्वेद और योग	30
		इडुक्की	होम्योपैथी और योग	30
		अरनमुला, रन्नी, पथनामथिट्टा	आयुर्वेद और योग	30
		वर्कला	योग एवं प्राकृतिक चिकित्सा	50
		कप्पुकड़ तिरुवनंतपुरम	आयुर्वेद, सिद्ध और योग	50
17	लक्षद्वीप	दीन दयाल उपाध्याय, कवारत्ती	आयुर्वेद, होम्योपैथी और यूनानी	30
18	महाराष्ट्र	नंदुरबार	आयुर्वेद, होम्योपैथी और यूनानी	30
		सिंधुदुर्ग	आयुर्वेद, होम्योपैथी और यूनानी	30
		पुणे	आयुर्वेद, होम्योपैथी और यूनानी	30
		धाराशिव (ओस्मानाबाद)	आयुर्वेद, होम्योपैथी, योग और यूनानी	50
		अहमदनगर	आयुर्वेद, होम्योपैथी और यूनानी	30
		जलगांव	आयुर्वेद, होम्योपैथी, योग और यूनानी	30
		जालना	आयुर्वेद, होम्योपैथी, योग और यूनानी	50
		थाणे	आयुर्वेद, होम्योपैथी, योग और यूनानी	50
		नागपुर	आयुर्वेद, होम्योपैथी, योग और यूनानी	50
		गोंदिया	आयुर्वेद, होम्योपैथी, योग और यूनानी	50
		छत्रपती संभाजी नगर	आयुर्वेद, होम्योपैथी, योग और यूनानी	50
		बुलढाणा	आयुर्वेद, होम्योपैथी, योग और यूनानी	50
		गढ़चिरोली	आयुर्वेद, होम्योपैथी, योग और यूनानी	30
		वर्धा	आयुर्वेद, होम्योपैथी, योग और यूनानी	30
19	मणिपुर	मोरेह, तेंगोनाउपल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक	50

			चिकित्सा	
		चुराचांदपुर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		क्वाकेइथेल कोनजेंग लेइकाई	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		केइराओ एसी, इम्फाल इस्ट जिला	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		चंदेल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		जिरीबाम	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		कांगपोकपी	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		बिश्रुपुर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		नोनी	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		थौबल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		सेनापति	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
20	मध्य प्रदेश	भोपाल	आयुर्वेद और योग	50
		इंदौर	आयुर्वेद, होम्योपैथी और योग	50
		नरसिंहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		अमरकंटक	आयुर्वेद, यूनानी और होम्योपैथी	50
		मंडलेश्वर (खरगोन जिला)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		बालाघाट	आयुर्वेद, यूनानी और होम्योपैथी	50
		सीहोर	आयुर्वेद, यूनानी और होम्योपैथी	50
		गुना	आयुर्वेद, यूनानी और होम्योपैथी	50
		पन्ना	आयुर्वेद, यूनानी और होम्योपैथी	50
		भिंड	आयुर्वेद, यूनानी और होम्योपैथी	50
		बड़वानी	आयुर्वेद, यूनानी और होम्योपैथी	30
		सुजालपुर	आयुर्वेद, यूनानी और होम्योपैथी	50
		श्योपुर	आयुर्वेद, यूनानी और होम्योपैथी	50
21	मेघालय	सोहरा (चेरापूंजी), सीएचसी, (पूर्वी खासी हिल्स)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		उमटू विलेज, री भोई जिला	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		जोवाई, (पश्चिम जैतिया हिल्स जिला)	होम्योपैथी, योग और आयुर्वेद	30

22	मिजोरम	आइजोल	आयुर्वेद और होम्योपैथी	50
		सैतुअल	आयुर्वेद और होम्योपैथी	10
23	नागालैंड	नोक्लाक, तुएनसांग जिला	आयुर्वेद, होम्योपैथी और योग	30
		रजा, चेडेमा	आयुर्वेद, होम्योपैथी और योग	50
		सपंग्या (चुंगटिया)	आयुर्वेद, होम्योपैथी और योग	50
		याचेम, लोंगलेंग	आयुर्वेद, होम्योपैथी और योग	30
		किफिरे	होम्योपैथी	30
		तिजित	आयुर्वेद और होम्योपैथी	30
		अकुहाईतो झूनहेबोतो	आयुर्वेद और होम्योपैथी	30
24	ओडिशा	ढेंकनाल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		बरहामपुर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		बालासोर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
25	पुडुचेरी	विलियानूर	आयुर्वेद, होम्योपैथी और सिद्ध	50
		यनम	आयुर्वेद, होम्योपैथी और सिद्ध	50
		कराईकल	आयुर्वेद, होम्योपैथी और सिद्ध	30
26	पंजाब	दयालपुर सोधिन ज़ीरकपुर (मोहाली)	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50
		मोगा (शुरू में तरनतारन में)	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50
27	राजस्थान	भीलवाड़ा	आयुर्वेद, होम्योपैथी और यूनानी	50
		अजमेर	आयुर्वेद, होम्योपैथी और यूनानी	50
		चुरू	आयुर्वेद, होम्योपैथी और यूनानी	50
		बीकानेर	आयुर्वेद, होम्योपैथी और यूनानी	50
		जयपुर	आयुर्वेद, होम्योपैथी और यूनानी	50
		सीकर	आयुर्वेद, होम्योपैथी और यूनानी	50
		सवाईमाधोपुर	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50
		भरतपुर	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50
		किठाना	आयुर्वेद, होम्योपैथी और यूनानी	30
		भीलवाड़ा (असिंद)	आयुर्वेद, होम्योपैथी और यूनानी	10
		भीलवाड़ा (बीजोलिया)	आयुर्वेद, होम्योपैथी और यूनानी	10
		करुली (मंडरायल)	आयुर्वेद, होम्योपैथी और यूनानी	10
		अलवर (बहरोर)	आयुर्वेद, होम्योपैथी और यूनानी	10
		अलवर (नीमराना)	आयुर्वेद, होम्योपैथी और यूनानी	10

		जोधपुर (शेखला)	आयुर्वेद, होम्योपैथी और यूनानी	10
		दौसा (नांगल राजा वतन)	आयुर्वेद, होम्योपैथी और यूनानी	10
		जयपुर-ए (पाओटा)	आयुर्वेद, होम्योपैथी और यूनानी	10
		सीकर (धोड़)	आयुर्वेद, होम्योपैथी और यूनानी	10
		सीकर (श्रीमाधोपुर)	आयुर्वेद, होम्योपैथी और यूनानी	10
		बाड़मेर (गिरा)	आयुर्वेद, होम्योपैथी और यूनानी	10
		जालोर (बागोद)	आयुर्वेद, होम्योपैथी और यूनानी	10
		बारन (किशनगंज)	आयुर्वेद, होम्योपैथी और यूनानी	10
		झालावाड़ (बकनी)	आयुर्वेद, होम्योपैथी और यूनानी	10
		कोटा (सुल्तानपुर)	आयुर्वेद, होम्योपैथी और यूनानी	10
		पालि (रोहट)	आयुर्वेद, होम्योपैथी और यूनानी	10
		अजमेर (मसूदा)	आयुर्वेद, होम्योपैथी और यूनानी	10
		अजमेर (पीसनगन)	आयुर्वेद, होम्योपैथी और यूनानी	10
		धोलपुर (सेपयाऊ)	आयुर्वेद, होम्योपैथी और यूनानी	10
		भरतपुर (सेवेर)	आयुर्वेद, होम्योपैथी और यूनानी	10
		नागौर (खीनवासर)	आयुर्वेद, होम्योपैथी और यूनानी	10
		श्री गंगानगर (राय सिंह नगर)	आयुर्वेद, होम्योपैथी और यूनानी	10
		डूंगरपुर (दोवरा)	आयुर्वेद, होम्योपैथी और यूनानी	10
		प्रतापगढ़ (अरणोद)	आयुर्वेद, होम्योपैथी और यूनानी	10
28	सिक्किम	क्योंगसा, ग्यालशिंग, पश्चिम सिक्किम	आयुर्वेद और होम्योपैथी	50
		एनआईटी, देवराली	सोवा- रिग्पा	30
29	तमिलनाडु	थेनी	सिद्ध, योग और प्राकृतिक चिकित्सा	50
		तिरुवन्नमलाई	सिद्ध, योग और प्राकृतिक चिकित्सा	50
		पुदुक्कोट्टई	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		नमक्कल	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		एएजीएचआईएम कैपस, चेन्नई	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		कोट्टर, नागरकोइल	आयुर्वेद	30
30	तेलंगाना	सिद्धीपेट	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		विकाराबाद	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध, योग और प्राकृतिक चिकित्सा	50
		जयशंकर भूपालपल्ली	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
31	त्रिपुरा	पैराडाइज़ चौमुहानी, अगरतला	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		दक्षिण सबरुम	आयुर्वेद, होम्योपैथी और योग	50

32	उत्तर प्रदेश	जौनपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	30
		बुलंदशहर (आरंभ में कुशी नगर में)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		बिल्हौर, कानपुर नगर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		पश्चिम कल्ली, लखनऊ	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		बदरासी, वाराणसी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		नवाब गंज, बरेली	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		बस्ती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		सिराथू कौशाम्बी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		सोनभद्र	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		उरई जालौन	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		संत कबीर नगर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		देवरिया	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		ललितपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		अमेठी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		कानपुर देहात	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		फिरोजपुर, बलिया जिला	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		रायबरेली	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		बागपत	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		फतेहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		श्रावस्ती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		उन्नाव	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		हरदोई	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		गोरखपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		संभल	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		मिर्जापुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
33	उत्तराखंड	हल्द्वानी	आयुर्वेद और होम्योपैथी	50
		जाखणीधार, टिहरी	आयुर्वेद और होम्योपैथी	50
		टनकपुर, चम्पावत	आयुर्वेद और होम्योपैथी	50
		कोटद्वार, पौड़ी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		पथरी, हरिद्वार	आयुर्वेद, यूनानी, होम्योपैथी और योग	10
		भीमताल, नैनीताल	आयुर्वेद, यूनानी, होम्योपैथी और योग	10
		पिरान कलियार, हरिद्वार	यूनानी	50
34	पश्चिमी बंगाल	तपसीखाता, अलीपुरद्वार जिला	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		पश्चिम जिला मिदनापुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50

ख) वर्ष 2014-15 से 2024-25 के दौरान स्थापना के लिए अनुमोदित नए आयुष शैक्षणिक

संस्थानों की विधा-वार और राज्य/संघ राज्य क्षेत्र-वार स्थिति

क्र.सं.	राज्य/संघ राज्य क्षेत्र	संस्थाओं का नाम	पद्धति
1	आंध्र प्रदेश	राजकीय प्राकृतिक चिकित्सा और योग चिकित्सा महाविद्यालय, विशाखापत्तनम	योग एवं प्राकृतिक चिकित्सा
2	असम	राजकीय आयुर्वेद महाविद्यालय, दुधनोई	आयुर्वेद
3	चंडीगढ़	राजकीय आयुर्वेद महाविद्यालय, मणि माजरा, चंडीगढ़	आयुर्वेद
4	गुजरात	सुरेंद्रनगर में राजकीय आयुर्वेद महाविद्यालय की स्थापना	आयुर्वेद
5	कर्नाटक	मैसूर में राजकीय नेचरक्योर एवं योग महाविद्यालय	योग एवं प्राकृतिक चिकित्सा
		मेन-टीसी-खांग (सोवा रिग्पा) कॉलेज, दलाई लामा उच्च शिक्षा संस्थान, शेषगिरिहल्ली, बिदादी होबाली, जिला रामनगर	सोवा रिग्पा
6	मध्य प्रदेश	राजकीय आयुर्वेद महाविद्यालय, शहडोल	आयुर्वेद
		राजकीय आयुर्वेद महाविद्यालय, नर्मदापुरम	आयुर्वेद
		राजकीय आयुर्वेद महाविद्यालय, बालाघाट	आयुर्वेद
		राजकीय आयुर्वेद महाविद्यालय, मुरैना	आयुर्वेद
		राजकीय आयुर्वेद महाविद्यालय, सागर	आयुर्वेद
7	मणिपुर	होम्योपैथिक चिकित्सा महाविद्यालय, केइराओ, मणिपुर	होम्योपैथी
8	सिक्किम	सोवा रिग्पा, नामग्याल इंस्टीट्यूट ऑफ टेबेटोलॉजी, देओराली, गंगटोक	सोवा रिग्पा
9	हरियाणा	यूनानी महाविद्यालय एवं अस्पताल, अकेरा, जिला नूह	यूनानी
		होम्योपैथिक महाविद्यालय और अस्पताल, गांव चंदपुरा, अंबाला कैट, जिला अंबाला	होम्योपैथी
10	पश्चिमी बंगाल	योग और प्राकृतिक चिकित्सा डिग्री महाविद्यालय, बेलूर स्टेट जनरल हॉस्पिटल, हावड़ा	योग एवं प्राकृतिक चिकित्सा
11	उत्तर प्रदेश	राजकीय होम्योपैथिक चिकित्सा महाविद्यालय एवं अस्पताल, वाराणसी	होम्योपैथी
		राजकीय आयुर्वेदिक चिकित्सा महाविद्यालय एवं अस्पताल, अयोध्या	आयुर्वेद
12	तमिलनाडु	राजकीय सिद्ध महाविद्यालय एवं अस्पताल, पिलानी	सिद्ध
13	जम्मू और कश्मीर	राजकीय होम्योपैथिक चिकित्सा महाविद्यालय, राख होशियारी, जिला कठुआ	होम्योपैथी
14	उत्तराखंड	होम्योपैथिक चिकित्सा महाविद्यालय, अस्पताल और अनुसंधान केंद्र, डोईवाला, जिला देहरादून	होम्योपैथी

ग) वर्ष 2022-23 से 2024-25 के दौरान नए आयुष औषधालयों की स्थापना के लिए राज्य/संघ

राज्य-वार स्वीकृत स्थिति

क्र.सं.	राज्य/संघ राज्य क्षेत्र	इकाई
1	अरुणाचल प्रदेश	2
2	असम	100
3	जम्मू-कश्मीर	11
4	महाराष्ट्र	1
5	मणिपुर	8
6	मेघालय	10
7	तमिलनाडु	2
8	उत्तर प्रदेश	250
कुल		384

पीएम-प्रणाम योजना

1337. श्री संजय उत्तमराव देशमुख:

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

- (क) विगत पांच वर्षों के दौरान पीएम-प्रणाम (मातृ-पृथ्वी के पुनरुद्धार, जागरूकता सृजन, पोषण और सुधार के लिए पीएम कार्यक्रम) योजना के अंतर्गत कितनी प्रगति हुई है;
- (ख) इसके अंतर्गत स्वीकृत और जारी किए गए अनुदानों का राज्य-वार विशेषकर महाराष्ट्र राज्य में ब्यौरा क्या है;
- (ग) जनवरी, 2026 तक पीएम-प्रणाम योजना के अंतर्गत संवितरित अनुदानों की कुल राशि का राज्य/संघ राज्यक्षेत्र-वार और वर्ष-वार ब्यौरा क्या है;
- (घ) क्या उक्त वर्षों के दौरान, विशेष रूप से वर्ष 2023-24 के दौरान महाराष्ट्र में रासायनिक उर्वरकों (यूरिया/डीएपी/एनपीके/एमओपी) की खपत में पिछले तीन वर्षों के औसत की तुलना में कमी दर्ज की गई है; और
- (ङ) यदि हां, तो इसके वर्ष-वार कारण क्या हैं?

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

(क) और (ख) : आर्थिक मामलों की मंत्रिमंडलीय समिति (सीसीईए) ने 28 जून, 2023 को "मातृ-पृथ्वी के पुनरुद्धार, जागरूकता सृजन, पोषण और सुधार के लिए पीएम कार्यक्रम (पीएम-प्रणाम)" को मंजूरी दी। इस पहल का उद्देश्य उर्वरकों के संधारणीय और संतुलित उपयोग को बढ़ावा देने, वैकल्पिक उर्वरकों को अपनाने, जैविक खेती को बढ़ावा देने और संसाधन संरक्षण प्रौद्योगिकियों के कार्यान्वयन के माध्यम से धरती माता के स्वास्थ्य को संरक्षित करने के लिए राज्यों और केंद्र शासित प्रदेशों (यूटी) द्वारा शुरू किए गए जन आंदोलन का सहयोग करना है।

सभी राज्य/संघ राज्य क्षेत्र पीएम-प्रणाम स्कीम के अंतर्गत आते हैं। पीएम-प्रणाम स्कीम के तहत, पिछले तीन वर्षों की रासायनिक उर्वरकों (यूरिया, डीएपी, एनपीके, एमओपी) की औसत खपत की तुलना में किसी दिए गए वित्तीय वर्ष में इनकी खपत में कमी लाने के लिए राज्यों/संघ राज्यक्षेत्रों को उर्वरक सब्सिडी की बचत के 50% के बराबर प्रोत्साहन प्रदान करने का प्रावधान है। कुल अनुदान में से, 95% राज्य को आवंटित किया जाएगा, जबकि शेष 5% भारत सरकार द्वारा आपदा-समायोजित प्रोत्साहन के लिए उपयोग किया जाएगा। अनुदान गणना के लिए, किसी राज्य के फसल क्षेत्र में किसी भी वृद्धि को पहले उर्वरक खपत को आनुपातिक रूप से समायोजित करके ध्यान में रखा जाता है। इसके बाद, अंतिम प्रोत्साहन राशि ज्ञात करने के लिए वर्ष के दौरान रासायनिक उर्वरक उपयोग में वास्तविक कमी की गणना की जाती है। इसके अलावा, पड़ोसी राज्यों के आस-पास के जिलों में उर्वरक की खपत में किसी भी वृद्धि को बचत से घटा दिया जाता है। राज्यों को प्रदान किए गए 95% अनुदान में से, 65% पूंजीगत व्यय (कैपेक्स) परियोजनाओं के लिए है, जो केंद्र प्रायोजित स्कीमों में योगदान के रूप में है, और 30% अन्य कार्यकलापों के लिए मुक्त है, जिसमें सूचना, शिक्षा और संचार (आईईसी) पहल शामिल हैं।

(ग): आज तक, राज्यों/संघ राज्यक्षेत्रों को कोई प्रोत्साहन राशि वितरित नहीं की गई है।

(घ) और (ङ): वर्ष 2023-24 के दौरान, महाराष्ट्र राज्य ने पिछले तीन वर्षों (2020 से 2023) की रासायनिक उर्वरकों (यूरिया/डीएपी/एनपीके/एमओपी) की औसत खपत की तुलना में इनकी खपत में 3,40,789 एमटी (3.41 एलएमटी) की अस्थायी कमी दिखाई है, जिसके निम्नलिखित कारण हैं:

- i. उर्वरकों के संतुलित उपयोग को बढ़ावा देने के लिए जिला-वार जागरूकता अभियान और कार्यशालाओं का आयोजन।
- ii. खरीफ 2023 के दौरान बेमौसम बारिश और रबी 2023-24 में सूखे मौसम के कारण पारंपरिक फसलों से फसल पैटर्न में बदलाव।
- iii. रबी 2023-24 के दौरान बुवाई क्षेत्र में कमी, जिसके परिणामस्वरूप औसत से कम उर्वरक की खपत हुई।

प्रधान मंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन के अंतर्गत स्वास्थ्य केन्द्रों का आधुनिकीकरण

1338. श्री हरीभाई पटेल:

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

(क) क्या सरकार के पास प्रधान मंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत पिछले पांच वर्षों के दौरान स्थापित किए गए कुल नए स्वास्थ्य परिचर्या केन्द्रों और अस्पतालों की संख्या के संबंध में कोई आंकड़े हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार का पीएम-एबीएचआईएम के अंतर्गत स्थापित स्वास्थ्य देखभाल केन्द्रों और अस्पतालों को उन्नत चिकित्सा उपकरणों से लैस करने सहित उन्हें और अधिक आधुनिक और सुदृढ़ करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) पीएम-एबीएचआईएम के अंतर्गत जिन विशिष्ट स्वास्थ्य परिचर्या सेवाओं और चिकित्सा विशिष्टताओं को प्राथमिकता दी गई है, उनका ब्यौरा क्या है?

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

(क) से (ग) : प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) एक केंद्रीय प्रायोजित योजना (सीएसएस) है, जिसमें कुछ केंद्रीय क्षेत्र घटक (सीएस) शामिल हैं, और इस योजना की अवधि (वित्तीय वर्ष 2021-22 से वित्तीय वर्ष 2025-26) के लिए 64,180 करोड़ रुपये का परिव्यय निर्धारित है।

यह योजना स्वास्थ्य सेवा प्रदायगी और जन स्वास्थ्य कार्यों, जिसमें स्वास्थ्य अनुसंधान भी शामिल है, को एकीकृत और सुदृढ़ करने के लिए सुधारों की एक नई पीढ़ी की परिकल्पना करती है, ताकि समुदाय ऐसे महामारियों या स्वास्थ्य संबंधी संकटों के प्रबंधन में आत्मनिर्भर हो सकें। इस योजना के तहत किए गए उपाय स्वास्थ्य प्रणालियों और संस्थानों को सुदृढ़ करने के उद्देश्य से हैं, ताकि सभी स्तरों - प्राथमिक, मध्यम और विशिष्ट स्तर पर परिचर्या की निरंतरता प्रदान की जा सके, साथ ही स्वास्थ्य प्रणालियों को वर्तमान और भावी महामारियों एवं आपदाओं का प्रभावी ढंग से सामना करने के लिए तैयार किया जा सके।

इस योजना के सीएसएस घटक के तहत, पीएम-अभिम के अंतर्गत राज्यों/संघ राज्य क्षेत्रों को 5 वर्ष की अवधि यानी वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक 9519 भवन-रहित एसएचसी-एएएम, जिला अस्पतालों/सरकारी मेडिकल कॉलेज स्तर पर 5456 शहरी-एएएम, 2151 बीपीएचयू, 744 आईपीएचएल और 622 सीसीबी के निर्माण/सुदृढ़ीकरण और स्थापना के लिए 32,928.82 करोड़ रुपये की राशि हेतु प्रशासनिक अनुमोदन प्रदान किए गए हैं।

इसके अतिरिक्त, पीएम-अभिम के सीएसएस घटक के तहत केंद्रों, स्वास्थ्य सेवाओं और विशेषज्ञताओं को सुदृढ़ करने से संबंधित विशिष्ट विवरण, पीएम-अभिम के परिचालन संबंधी दिशा-निर्देश नीचे दिए गए यूआरएल पर उपलब्ध हैं।

[https://mohfw.gov.in/sites/default/files/Operational%20Guideline%20%28CSS%20Component%29 PM-ABHIM.pdf](https://mohfw.gov.in/sites/default/files/Operational%20Guideline%20%28CSS%20Component%29%20PM-ABHIM.pdf)

GOVERNMENT HEALTH FACILITIES IN GOPALGANJ DISTRICT

1339. DR. ALOK KUMAR SUMAN:

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

- (a) the number of Government health facilities available in Gopalganj district under the Pradhan Mantri Jan Arogya Yojana (PM-JAY) and other Central health schemes, Scheme-wise;
- (b) whether these health facilities are adequately equipped to provide emergency and specialised medical care, if so, the details thereof;
- (c) whether the Government is taking any special measures to improve healthcare delivery in rural and remote areas of the district, if so, the details thereof;
- (d) the Standard Operating Procedures (SOPs) put in place to ensure timely access to healthcare services during emergencies; and

- (e) the additional policy and institutional measures proposed by the Government to further improve the quality and accessibility of healthcare services in the future?

THE MINISTER 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 on 31.01.2026, 13 Government health facilities are empanelled under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Gopalganj district. All health facilities empanelled under AB-PMJAY, including public hospitals, meet the basic minimum eligibility criteria as prescribed by the National Health Authority. Further, as on 31.12.2025, 227 Ayushman Arogya Mandirs are operationalized in Gopalganj district of Bihar.

Government of India has undertaken various initiatives/measures under the National Health Mission (NHM) to improve the maternal health indicators across the country through various schemes such as Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, Pradhan Mantri Surakshit Matritva Abhiyan, Surakshit Matritva Aashwasan and optimizing postnatal care. Besides, outreach camps are held to improve the health care services, nutrition and community mobilization as well as to track high-risk pregnancies.

Under NHM, the Government of India provides technical and financial support to the States/UTs to strengthen the public healthcare services and to

promote disease prevention. Through, Ayushman Arogya Mandirs (AAMs), comprehensive primary healthcare is provided by strengthening Sub Health Centres (SHCs) and Primary Health Centers (PHCs) for an expanded range of services encompassing reproductive and child healthcare services, elderly care services, Communicable diseases, non-communicable diseases, emergency medical services and other health issues.

The teleconsultation services, available at all operational AAMs across the country including rural areas, enable people to access the specialist services closer to their homes addressing the concerns of physical accessibility and continuum of care.

To ensure availability of essential drugs and reduce the Out-of-Pocket Expenditure of the patients visiting the public health facilities, the Government has rolled out the Free Drugs Service Initiative under NHM. Under Free Diagnostics Service Initiatives, financial support to States/UTs is provided for accessible and affordable pathological and radiological diagnostics services closer to the community, free of cost, at all levels of public health facilities.

Additionally, AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements. This includes advertisement over traditional media platforms including newspapers, community radio, street plays, digital displays, radio campaigns and mass messaging etc.

As per the guidelines of AB-PMJAY, hospitals are allowed to initiate request for preauthorization upto 3 days post the date of admission in case of private hospitals and 5 days post the date of admission in case of public hospitals. This feature enables timely access to healthcare services during emergencies.

In order to access adequate supply of quality healthcare facilities to the scheme beneficiaries, a network of public and private hospitals have been empanelled under AB-PMJAY. Standard treatment guidelines (STGs) have been developed and documented for every health benefits package under the scheme. Any deviation from STGs by empanelled healthcare providers is closely monitored at the time of claim processing.

DISTRIBUTION OF FERTILIZERS IN NASHIK

1340. SHRI RAJABHAU PARAG PRAKASH WAJE:

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

- (a) whether the Government ensures fertilizer distribution in Nashik—typically according to monthly supply plans drawn before Kharif and Rabi crop seasons, aligned with national guidelines that mandate pre-season provisioning, if so, the details thereof;

- (b) whether delayed supply in Nashik has fueled black - market activity, harming farmers—nationally such non-timely distribution has been linked to diversion and inflated pricing; and
- (c) if so, the extent of such malpractices reported in Nashik (e.g., number of cases, inflated price levels) and the problems faced by farmers in procuring fertilizers at proper cost and timing along with the corrective measures taken in this regard such as enhanced monitoring, raids and district help-desk support, as notified in similar cases elsewhere?

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 availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate in the State of Maharashtra during the ongoing Rabi 2025-26 season. The information regarding requirement, availability and sales of these fertilizers in the State of Maharashtra during the said season is as under:

FIG. IN LMT						
S. No.	Product	Seasonal Requirement for RABI 2025-26	Pro rata Requirement From 01/10/25 to 02/02/26	Availability From 01/10/25 to 02/02/26	Cumulative DBT Sales From 01/10/25 to 02/02/26	Closing Stock as on 02/02/26
1	UREA	11.25	8.22	12.06	8.20	3.86
2	DAP	2.60	2.02	3.67	1.95	1.72
3	MOP	1.50	1.07	1.50	0.66	0.84
4	NPKS	12.00	9.23	16.89	7.99	8.91

Further, the mandate of Department of Fertilizers (DoF) is to ensure adequate availability of fertilizers at state-level. However, the distribution of fertilizers within the State at the district level is done by the respective State Government.

Accordingly, as per the information received from the State Government of Maharashtra, no delay in the supply of fertilizers has been observed in Nashik district. The information regarding the requirement and availability of fertilizers during the Kharif 2025 and ongoing Rabi 2025-26 season in Nasik district is as under:

FIG. IN MT

Sr. No.	Fertilizer	Requirement	Availability	Requirement	Availability
		Kharif 2025		Rabi 2025-26	
1	UREA	88561	105941	67500	66250
2	DAP	20324	30772	19500	30308
3	MOP	2000	5866	4900	2676
4	NPKS	92100	146022	131500	142036

Furthermore, in order to regulate fertilizer distribution and prevent irregularities, a special e-PoS stock verification campaign was conducted block-wise in the district from 16 to 18 September 2025, and for effective monitoring and quality control, 17 flying squads were constituted. Fertilizer inspectors and flying squads were instructed to carry out regular inspections of fertilizer sale centres, and in cases where irregularities relating to linking or violations of statutory provisions were detected, legal action was initiated under the Fertilizer Control Order, 1985 and the Essential Commodities Act, 1955, for necessary action by the

Licensing Authority and the Director (Inputs), Commissionerate of Agriculture, Pune. Further, “Say No to Linking” boards were prominently displayed at subsidized fertilizer sale centres across the district along with contact numbers of concerned local officers to facilitate grievance redressal for farmers.

During the year 2025–26, a total of 3,537 fertilizer sale centres were inspected and 1,119 fertilizer samples were collected for laboratory analysis, of which 81 samples were found to be non-standard; 13 samples were within permissible tolerance limits and strict warnings were issued, while legal action was initiated in respect of the remaining samples found beyond permissible limits. Additionally, three police cases were registered in the district relating to the sale of spurious fertilizers and sale without valid licences, resulting in the seizure of 12.03 MT of fertilizer stock.

In addition, during inspections under the Fertilizer Control Order, 1985, licence-related irregularities were also detected, leading to the suspension of 41 fertilizer licences and permanent cancellation of 3 licences in the district.

AYUSH PHARMACOVIGILANCE SYSTEM

1341. SHRIMATI PRATIMA MONDAL:

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

- (a) the details of the peer-reviewed clinical evidence generated by his Ministry to substantiate the efficacy and safety of AYUSH interventions promoted at the national level in the context of global emphasis on evidence-based medicine;

- (b) whether the AYUSH pharmacovigilance system is robust in tracking adverse reactions and drug interactions, particularly when used alongside allopathic medicines and if so, the details thereof; and
- (c) the details of regulatory mechanisms of the Government to prevent substandard, adulterated, or misleading AYUSH products, especially in light of expanding domestic and export markets?

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

(a): Ministry of Ayush has established Central Councils for Research in Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy as apex organizations for undertaking, coordinating, formulating, developing and promoting research in Ayush systems on scientific lines. Core Research activities comprise of Medicinal Plant Research (Medico-Ethno Botanical Survey, Pharmacognosy and in vitro-propagation technique), Drug Standardization, Pharmacological Research, Clinical Research, Literary Research and Documentation and Tribal Health Care Research Programme. Research activities are carried out through its peripheral Institutes/Units located across the country and in collaboration with various Universities, Hospitals and Institutes. The details of clinical evidence generated by research council under Ministry of Ayush, during the last three years are given in the enclosed **Statement**.

(b): Ministry of Ayush has been implementing a Central Sector Scheme namely Ayush Oushadhi Gunvatta evam Utpadan Samvardhan Yojana (AOGUSY) with Pharmacovigilance for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) Drugs as one of the components. Objectives of this program is to keep vigilance over Ayush drugs and to reduce the instances of misleading advertisements. This program has established a three-tier network of pharmacovigilance centers distributed throughout the country with one National Pharmacovigilance Coordination Centre (NPvCC), 05-Intermediary Pharmacovigilance Centers (IPvC) and 97 Peripheral Pharmacovigilance Centers (PPvC).

All Pharmacovigilance Centers routinely report Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) and suspected Adverse Drug Reactions (ADRs) to the concerned Authorities for further necessary action.

The reporting templates have accommodated provisions for the possibility of drug interactions and reactions due to concomitant use. As of December 2025, no reactions have been reported due to drug interactions, including concomitant use with allopathic medicines.

Further, to strengthen the pharmacovigilance system for Ayush drugs, Ministry of Ayush has launched an IT enabled online portal "Ayush Suraksha" on 30th May 2025 to capture MLAs/OAs and report Adverse Drug Reactions (ADRs) related to the Ayush medicine. The portal features a centralized dashboard for

real-time tracking of suspected ADRs and capturing of MLAs /OAs for prompt regulatory action and comprehensive data analysis.

(c): The Drugs and Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa Rigpa, Unani, and Homoeopathy drugs. Provisions related to Ayurveda, Siddha, Sowa Rigpa and Unani Drugs are contained in Chapter IVA and Schedule- I of the Drugs and Cosmetics Act, 1940 and Rules 151 to 169, Schedules E (I), T & TA of the Drugs Rules, 1945. Further, second schedule (4A) of the Drugs and Cosmetics Act, 1940 provides standards for Homoeopathic drugs and Rules 2dd, 30AA, 67 (C-H), 85 (A to I), 106-A, Schedule K, Schedule M-I of the Drugs Rules, 1945 pertain to Homoeopathic drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements of Good Manufacturing Practices (GMP) including proof of safety and effectiveness as per Schedule T & Schedule M-I of Drugs Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia. Drug Inspectors collect medicine samples regularly from industries and Markets and sent it to State Drug Testing Laboratory for quality testing and take further necessary action(s) on the basis of such tests reports as per Drugs and Cosmetics Act 1940 and Rules made thereunder.

Further, an Ayush vertical has been created in Central Drugs Standard Control Organization (CDSCO) to strengthen regulatory measures ensuring safety and quality of Ayush drugs.

In pursuance of clause (b) of sub-section (3) of section 79 of the Information Technology Act, 2000 (21 of 2000) read with clause (d) of sub-rule (1) of rule 3 of the Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021, Central Government vide Gazette notification no S.O. 5323(E) dated 19/11/2025 designated, the Coordinator, National Pharmacovigilance Coordination Centre, All India Institute of Ayurveda, New Delhi, 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 (21 of 1954), the National Commission for Indian System of Medicine Act, 2020 (14 of 2020) and the National Commission for Homeopathy Act, 2020 (15 of 2020).

STATEMENT

The details of clinical evidence generated by research council under Ministry of Ayush, during the last three years are as follows-

S. No.	System	No. of clinical evidence generated in last three years
1.	Ayurveda	72
2.	Siddha	27
3.	Unani	115
4.	Homoeopathy	156
5.	YogaandNaturopathy	07

AYUSH POPDs in West Bengal

1342. SHRI JYOTIRMAY SINGH MAHATO:

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

- (a) the current status of the Paediatric Outpatient Department (POPD) proposed by the Government in Purulia district of West Bengal including the details of approvals, land availability;
- (b) whether any delay has occurred due to pending actions by the State Government of West Bengal and if so, the details thereof;
- (c) the total number of AYUSH POPDs currently operational in West Bengal, district-wise, along with information on their staffing and service delivery capacity;
- (d) whether the Government proposes to increase the number of POPDs in tribal-dominated districts of Junglemahal such as Purulia, Jhargram, Bankura, Medinipur etc. considering the high child population and limited paediatric healthcare access and if so, the details thereof;
- (e) whether the State Government has submitted proposals for establishing additional POPDs in West Bengal and if delays or non-submission of proposal have affected expansion and if so, the details thereof; and
- (f) the funds allocated and utilized for POPD development in West Bengal including the current status of utilization with respect to the proposed Purulia POPD?

THE MINISTER 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): State Government of West Bengal reported that presently no such Paediatric Outpatient Department (POPD) was proposed under National Ayush Mission and no such Ayush POPD is available under State Government.

भारत बांग्लादेश के बीच द्विपक्षीय संबंध

1343. श्री गिरिधारी यादव:

श्री दिनेश चंद्र यादव :

श्री रामप्रीत मंडल:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि;

- (क) क्या भारत और बांग्लादेश के बीच द्विपक्षीय संबंध वर्तमान में एक संवेदनशील चरण से गुजर रहे हैं यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या पाकिस्तान इस स्थिति का फायदा उठाने का प्रयास कर रहा है जो देश के लिए हानिकारक हो सकती है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार ने बांग्लादेश में अल्पसंख्यक नागरिकों, विशेषकर हिन्दुओं की कथित सार्वजनिक हत्याओं के बारे में अंतरिम सरकार के साथ कोई विचार-विमर्श किया है; और
- (घ) 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) से (घ): पड़ोसी देश होने के नाते भारत और बांग्लादेश ऐतिहासिक, भौगोलिक, सांस्कृतिक, भाषाई और सामाजिक रूप से गहरे संबंध साझा करते हैं। हमारे द्विपक्षीय संबंध जन-केंद्रित विकास पर केंद्रित हैं। दोनों देशों के बीच संस्थागत द्विपक्षीय तंत्रों के तहत कई आदान-प्रदान और बैठकें निरंतर होती रही हैं। लोकतांत्रिक, स्थिर, शांतिपूर्ण, प्रगतिशील और समावेशी बांग्लादेश के लिए भारत का समर्थन अंतरिम सरकार को सभी प्रासंगिक बैठकों में स्पष्ट रूप से बताया गया है।

बांग्लादेश के साथ भारत के संबंध तीसरे देशों के साथ उसके संबंधों से स्वतंत्र हैं। सरकार भारत के राष्ट्रीय हितों को प्रभावित करने वाले घटनाक्रमों पर निरंतर नजर रखती है और उनकी रक्षा के लिए सभी आवश्यक उपाय करती है।

भारत ने प्रासंगिक अवसरों पर, यहां तक कि उच्चतम स्तर पर भी, बांग्लादेश के अधिकारियों के समक्ष अल्पसंख्यकों की सुरक्षा का मुद्दा लगातार उठाया है। इस मुद्दे को प्रधानमंत्री ने 4 अप्रैल 2025 को मुख्य सलाहकार मोहम्मद यूनुस के साथ अपनी बैठक के दौरान और विदेश मंत्री ने 16 फरवरी 2025 को विदेश सलाहकार तौहीद हुसैन के साथ अपनी बैठक के दौरान उठाया था।

बांग्लादेश सरकार अल्पसंख्यकों की सुरक्षा से संबंधित रिपोर्ट पर लगातार नजर रख रही है। बांग्लादेश सरकार का यह प्राथमिक दायित्व है कि वह धार्मिक और जातीय अल्पसंख्यकों सहित बांग्लादेश के सभी नागरिकों के जीवन, स्वतंत्रता और कल्याण की रक्षा करे।

दुर्लभ बीमारियों के लिए राष्ट्रीय नीति, 2021 के अंतर्गत निधि के उपयोग की स्थिति

1344. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

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

- (क) दुर्लभ बीमारियों के लिए राष्ट्रीय नीति, 2021 के अंतर्गत वित्त वर्ष 2021-22 से 2025-26 तक, विशेषकर दिसम्बर, 2025 तक व्यय की गई निधि की राशि का वर्ष-वार ब्यौरा क्या है;

- (ख) क्या सरकार को जानकारी है कि देश में पंजीकृत दुर्लभ बीमारियों के रोगियों की संख्या में वृद्धि होने के बावजूद आवंटित निधि के उपयोग की गति धीमी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) संस्था-वार ऐसे कितने उत्कृष्टता केन्द्रों ने अब तक पूर्व में जारी की गई निधि के लिए उपयोगिता प्रमाण-पत्र जमा नहीं किए हैं जिसके कारण आगे की किश्तें जारी करने में विलंब हुआ है; और
- (घ) क्या सरकार ने ऐसे मामलों की पहचान की है जिनमें समय पर निधि की अनुपलब्धता के कारण रोगियों के उपचार में विलंब हुआ है या उसे टाल दिया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ) : स्वास्थ्य राज्य का विषय होने के कारण, स्वास्थ्य सेवाएं प्रदान करने का प्राथमिक उत्तरदायित्व राज्य सरकारों का है। तथापि, भारत में दुर्लभ बीमारियों से उत्पन्न चुनौतियों को कम करने के लिए, सरकार ने राष्ट्रीय दुर्लभ रोग नीति (एनपीआरडी), 2021 तैयार की है। इस नीति के तहत, एनपीआरडी, 2021 के अंतर्गत दुर्लभ रोगों से ग्रस्त रोगियों के उपचार के लिए प्रति रोगी 50 लाख रुपये तक की वित्तीय सहायता प्रदान की जाती है, जिसमें एनपीआरडी के तहत पहचाने गए समूह 3 रोग भी शामिल हैं। इस नीति के तहत उत्कृष्टता केंद्रों की संख्या इसके आरंभ होने से अब तक 8 से बढ़ाकर 15 कर दी गई है। वित्तीय वर्ष 2021-22 से मार्च, 2025 तक उत्कृष्टता केंद्रों (सीओई) को लगभग 2,64,00 लाख रुपये की राशि आवंटित की गई है और वित्तीय वर्ष 2025-26 के लिए लगभग 61,84 लाख रुपये का बजट निर्धारित किया गया है। दुर्लभ रोगों से पीड़ित रोगियों का उपचार, संबंधित उत्कृष्टता केंद्र (सीओई) की समर्पित दुर्लभ रोग समिति की सिफारिशों के आधार पर, मौजूदा दिशा-निर्देशों के अंतर्गत नामित उत्कृष्टता केंद्रों (सीओई) के माध्यम से किया जाता है। मौजूदा सामान्य

वित्तीय नियमों (जीएफआर) के अनुसार, सीओई द्वारा धन की मांग उठाते ही अग्रिम निधि जारी कर दी जाती है। अब तक, सामान्य वित्तीय नियमों के अनुसार, 11 सीओई के उपयोग प्रमाण-पत्र अभी आने शेष हैं। यह मंत्रालय समय-समय पर सीओई के साथ दुर्लभ बीमारियों से संबंधित निधियों के उपयोग और अन्य मामलों की समीक्षा करता है।

ATTACK ON SIKH PROCESSION IN NEW ZEALAND

1345. SHRIMATI HARSIMRAT KAUR BADAL:

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

- (a) whether the Government is aware of the recent incident in Tauranga, New Zealand, in which a Sikh Nagar Kirtan organised to mark the Parkash Purab of Guru Gobind Singh Ji was confronted and disrupted by a local group, if so, the details thereof;
- (b) whether this was the second such incident within a short span of time following an earlier disruption of a Sikh Nagar Kirtan in South Auckland and if so, the details thereof;
- (c) whether the Government has taken up these incidents diplomatically with the Government of New Zealand in view of concerns expressed by Sikh organisations and political leaders that such acts pose a threat to religious freedom and the security of the Indian diaspora, if so, the details thereof; and
- (d) the steps taken by the Government to safeguard the right to peaceful religious processions and observances by Indian-origin communities abroad

and monitor and respond to emerging patterns of hate speech, xenophobia and targeted disruption of religious events?

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS;
AND MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI
PABITRA MARGHERITA):**

(a): Yes, It has come to our notice that a Nagar Kirtan organized by 'Gurudwara Sikh Sangat' located on Burrows St. Tauranga, New Zealand was allegedly disrupted by a group named 'The True Patriots of New Zealand'. The group is known for its strong social conservatism and said to be linked to Destiny Church, a New Zealand Christian group (described as a Church) and describes itself as "Guardians of the Kiwi Way of Life; Defenders of Faith, Flag and Family".

The Nagar Kirtan had been organized with prior approval from the Tauranga City Council, and advance information was provided to the local law enforcement authorities in New Zealand. The New Zealand Police was on the spot and procession continued without any confrontation with the protesters.

(b): Yes, On December 20, 2025, a Nagar Kirtan, organized by the Sikh community from Nanaksar Gurudwara, in Manurewa, Auckland was also confronted by the same group named 'The True Patriots of New Zealand'. The group comprising of around 50 people performed a haka (a form kind of protest). However, after the intervention of the New Zealand Police, the

protesters were escorted out from the area, and the Nagar Kirtan was allowed to continue safely.

(c) and (d): Yes, the Government of India has taken up this issue with the Government of New Zealand. The High Commission of India in Wellington maintains close contact with the local community leaders, including those from the Sikh community to ensure their security and well being. Following both incidents, the New Zealand Police has held meetings with the Nagar Kirtan organizers, local Sikh community leaders and High Commission of India assuring them of full cooperation.

बिहार में आयुष सेवाएं

1346. श्री तारिक अनवर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने बिहार में विशेषकर सीमांचल क्षेत्र में कोविड-19 के बाद श्वसन संबंधी बीमारियों और मानसिक तनाव जैसी स्वास्थ्य चुनौतियों की बढ़ती घटनाओं का आकलन किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या इनके उपशमन हेतु आयुर्वेद और योग पर आधारित राष्ट्रीय स्तर का एक विशेष अभियान शुरू करने का कोई प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) सरकार द्वारा उक्त क्षेत्र में राष्ट्रीय आयुष मिशन के अंतर्गत स्थापित औषधालयों और स्वास्थ्य केन्द्रों की कार्यात्मक स्थिति के संबंध में नवीनतम समीक्षा रिपोर्ट के निष्कर्ष कब तक जारी किए जाने की संभावना है;

(घ) क्या सरकार के पास पारंपरिक चिकित्सा पद्धतियों के संरक्षण और संवर्धन की दृष्टि से सीमांचल क्षेत्र में स्थानीय आयुष चिकित्सकों/हकीमों के कौशल उन्नयन के लिए कोई नीतिगत पहल है; और

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

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

(क): जन स्वास्थ्य राज्य का विषय होने के कारण, बिहार में विशेषकर सीमांचल क्षेत्र में कोविड के बाद श्वसन संबंधी बीमारियों और मानसिक तनाव जैसी स्वास्थ्य चुनौतियों की बढ़ती घटनाओं का आकलन संबंधित राज्य सरकार के कार्यक्षेत्र में आता है और उनके द्वारा दी गई सूचना के अनुसार ऐसा कोई आकलन नहीं किया गया है।

(ख): ऐसा कोई प्रस्ताव नहीं है।

(ग): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, राज्य सरकारों से राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, सीमांचल क्षेत्र में 36 आयुष्मान आरोग्य मंदिर (आयुष) स्वीकृत किए गए हैं और राज्य द्वारा दी गई सूचना के अनुसार, ये सभी कार्यशील हैं तथा विभिन्न आयुष उपचारों के माध्यम से समुदाय को स्वास्थ्य देखभाल सेवाएँ प्रदान कर रहे हैं। हालांकि, आयुष मंत्रालय, भारत सरकार के स्तर पर विशेषकर सीमांचल क्षेत्र की ऐसी कोई समीक्षा नहीं की गई है।

(घ) और (ङ): आयुष मंत्रालय, वर्ष 2021-22 से केंद्रीय क्षेत्र की योजना नामतः 'आयुर्ज्ञान' को कार्यान्वित कर रहा है, जिसका एक घटक 'आयुष में क्षमता निर्माण एवं सतत चिकित्सा शिक्षा (सीएमई)' है। सीएमई घटक का समग्र उद्देश्य आयुष कर्मियों को आवश्यकता-आधारित व्यावसायिक प्रशिक्षण प्राप्त करने के लिए प्रोत्साहित करना और ज्ञान के अंतराल को पूरा करना है। केंद्रीय क्षेत्र की

योजना होने के कारण, देश भर के पात्र संगठनों को प्रशिक्षण कार्यक्रम आयोजित करने के लिए वित्तीय सहायता प्रदान की जाती है। तदनुसार, पात्र संगठनों द्वारा योजना के दिशानिर्देशों के अनुसार, उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त की जाती है। आयुर्ज्ञान योजना के तहत, अनुदान प्राप्त करने वाले संगठन सीमांचल क्षेत्र सहित देश भर से प्रतिभागियों को आमंत्रित करते हैं।

वित्तीय वर्ष 2021-22 से 2025-26 के दौरान, दिनांक 03 फरवरी 2026 तक, कुल 258 प्रशिक्षण कार्यक्रमों को समर्थन दिया गया है और आयुर्ज्ञान योजना के तहत आयुष कर्मियों को विभिन्न शीर्षकों/विषयों में प्रशिक्षित किया गया है।

SUPPLY OF FERTILIZERS IN TELANGANA

1347. SHRI MADHAVANENI RAGHUNANDAN RAO:

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

- (a) whether it is true that fertilizers are not being supplied on time to farmers in Telangana, if so, the details thereof;
- (b) whether fertilizers are being distributed through queues and passbook system, if so, the details thereof and the reasons therefor;
- (c) the requirement of different types of fertilizers in Telangana; and
- (d) the details of subsidies being given on fertilizers?

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

(a) to (c) : The availability of fertilizers viz. Urea, DAP, MOP and NPKS remained adequate in the State of Telangana during the ongoing Rabi 2025-26 season. The

information regarding requirement, availability, sales and closing stock of these fertilizers in the State of Telangana during the ongoing Rabi 2025-26 season is as under:

FERTILIZER POSITION FOR RABI 2025-26 (TILL 02/02/26)						
FIG. IN LMT						
S. No.	Product	Seasonal Requirement for RABI 2025-26	Pro rata Requirement From 01/10/25 to 02/02/26	Availability From 01/10/25 to 02/02/26	Cumulative DBT Sales From 01/10/25 to 02/02/26	Closing Stock as on 02/02/26
1	UREA	10.40	7.31	8.41	7.27	1.14
2	DAP	1.45	1.16	2.22	1.76	0.46
3	MOP	0.65	0.46	0.81	0.29	0.52
4	NPKS	7.00	4.84	7.43	4.50	2.93

However, the distribution of fertilizers within the State at district level is done by the respective State Government.

Accordingly, as per information received from the State Government of Telangana, fertilizers are distributed through token system duly verifying the genuineness of the farmers through their Pattadar Pass Books. To overcome this, the Government has introduced IT based solution of Mobile based Urea Booking app which facilitates the farmers to prebook the fertilizers from their home.

(d): The details of total expenditure incurred under the subsidy scheme of various fertilizers, namely Indigenous P&K, Imported P&K, Imported Urea and Indigenous Urea, during the last year 2024-25 is as under:

(Figures In Rs. crore)

Financial Year	Subsidy Schemes				Grand Total
	Imported P&K	Indigenous P&K	Indigenous Urea	Imported Urea	
2024-25	18,800.00	34,010.00	1,03,319.50	21,000.00	1,77,129.50

DREDGING WORK IN THE GANGA RIVER

1348. SHRI AJAY KUMAR MANDAL:

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

- (a) the objectives of undertaking dredging work in the Ganga River within the Bhagalpur Parliamentary Constituency of Bihar;
- (b) whether dredging activities have been initiated or proposed in this stretch of the Ganga, if so, the details thereof; and
- (c) the expected outcomes of the dredging work, particularly with respect to navigation, erosion control, flood management and local economic development in Bhagalpur?

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

- (a) and (b): The objective of dredging work is to maintain navigable depth of 3 meters in the navigation channel of 45 meters width for smooth movement of Cargo vessels in River Ganga, which has been declared as National Waterway -1

(Ganga – Bhagirathi-Hooghly River System). Out of the declared stretch of 1620 Kms, approximately 56 Kms from Kahalgaon to Sultanganj comes under Bhagalpur District. Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping and Waterways has been deploying its departmental dredger in this stretch for undertaking dredging, wherever Least Available Depth (LAD) is less than 3 meters.

(c): Dredging work is undertaken on need basis to ensure smooth navigation enabling movement of vessels. Inland Water Transport is environment-friendly, economic and fuel-efficient in comparison to Rail and Road leading to overall economic benefit of the country.

CANCER SCREENING AND INFRASTRUCTURE IN ANDHRA PRADESH

1349. SHRI DAGGUMALLA PRASADA RAO:

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

- (a) whether the Government has estimated the cost of screening the eligible population for common cancers in the country and if so, the details thereof;
- (b) the total number of Ayushman Arogya Mandirs (formerly Health and Wellness Centres) currently equipped to conduct cancer screening, State and district-wise for Andhra Pradesh;
- (c) the availability of required equipment and trained personnel at these centres, State-wise and district-wise in Andhra Pradesh;

- (d) whether the Government proposes to augment the training of personnel and medical infrastructure for cancer screening in underserved districts and if so, the details thereof;
- (e) the details of the operational definitions used in the NCD (non-communicable diseases) tracker for terms such as 'screened', 'evaluated', 'diagnosed', 'followed-up' and 'treated'; and
- (f) the details of the process through which referrals and post-diagnosis management of cancer cases are being tracked across facilities and districts?

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

- (a): The National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) provides financial and technical assistance to States and Union Territories with a focus on strengthening infrastructure, human resources, screening, early diagnosis, referrals, treatment, and awareness for NCD prevention. States and Union Territories are provided financial and technical assistance for undertaking screening of the eligible population as per programme guidelines. The cost of screening varies across States and Union Territories depending upon population coverage, geographical conditions, availability of facilities, manpower deployment and approved Programme Implementation Plans.
- (b) to (e): As per information provided by Government of Andhra Pradesh, district

wise list of Ayushman Arogya Mandirs (AAMs) equipped for conducting cancer screening are given in the enclosed **Statement-I**. District-wise details of health personals trained for cancer screening in Andhra Pradesh are given in the enclosed **Statement-II**. Training is regularly in form of orientation as well as refresher training. Further, Government of Andhra Pradesh uses following operational definitions of terminologies for tracking of NCDs:-

- Screened: An individual is considered “screened” when they have been administered the standardized symptom questionnaire and examined for relevant clinical signs as per the approved screening tool.
- Evaluated: Individuals identified during screening with one or more positive responses for symptoms or signs are referred to a Medical Officer for further evaluation. The Medical Officer re-examines these individuals and determines the need for specialist assessment. Those requiring further assessment are referred to Preventive Oncology Units (POUs), where specialist consultation and diagnostic services are available.
- Diagnosed: Individuals who attend the POU and, based on clinical, radiological, and/or pathological evaluation, are confirmed to have a disease condition are categorized as “diagnosed.”
- Followed Up: Individuals assessed by specialists who require continued observation, periodic review, or post-treatment monitoring are categorized as being “under follow-up.”

- Treated: Following diagnosis, individuals are referred to the appropriate department or specialty, after complete recovery it is called treated.

(f) : All suspected cases identified by the Medical Officer are referred to the Preventive Oncology Unit (POU) established in medical colleges through a dedicated online application. All suspected cases are tracked since the patient reaches the POU, including the status of diagnosis, follow-up, and treatment.

STATEMENT-I

District-wise details of health facility equipped with common screening of cancer in Andhra Pradesh

S.No	Name of the District	No.ofPHCs	No.of Urban PHCs	SC-AAMs
1	Alluri Seetarama Raju	63	0	297
2	Anakapalli	45	9	424
3	Anantapur	44	25	433
4	Annamayya	47	11	375
5	Bapatla	43	12	363
6	Chittoor	48	15	464
7	East Godavari	31	15	368
8	Eluru	58	18	463
9	Guntur	26	47	212
10	Kakinada	37	24	410
11	Konaseema	46	7	432
12	Krishna	49	15	357
13	Kurnool	35	28	428
14	Nandyal	51	19	369
15	NTR	23	48	257
16	Palnadu	39	26	361

17	Parvathipuram Manyam	37	5	282
18	Prakasam	64	19	538
19	SPSR Nellore	52	28	497
20	Sri Sathya Sai	41	18	379
21	Srikakulam	66	13	594
22	Tirupati	58	26	440
23	Visakhapatnam	8	66	54
24	Vizianagaram	48	18	482
25	West Godavari	34	18	366
26	YSR Kadapa	51	30	387
GrandTotal		1144	560	10032

STATEMENT-II

District-wise details of health personals trained for cancer screening in Andhra Pradesh

S.No	Name of the District	No. of Health Personals trained
1	Alluri Seetha Rama Raju	532
2	Anakapalli	675
3	Anantapur	837
4	Annamayya	671
5	Bapatla	668
6	Chittoor	784
7	East Godavari	668
8	Eluru	843
9	Guntur	696
10	Kakinada	800
11	Konaseema	705
12	Krishna	669
13	Kurnool	893
14	Nandyala	748

15	NTR	753
16	Palnadu	762
17	Parvathipuram Manyam	470
18	Prakasam	1045
19	SPSR Nellore	1008
20	Sri Satya Sai	711
21	Srikakulam	961
22	Tirupati	887
23	Visakhapatnam	712
24	Vizianagaram	790
25	West Godavari	688
26	YSR Kadapa	868
	Total	19844

SCRUTINY OF TYPHOID FEVER AND DRUG RESISTANCE FAILURES

1350. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

SHRI SURESH KUMAR SHETKAR:

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

- (a) whether the Government has taken cognisance of the findings of a study published in the Lancet Regional Health estimating approximately 49 lakh cases of typhoid fever and over 7,800 deaths in the country during the year 2023;
- (b) if so, the details thereof and the reasons identified by the Government for the continued high burden of typhoid fever in the country;
- (c) whether the Government has noted that Delhi, Maharashtra and Karnataka together account for nearly 30 per cent of the reported typhoid burden in the

- country and if so, the details thereof;
- (d) the details of the specific failures in public health planning, sanitation and diseases surveillance in the country along with the measures taken by the Government in this regard;
 - (e) the manner in which nearly six lakh out of approximately 7.3 lakh hospitalisations were directly attributable to fluoroquinolone resistance, despite repeated warnings on antimicrobial misuse over decades; and
 - (f) whether the Government has conducted any independent national-level assessment to evaluate the extent of antimicrobial resistance in typhoid fever, particularly in high-burden States and if so, the details thereof and if not, the reasons therefor, State/UTs-wise?

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

(a): The said study is a modelling study on the burden of typhoid fever and antimicrobial resistance (AMR) in India in 2023, integrating typhoid fever incidence data from the Surveillance for Enteric Fever in India (SEFI) study (from 2017-2020 among children aged 6 months to 14 years in India), Global Burden of Disease Study 2021, and state-specific AMR prevalence data from systematic reviews (including the 2024 systematic review preprint on typhoid anti-microbial resistance conducted by the same authors). This modelling study aims to

estimate the typhoid burden in India in 2023, categorised by age, state, and AMR profile; it is funded by the Nagasaki University World-leading Innovative and Smart Education (WISE) Programme, Vaccine Impact Modelling Consortium, and Japan Agency for Medical Research and Development. This study has not been conducted or funded by the Government of India.

The details of typhoid cases reported by the States/UTs on Integrated Disease Surveillance Platform-Integrated Health Information Platform (IDSP-IHIP) in the year 2023 are given in the enclosed **Statement**.

(b) and (f): Health is a State subject and the responsibility for providing healthcare facilities to patients primarily lies with the respective State Government. However, Ministry of Health and Family Welfare provides financial and technical assistance to State/UT Government under National Health Mission (NHM) for strengthening of primary and secondary health care facilities to effectively respond to health care needs including health problems arising from consumption of contaminated drinking water.

(c): The Government has noted that Delhi, Maharashtra and Karnataka is higher than most of the States/UTs as per data provided by States/UTs on IDSP-IHIP. However, as per the data of IDSP-IHIP the total cases in these States/UTs did not exceed 20% of the total cases in India in 2023.

(d): The Integrated Disease Surveillance Programme (IDSP) at National Centre for Diseases Control (NCDC) under MoHFW is mandated with surveillance of

several epidemic prone diseases, including typhoid. IDSP is implemented in all 36 States/UTs. The surveillance tool consists of S (Syndromic) form filled by Auxiliary Nurse and Midwife (ANMs) at the Sub-centre level, P (Presumptive) form filled by medical officers at health facility level and L (Laboratory confirmed) form filled by laboratories as per standard case definitions.

Ministry of Health and Family Welfare has issued a comprehensive 'Public Health Guidelines for Flood Events' which provides details on common public health effects due to floods, disease surveillance during and after flood with particular focus on water and food borne diseases; vector- borne diseases, and water, sanitation issues etc and the link for the guideline is as below <https://www.ncdc.mohfw.gov.in/wp-content/uploads/2024/08/PUBLIC-HEALTH-GUIDELINES-FOR-FLOOD-EVENT.pdf>

Further, awareness on prevention of water-borne diseases and safe water practices is promoted through community engagement via Village Water and Sanitation Committees/Pani Samitis, regular water quality testing, sensitization workshops, public awareness campaigns on hygiene and sanitation, targeted interventions for vulnerable groups, and training programmes on safe water purification and handwashing practices, particularly in rural areas.

(e): Fluoroquinolones ceased to be relied upon as routine empiric first-line therapy for enteric fever following the widespread emergence of nalidixic-acid-resistant and fluoroquinolone-non-susceptible *Salmonella* Typhi and Paratyphi

strains from the late 1990s and early 2000s.

As per the Annual AMR Surveillance Report 2024 of the National AMR Surveillance Network established under the National Programme for AMR Containment, fluoroquinolone resistance in India is approximately 33.5%. In view of this resistance pattern, the National Treatment Guidelines for Antimicrobial use in Infections Disease Syndromes 2016, and subsequently in 2025, recommends ceftriaxone and azithromycin as empiric first-line therapy for enteric fever.

STATEMENT

Cases of Typhoid reported on L- form by States/UTs under IDSP in 2023		
S.no	States/UTs	Number of Typhoid cases
1	AndamanandNicobar Islands	176
2	Andhra Pradesh	38747
3	Arunachal Pradesh	4262
4	Assam	11497
5	Bihar	33269
6	Chandigarh	734
7	Chhattisgarh	39536
8	Delhi	22969
9	Goa	46
10	Gujarat	17851
11	Haryana	26434
12	Himachal Pradesh	9194
13	Jammu And Kashmir	19244
14	Jharkhand	11104
15	Karnataka	42096
16	Kerala	1740
17	Ladakh	25
18	Lakshadweep	41

19	Madhya Pradesh	20862
20	Maharashtra	46673
21	Manipur	816
22	Meghalaya	11651
23	Mizoram	15203
24	Nagaland	5234
25	Odisha	23628
26	Puducherry	1351
27	Punjab	13268
28	Rajasthan	41269
29	Sikkim	2201
30	Tamil Nadu	29920
31	Telangana	20730
32	The Dadra And Nagar Haveli And Daman And Diu	739
33	Tripura	6694
34	Uttarakhand	11638
35	Uttar Pradesh	40375
36	West Bengal	2919
Total		574136

Source: Data extracted from IDSP-IHIP portal as on date 22nd Jan 2026.

उत्तर प्रदेश में विशेष त्वरित न्यायालय

1351. श्री रमाशंकर विद्यार्थी राजभर :

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

- (क) उत्तर प्रदेश में वर्तमान में कार्यरत उन विशेष त्वरित न्यायालयों (एफटीएससी) की जिला-वार संख्या कितनी है जो विशेषकर पॉक्सो और अन्य यौन अपराधों से संबंधित मामलों के लिए समर्पित हैं;
- (ख) इन एफटीएससी में बलात्कार और पॉक्सो के लंबित मामलों की अद्यतन जिला-वार संख्या

कितनी है;

- (ग) न्यायिक अधिकारियों, लोक अभियोजकों और सहायक कर्मचारियों सहित एफटीएससी में संस्वीकृत पदों और रिक्तियों की जिला-वार स्थिति क्या है;
- (घ) अब तक कितने पद भरे गए हैं और शेष रिक्तियों को भरने की प्रक्रिया की वर्तमान स्थिति क्या है; और
- (ङ) क्या सरकार ने लंबित मामलों को कम करने के लिए एफटीएससी में अवसंरचना में सुधार करने, मानव संसाधनों में वृद्धि करने, डिजिटल वाद-प्रबंधन प्रणाली और निगरानी तंत्र को सुदृढ़ करने के लिए उपाय शुरू किए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं ?

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

(क) और (ख): इलाहाबाद उच्च न्यायालय से प्राप्त सूचना के अनुसार उत्तर प्रदेश राज्य में 218 एफटीएससी(न्यायालय) कार्यात्मक हैं, जिसके अंतर्गत अनन्य रूप से 74 पॉक्सो न्यायालय हैं। इन न्यायालयों में बलात्संग तथा पॉक्सो के लंबित मामलों के साथ कार्यात्मक एफटीएससी का जिलावार ब्यौरा संलग्न **विवरण -I** पर है।

(ग) : त्वरित निपटान विशेष न्यायालय (एफटीएससी) स्कीम के मार्गदर्शक सिद्धांतों के अनुसार प्रत्येक एफटीएससी में एक पीठासीन अधिकारी तथा 7 सहायक कर्मचारी होने चाहिए।

इलाहाबाद उच्च न्यायालय से प्राप्त सूचना के अनुसार, स्कीम के अधीन 218 एफटीएससी के लिए जिसके अंतर्गत 74 अनन्य रूप से पॉक्सो न्यायालय हैं, अतिरिक्त जिला तथा सत्र न्यायाधीश के 218 पद तथा सहायक कर्मचारिवृंद के 1,526 पद स्वीकृत किए गए थे। क्रमवार स्वीकृत कुल संख्या निम्नानुसार है:-

क्र.सं.	पद का नाम	स्वीकृत पदों की संख्या
1.	अतिरिक्त जिला और सत्र न्यायाधीश	218
2.	आशुलिपिक श्रेणी-1	218
3.	मुन्सरिम, रीडर	218
4.	ज्येष्ठ सहायक (वाद लिपिक, सत्र लिपिक, प्रकीर्ण लिपिक)	218
5.	कनिष्ठ सहायक ,(कॉपिस्ट)	218(बाहर से ठेके पर)
6.	आर्डर्ली (चपडासी)	436(बाहर से ठेके पर)
7.	दफ्तरी	218(बाहर से ठेके पर)
	कुल	1,744

एफटीएससी ने न्यायिक अधिकारियों और सहायक कर्मचारियों के लिए स्वीकृत पदों और रिक्तियों का जिलावार ब्यौरा संलग्न **विवरण-II** पर है।

इलाहाबाद उच्च न्यायालय ने और सूचित किया है कि कनिष्ठ सहायक (कॉपिस्ट) के 218 पद, आर्डर्ली/चपडासी के 436 पद तथा दफ्तरी के 218 पद शुरुआत में बाहर से ठेके पर भरना प्रस्तावित थे। तथापि, बलात्संग तथा पॉक्सो अधिनियम के मामलों के त्वरित निपटान की मॉनीटरी के लिए गठित माननीय समिति ने समाधान किया था कि पॉक्सो न्यायालयों के साथ आसक्त कर्मचारी संवेदनशील न्यायिक अभिलेखों का रखरखाव करते हैं तथा ऐसे महत्वपूर्ण दस्तावेजों का रखरखाव केवल नियमित काडर द्वारा ही किया जाता है।

(घ): न्यायाधीशों/अभियोजकों और न्यायालयों में कर्मचारियों की भर्ती से संबंधित, जिला तथा अधीनस्थ न्यायालयों जिसके अंतर्गत एफटीएससी भी है, के रिक्त पदों को भरने की जिम्मेदारी राज्य/संघ राज्यक्षेत्र सरकारों तथा संबद्ध उच्च न्यायालयों की है। सांविधानिक ढांचे के अनुसार, संविधान के अनुच्छेद 233 तथा 234 के साथ पठित अनुच्छेद 309 के परंतुक के अधीन प्रदत्त शक्तियों द्वारा राज्य/संघ राज्यक्षेत्र सरकार संबंधित उच्च न्यायालयों के साथ परामर्श से न्यायिक अधिकारियों की भर्ती तथा नियुक्ति के संबंध में नियम बनाती है।

(ड): केन्द्रीय सरकार ने एफटीएससी में लंबित मामलों को कम करने के लिए सहायक अवसंरचना, सुदृढ़ डिजिटल प्रबंध प्रणाली तथा मॉनीटरी तंत्र की सहायता के लिए अनेक कदम उठाए हैं:

- (i) न्यायिक अवसंरचना के विकास के लिए केन्द्रीय प्रायोजित स्कीम (सीएसएस) जिला तथा अधीनस्थ न्यायालयों जिसके अंतर्गत एफटीएससी भी हैं के लिए न्यायालय हॉल, आवासीय यूनिट, अधिवक्ता हॉल प्रसाधन परिसर तथा डिजिटल कंप्यूटर कक्ष बनाने में राज्यों के प्रयासों की अनुपूरक है। स्कीम के प्रारंभ से, उत्तर प्रदेश राज्य को 1,756.41 करोड़ रुपए की कुल केन्द्रीय सहायता (31.12.2025 की स्थिति के अनुसार) प्रदान की गई है, जिसमें से 1,205.11 करोड़ रुपए वित्तीय वर्ष 2024-15 से प्रदान किए जा रहे हैं। 31.12.2025 की स्थिति के अनुसार उत्तर प्रदेश राज्य में 2,923 न्यायालय हॉल हैं।
- (ii) भारत सरकार संबंधित उच्च न्यायालय के माध्यम से भारत के उच्चतम न्यायालय की ई-समिति के साथ निकट सम्न्वयन में ई-न्यायालय परियोजना चरण-3 का कार्यान्वयन कर रही है। डिजिटल मामला प्रबंधन को सुदृढ़ करने के लिए, मामला सूचना साफ्टवेयर (सीआईएस) 4.0 सभी न्यायालय परिसरों में कार्यान्वित किया गया है; राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) मामले की सूचना की लोक सुगमता का उपबंध करता है ; इलैक्ट्रानिक मामला प्रबंध यंत्र जैसे कि वादियों और अधिवक्ताओं के लिए ई-न्यायालय सेवा मोबाइल एप तथा न्यायिक अधिकारियों के लिए जस्टआईएस मोबाइल एप प्रचालनीय है, जिसमें 31.12.2025 की स्थिति के अनुसार क्रमशः 3,54,86,435 तथा 22,090 डाउनलोड हुए हैं ; कागज विहीन न्यायालयों को समर्थ करने के लिए डिजिटल न्यायालय 2.1 विकसित किए गए हैं तथा जो पायलट कार्यान्वयन के अधीन है। इसके अतिरिक्त, न्यायिक अनुसंधान तथा विश्लेषण की सहायता के लिए एक कृत्रिम बुद्धिमत्ता आधारित ज्ञात विधिक अनुसंधान विश्लेषण सहायक (लेगआरएए) विकसित किया गया है।

- (iii) एफटीएससी की कार्य शैली को सुदृढ करने के लिए, राज्य/संघ राज्यक्षेत्र और उच्च न्यायालयों के साथ वीडियो कांफ्रेंसिंग के द्वारा नियमित पुनर्विलोकन बैठकें होती हैं। माननीय विधि और न्याय मंत्री ने माननीय मुख्यमंत्रियों तथा उच्च न्यायालयों के मुख्य न्यायाधीशों को पॉक्सो अधिनियम तथा भारतीय नागरिक सुरक्षा संहिता, 2023 के अधीन समय रहते कार्रवाई तथा कड़े अनुपालन समयसीमा की आवश्यकता के संबंध में लिखा है। इसके अतिरिक्त, एफटीएससी का कार्य संपादन अंतरसरकारी समन्वयन के सुधार के लिए तथा न्याय परिदान के त्वरित करने के लिए होने वाली अंतरराज्यिक जोनल परिषद् की बैठकों में नियमित कार्यसूची मद है।

विवरण -I

उत्तर प्रदेश राज्य में कार्यात्मक एफटीएससी के साथ 31.12.2025 की स्थिति के अनुसार इन एफटीएससी में बलात्संग तथा पॉक्सो के लंबित मामलों के जिला-वार ब्यौरे

क्र.सं.	जिला	कार्यात्मक एफटीएससी की कुल संख्या	एफटीएससी में बलात्संग और पॉक्सो के लंबित मामले
1	आगरा	4	2334
2	अलीगढ़	4	2000
3	इलाहाबाद (प्रयागराज)	4	2113
4	अंबेडकर नगर	3	1058
5	औरैया	2	1035
6	आजमगढ़	3	2514
7	बागपत	2	667
8	बहराईच	3	1937
9	बलिया	3	1326
10	बलरामपुर	3	659
11	बाँदा	2	1073
12	बाराबंकी	3	1299
13	बरेली	4	3443
14	बस्ती	3	1019
15	संत रविदास नगर (भदोही)	2	113
16	बिजनौर	2	641

क्र.सं.	जिला	कार्यात्मक एफटीएससी की कुल संख्या	एफटीएससी में बलात्संग और पॉक्सो के लंबित मामले
17	बदायूं	4	1304
18	बुलन्दशहर	4	2167
19	चंदौली	2	570
20	चित्रकूट	2	436
21	देवरिया	3	1469
22	एटा	3	761
23	इटावा	2	513
24	फैजाबाद (अयोध्या)	3	725
25	फर्रुखाबाद	3	926
26	फतेहपुर	3	1733
27	फिरोजाबाद	4	1010
28	गौतमबुद्ध नगर	3	1525
29	गाजियाबाद	4	2653
30	गाजीपुर	3	1757
31	गोंडा	2	698
32	गोरखपुर	4	2760
33	हमीरपुर	3	1134
34	पंचशील नगर जिला (हापुड़)	3	625
35	हाथरस	2	459
36	हरदोई	4	1789
37	जालौन	2	796
38	जौनपुर	3	1758
39	झांसी	2	1110
40	ज्योतिबा फुले नगर (अमरोहा)	3	446
41	कन्नौज	2	873
42	रमाबाई नगर (कानपुर देहात)	3	1937
43	कानपुर	3	2295
44	कासगंज	2	844
45	कौशांबी	4	980
46	कुशीनगर	4	2029

क्र.सं.	जिला	कार्यात्मक एफटीएससी की कुल संख्या	एफटीएससी में बलात्संग और पॉक्सो के लंबित मामले
47	लखीमपुर खीरी	3	840
48	ललित पुर	2	543
49	लखनऊ	4	2827
50	महाराजगंज	3	1618
51	महोबा	2	402
52	मैनपुरी	3	1065
53	मथुरा	3	1041
54	मऊ	3	617
55	मेरठ	4	1971
56	मिर्जापुर	2	899
57	मुरादाबाद	3	1396
58	मुजफ्फरनगर	3	1446
59	पीलीभीत	3	867
60	प्रतापगढ़	3	1565
61	रायबरेली	4	2224
62	रामपुर	3	478
63	सहारनपुर	3	1132
64	संभल	2	972
65	संत कबीर नगर	3	970
66	शाहजहांपुर	3	1672
67	शामली	2	615
68	श्रावस्ती	2	192
69	सिद्धार्थ नगर	3	1008
70	सीतापुर	4	1945
71	सोनभद्र	2	643
72	सुल्तानपुर	3	1583
73	उन्नाव	3	1602
74	वाराणसी	4	2011
	कुल	218	95457

स्रोत: उच्च न्यायालय द्वारा उपबंधित डाटा के अनुसार।

विवरण-II

एफटीएससी में स्वीकृत पदों और रिक्तियों के जिलावार ब्यौरे जिसके अंतर्गत न्यायिक अधिकारी और सहायक कर्मचारी भी हैं

क्र.सं.	जिला	एफटीएससी में न्यायिक अधिकारी		प्रत्येक एफटीएससी के लिए सात सहायक कर्मचारी	
		कुल स्वीकृत संख्या	रिक्त	कुल स्वीकृत संख्या	रिक्त
1	आगरा	4		28	9
2	अलीगढ़	4		28	11
3	इलाहाबाद (प्रयागराज)	4		28	10
4	अंबेडकर नगर	3	2	21	7
5	औरैया	2	1	14	6
6	आजमगढ़	3		21	9
7	बागपत	2	1	14	2
8	बहराईच	3	1	21	6
9	बलिया	3	2	21	5
10	बलरामपुर	3	2	21	7
11	बाँदा	2		14	5
12	बाराबंकी	3		21	8
13	बरेली	4		28	11
14	बस्ती	3	2	21	6
15	भदोही	2	1	14	6
16	बिजनौर	2		14	5
17	बदायुं	4		28	11
18	बुलन्दशहर	4		28	11
19	चंदौली	2	1	14	6
20	चित्रकूट	2	1	14	5
21	देवरिया	3	2	21	8
22	एटा	3	1	21	8
23	इटवा	2		14	5
24	फैजाबाद (अयोध्या)	3	1	21	8
25	फर्रुखाबाद	3	1	21	9
26	फतेहपुर	3	2	21	5
27	फिरोजाबाद	4		28	8

क्र.सं.	जिला	एफटीएससी में न्यायिक अधिकारी		प्रत्येक एफटीएससी के लिए सात सहायक कर्मचारी	
		कुल स्वीकृत संख्या	रिक्त	कुल स्वीकृत संख्या	रिक्त
28	गौतमबुद्ध नगर	3		21	9
29	गाजियाबाद	4		28	12
30	गाजीपुर	3	2	21	9
31	गोंडा	2	1	14	4
32	गोरखपुर	4		28	11
33	हमीरपुर	3	2	21	9
34	हापुड	3	2	21	9
35	हाथरस	2	1	14	4
36	हरदोई	4	3	28	9
37	जालौन	2		14	5
38	जौनपुर	3		21	9
39	झांसी	2		14	5
40	ज्योतिबा फुले नगर	3		21	9
41	कन्नौज	2	1	14	4
42	कानपुर देहात	3		21	8
43	कानपुर	3		21	8
44	कासगंज	2	1	14	6
45	कौशांबी	4	3	28	12
46	कुशीनगर	4	3	28	7
47	लखीमपुर खीरी	3	2	21	3
48	ललित पुर	2	1	14	5
49	लखनऊ	4		28	11
50	महाराजगंज	3	2	21	8
51	महोबा	2	1	14	4
52	मैनपुरी	3		21	9
53	मथुरा	3		21	9
54	मऊ	3	2	21	8
55	मेरठ	4		28	10
56	मिर्जापुर	2	1	14	4
57	मुरादाबाद	3		21	9
58	मुजफ्फरनगर	3		21	7

क्र.सं.	जिला	एफटीएससी में न्यायिक अधिकारी		प्रत्येक एफटीएससी के लिए सात सहायक कर्मचारी	
		कुल स्वीकृत संख्या	रिक्त	कुल स्वीकृत संख्या	रिक्त
59	पीलीभीत	3		21	8
60	प्रतापगढ़	3	2	21	6
61	रायबरेली	4		28	10
62	रामपुर	3		21	9
63	सहारनपुर	3		21	8
64	संभल	2	1	14	4
65	संतकबीरनगर	3	2	21	7
66	शाहजहांपुर	3		21	8
67	शामली	2	1	14	4
68	श्रावस्ती	2	1	14	6
69	सिद्धार्थनगर	3	2	21	2
70	सीतापुर	4	2	28	11
71	सोनभद्र	2	1	14	6
72	सुल्तानपुर	3	2	21	5
73	उन्नाव	3		21	8
74	वाराणसी	4		28	11
	कुल	218	63	1526	546

स्रोत: उच्च न्यायालय द्वारा उपबंधित डाटा के अनुसार

MISUSE OF THE TERM "ORS" ON NON-MEDICAL BEVERAGE

1352. SHRI G. KUMAR NAIK:

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

- (a) whether the Government has taken any action to enforce the Food Safety and Standards Authority of India (FSSAI) order dated 14th October, 2025 prohibiting the use of the term "ORS" on beverages that do not conform to medically prescribed Oral Rehydration Solution standards and if so, the

details thereof;

- (b) whether any inspections, enforcement actions or market surveillance drives have been conducted to identify and remove non-compliant high-sugar drinks, such as “ORSL” and similar products, from retail outlets and pharmacies and if so, the details thereof;
- (c) the number of products found in violation of the said order and the action taken against the concerned manufacturers, distributors and retailers; and
- (d) whether the Government proposes to undertake any awareness or educational measures for retailers, distributors and consumers to prevent the misleading sale of non-medical drinks as ORS, and if so, the timeline proposed for the same?

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

(a) to (d): 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 Act, 2006 is a shared responsibility between the Central and State Governments.

FSSAI in exercise of its regulatory oversight, has issued directions on

15.10.2025 to all the Food Business Operators (FBOs) for removal of such brand name/product name containing word “Oral Rehydration Solution (ORS)” with immediate effect from all distribution channels as well as e-commerce platforms.

Further, FSSAI and its Regional Offices through the State/UTs have also issued advisories to all the enforcement authorities to initiate regulatory action against such FBOs and against misleading food labels using the term “ORS” on non-carbonated water-based beverages/ Fruit based beverages/ Ready to serve/drink beverages, in accordance with the provisions of the Food Safety and Standards (FSS) Act, 2006 and Regulations made thereunder.

As of now, the total of 87 (eighty-seven) notices including improvement notices, suspension orders and show-cause notices have been issued to such FBOs.

FSSAI is carrying out the ‘Eat Right India’ movement with aim to bolster food safety across the nation with a focus on preventive and promotive healthcare. It is built on three core pillars – Eat Safe, Eat Healthcare, and Eat Sustainable. Under Eat Right India initiative different activities and programmes are being conducted to make people aware about food safety and hygiene.

चिकित्सकों और स्वास्थ्य देखभाल उपकरणों की कमी

1353. श्री वीरेन्द्र सिंह:

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

- (क) क्या देश भर के सरकारी और जिला अस्पतालों में चिकित्सकों के साथ-साथ चिकित्सा उपकरणों की भारी कमी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या उत्तर प्रदेश के चंदौली जिले में जिला अस्पतालों, सामुदायिक स्वास्थ्य केन्द्रों और प्राथमिक स्वास्थ्य केन्द्रों में भी यही स्थिति है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार ने चंदौली जिले के सभी अस्पतालों में पर्याप्त चिकित्सा उपकरणों और योग्य चिकित्सकों की उपलब्धता सुनिश्चित करने के लिए कोई विशेष योजना तैयार की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार को जानकारी है कि चंदौली जिला बिहार सीमा से सटा हुआ है और यहां अभिघात केन्द्र के अभाव में दुर्घटनाओं या घटनाओं के मामले में अक्सर लोगों को अपनी जान गंवानी पड़ जाती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या सरकार का चंदौली जिले में अभिघात केन्द्र स्थापित करने का विचार है;
- (च) यदि हां, तो इसे कब तक स्थापित किए जाने की संभावना है; और
- (छ) 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 (छ) : उत्तर प्रदेश सहित, पूरे देश में स्वास्थ्य परिचर्या सुविधा केन्द्रों में सामुदायिक स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों और जिला अस्पतालों में डॉक्टरों से संबंधित विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता है:

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

स्वास्थ्य परिचर्या सुविधा केंद्रों में पर्याप्त चिकित्सा उपकरणों और सुयोग्य डॉक्टरों की उपलब्धता सुनिश्चित करने सहित, जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने की प्राथमिक उत्तरदायित्व संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन के तहत कार्यक्रम कार्यान्वित योजनाओं के रूप में प्राप्त प्रस्तावों के आधार (पीआईपी) पर ग्रामीण क्षेत्रों में जन स्वास्थ्य परिचर्या प्रणाली सुदृढ़ करने के लिए उत्तर प्रदेश राज्य सहित राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख के रूप में प्रस्तावों का (आरओपी) अनुमोदन करती है। उत्तर प्रदेश के ग्रामीण क्षेत्रों में स्वास्थ्य सेवा को सुदृढ़ करने के लिए दी गई स्वीकृतियों का विवरण स्वास्थ्य और परिवार कल्याण मंत्रालय की वेबसाइट पर यूनिफ़ॉर्म रिसोर्स लोकेटर यीआरएल के तहत उपलब्ध है:

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

एनएचएम के अंतर्गत, उत्तर प्रदेश सहित देश के ग्रामीण और दूरदराज के क्षेत्रों में डॉक्टरों और पैरामेडिक्स को प्रवर्तित करने के लिए प्रोत्साहित करने तथा कर्मचारियों की कमी को दूर करने हेतु निम्नलिखित प्रकार के प्रोत्साहन और मानदेय प्रदान किए जाते हैं:

- विशेषज्ञ चिकित्सकों को ग्रामीण और दूरदराज के क्षेत्रों में सेवा देने के लिए और उनके आवासीय क्वार्टरों के लिए दूरगम क्षेत्र भत्ता ताकि वे ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केंद्रों में सेवा करने के लिए आकर्षित हों।
- ग्रामीण और दूरदराज के क्षेत्रों में सिजेरियन सेक्शन करने के लिए विशेषज्ञों की उपलब्धता बढ़ाने के लिए स्त्री रोग विशेषज्ञों/प्रशिक्षित, आपातकालीन प्रसूति परिचर्या (ईएमओसी), बाल रोग विशेषज्ञों और एनेस्थेटिस्ट जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) प्रशिक्षित प्रशिक्षित चिकित्सकों को मानदेय भी प्रदान किया जाता है।

- चिकित्सकों के लिए विशेष प्रोत्साहन, समय पर प्रसवपूर्व जांच, जांच और रिकॉर्डिंग सुनिश्चित करने के लिए (एएनसी) सहायक नर्स और दाई (एएनएम)के लिए प्रोत्साहन, किशोर प्रजनन और यौन स्वास्थ्य कार्यकलापों के संचालन के लिए प्रोत्साहन।
- राज्यों को विशेषज्ञों को आकर्षित करने के लिए बातचीत के माध्यम से वेतन की पेशकश करने की भी अनुमति है, जिसमें "यू कोट, वी पे "जैसी कार्यनीतियों में लचीलापन शामिल है।
- एनएचएम के तहत दुर्गम क्षेत्रों में काम करने वाले कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में वरियता प्रवेश और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।
- विशेषज्ञों की कमी को दूर करने के लिए एनएचएम के तहत डॉक्टरों के बहुकौशल का समर्थन- किया जाता है। स्वास्थ्य परिणामों में सुधार लाने के लिए मौजूदा मानव संसाधन का कौशल उन्नयन एनआरएचएम के तहत एक और प्रमुख कार्यनीति है।

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) एक केंद्रीय प्रायोजित योजना (सीएसएस) है, जिसमें कुछ केंद्रीय क्षेत्र घटक (सीएस) शामिल हैं, और इस पर योजना अवधि (2021-22 से 2025-26 तक) के लिए 64,180 करोड़ रुपये का व्यय होगा। पीएम-एबीएचआईएम के तहत किए गए उपाय, वर्तमान और भविष्य की महामारियों/आपदाओं का प्रभावी ढंग से मुकाबला करने के लिए स्वास्थ्य प्रणालियों को तैयार करने हेतु, प्राथमिक, माध्यमिक और विशिष्ट-सभी स्तरों पर देखभाल की पूरी श्रृंखला में स्वास्थ्य प्रणालियों और संस्थानों की क्षमताओं को विकसित करने पर केंद्रित हैं।

पीएम- एबीएचआईएम के तहत, चंदौली जिले को एक (01) एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशाला (आईपीएचएल) के निर्माण/सुदृढीकरण के लिए पाँच वर्षों (अर्थात् वित्तीय वर्ष 2021-22 से

2025-2026 तक) के लिए सहायता प्रदान की गई है।

उत्तर प्रदेश के चंदौली जिले में एनएचएम के तहत 16.8 करोड़ रुपये की लागत से एल2 स्तर के ट्रॉमा सेंटर को मंजूरी प्रदान की गई है।

शिशु मृत्यु दर का आकलन

1354. श्री लक्ष्मीकान्त पप्पू निषाद:

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

- (क) क्या सरकार ने देश में पांच वर्ष से कम आयु के बच्चों की मृत्यु दर (पीएमआर) और नवजात मृत्यु दर का आकलन किया है और यदि हां, तो उत्तर प्रदेश, राजस्थान, बिहार, मध्य प्रदेश और झारखंड सहित तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;
- (ख) इन राज्यों में सरकारी अस्पतालों में कार्यरत नवजात गहन परिचर्या एकक (एनआईसीयू), विशेष नवजात परिचर्या एकक (एसएनसीयू), बाल चिकित्सा बिस्तरों, प्रशिक्षित चिकित्सकों और नर्सिंग स्टाफ की उपलब्धता का ब्यौरा क्या है;
- (ग) क्या विशेषज्ञ चिकित्सकों की कमी, अपर्याप्त स्वास्थ्य अवसंरचना, खराब रेफरल प्रणाली और आपातकालीन परिवहन सेवाओं की कमी के कारण नवजात और बाल मृत्यु पर प्रतिकूल प्रभाव पड़ रहा है और यदि हां, तो सरकार द्वारा स्थिति में सुधार लाने के लिए क्या कदम उठाए गए हैं और तत्संबंधी ब्यौरा क्या है;
- (घ) विगत पांच वर्षों के दौरान राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और अन्य संगत योजनाओं के अंतर्गत इन राज्यों में बाल और नवजात स्वास्थ्य सेवाओं के लिए कितनी निधि आवंटित, जारी की गई है और उपयोग में लाई गई है; और
- (ङ) क्या सरकार इन राज्यों में गुणवत्तापूर्ण बाल और नवजात स्वास्थ्य सेवाएं सुनिश्चित करने के लिए

समयबद्ध कार्य योजना कार्यान्वित कर रही है और यदि हां, तो तत्संबंधी 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 के महारजिस्ट्रार जनरल (आरजीआई) की नमूना पंजीकरण प्रणाली (एसआरएस) 2023 की उपलब्ध रिपोर्ट के अनुसार, राष्ट्रीय स्तर पर और राज्य/संघ राज्य क्षेत्रवार शिशु मृत्यु दर (आईएमआर) और 5 वर्ष से कम आयु के बच्चों की मृत्यु दर (यू5एमआर), जिसमें उत्तर प्रदेश, राजस्थान, बिहार, मध्य प्रदेश और झारखंड राज्य शामिल हैं, संलग्न **विवरण-I** में दी गई है।

(ख): उत्तर प्रदेश, राजस्थान, बिहार, मध्य प्रदेश और झारखंड राज्यों में स्थित विशेष नवजात शिशु परिचर्या इकाइयों (एसएनसीयू)/नवजात गहन परिचर्या इकाइयों (एनआईसीयू) और बाल चिकित्सा इकाइयों का ब्यौरा संलग्न **विवरण-II** में दिया गया है। चिकित्सकों और नर्सिंग कर्मियों की भर्ती और तैनाती संबंधित राज्य सरकार की जिम्मेदारी है।

(ग) से (ड) : यह मंत्रालय वार्षिक कार्यक्रम कार्यान्वयन योजना (एपीआईपी) और सामान्य समीक्षा मिशन की प्रक्रिया के दौरान राज्य नोडल अधिकारियों के साथ आयोजित बैठकों/समीक्षाओं, क्षेत्रीय दौरा, त्रैमासिक राज्य रिपोर्टों के माध्यम से कार्यान्वयन की समीक्षा करता है।

शिशु एवं बाल स्वास्थ्य परिणामों में सुधार के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वीकृत निधियों का विवरण निम्नलिखित लिंक पर देखा जा सकता है:

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

स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य एवं पोषण (आरएमएनसीएच + एन) कार्यनीति के कार्यान्वयन में संबंधित राज्य/संघ राज्य क्षेत्र द्वारा प्रस्तुत वार्षिक कार्यक्रम कार्यान्वयन

योजना (एपीआईपी) के आधार पर सहयोग प्रदान करता है। उत्तर प्रदेश, राजस्थान, बिहार, मध्य प्रदेश और झारखंड सहित पूरे देश में शिशु एवं बाल स्वास्थ्य परिणामों में सुधार लाने हेतु किए गए क्रियाकलापों का ब्यौरा नीचे दिया गया है:

- सुविधा केंद्र आधारित नवजात शिशु परिचर्या: जिला अस्पताल और मेडिकल कॉलेज स्तर पर विशेष नवजात शिशु परिचर्या इकाइयाँ स्थापित की जाती हैं (एसएनसीयू) , जबकि बीमार और छोटे शिशुओं की परिचर्या के लिए प्रथम रेफरल इकाइयों (एफआरयू) सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में नवजात शिशु स्थिरीकरण इकाइयाँ एनबीएसयू स्थापित की जाती हैं।
- नवजात शिशुओं और छोटे बच्चों की सामुदाय आधारित परिचर्या: गृह आधारित नवजात शिशु परिचर्या (एचबीएनसी) और गृह आधारित शिशु परिचर्या (एचबीवाईसी) कार्यक्रम के तहत, आशा कार्यकर्ता (एसएचए) द्वारा घर-घर जाकर बच्चों के पालन-पोषण संबंधी तरीके में सुधार किया जाता है और सामुदाय में रोगग्रस्त नवजात शिशुओं और छोटे बच्चों की पहचान की जाती है।
- जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके): एक वर्ष तक की आयु के बीमार शिशु जन स्वास्थ्य संस्थानों में निःशुल्क उपचार के साथ-साथ निःशुल्क परिवहन निदान, दवाएं, रक्त और उपभोग्य सामग्रियों के हकदार हैं।
- निमोनिया को सफलतापूर्वक समाप्त करने के लिए सामाजिक जागरूकता और कार्यकलाप (एसएएनएस) पहल निमोनिया के कारण बाल रुग्णता और मृत्युदर कम करने के लिए वर्ष 2019 से लागू की गई है।
- डायरिया रोकथाम अभियान ओआरएस और जिंक के उपयोग को बढ़ावा देने और बचपन में होने वाले डायरिया के कारण होने वाली रुग्णता और मृत्यु दर को कम करने के लिए लागू की गई है।

- राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके): बाल उत्तर जीविता में सुधार लाने के उद्देश्य से राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) के तहत 0 से 18 वर्ष की आयु के बच्चों की 32 स्वास्थ्य स्थितियों (अर्थात् रोग), कमियां, दोष और विकासात्मक विलंब) के लिए जांच की जाती है। आरबीएसके के तहत जांच किए गए बच्चों की पुष्टि और प्रबंधन के लिए जिला स्वास्थ्य सुविधा केंद्र स्तर पर जिला प्रारंभिक अंतर्क्षेप केंद्र (डीईआईसी) स्थापित किए गए हैं।

विवरण-I

शिशु मृत्यु दर (आईएमआर) और 5 वर्ष से कम आयु के बच्चों की मृत्यु दर (यू5एमआर) की स्थिति		
	शिशु मृत्यु दर (आईएमआर)	5 वर्ष से कम आयु के बच्चों की मृत्यु दर (यू5एमआर)
भारत	25	29
अंडमान एवं निकोबार द्वीप समूह	9	
आंध्र प्रदेश	19	21
अरुणाचल प्रदेश	20	
असम	30	33
बिहार	23	27
चंडीगढ़	7	
छत्तीसगढ़	37	41
दादरा और नगर हवेली तथा दमन एवं दीव	9	
दिल्ली	14	16
गोवा	6	
गुजरात	20	23
हरियाणा	26	30
हिमाचल प्रदेश	14	17
जम्मू एवं कश्मीर	14	15
झारखंड	29	32
कर्नाटक	14	17
केरल	5	8
लद्दाख	4	
लक्षद्वीप	9	
मध्य प्रदेश	37	44
महाराष्ट्र	14	16
मणिपुर	3	
मेघालय	34	

मिजोरम	13	
नागालैंड	10	
ओडिशा	30	35
पुदुचेरी	7	
पंजाब	17	22
राजस्थान	29	34
सिक्किम	6	
तमिलनाडु	12	13
तेलंगाना	18	22
त्रिपुरा	15	
उत्तर प्रदेश	37	42
उत्तराखंड	20	23
पश्चिम बंगाल	17	18
स्रोत: नमूना पंजीकरण प्रणाली 2023, आरजीआई रिपोर्ट https://censusindia.gov.in/census.website/data/SRSSTAT		
इकाई: प्रति 1000 जीवित जन्म		
नोट: 5 वर्ष से कम आयु के बच्चों की मृत्यु दर 22 बड़े राज्यों और संघ राज्य क्षेत्रों के लिए उपलब्ध है।		

विवरण-II

उत्तर प्रदेश, राजस्थान, बिहार, मध्य प्रदेश और झारखंड राज्यों में स्थित विशेष नवजात शिशु परिचर्या इकाइयों (एसएनसीयू)/नवजात गहन परिचर्या इकाइयों (एनआईसीयू) और बाल चिकित्सा इकाइयों का ब्यौरा

	एसएनसीयू/एनआईसीयू की संख्या	बाल चिकित्सा इकाइयों की संख्या
बिहार	45	19
झारखंड	26	14
मध्य प्रदेश	62	67
राजस्थान	72	73
उत्तर प्रदेश	118	63

राष्ट्रीय राजमार्गों पर अभिघात केन्द्रों की स्थापना

1355. श्री मनसुखभाई धनजीभाई वसावा:

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

(क) क्या सरकार ने सड़क दुर्घटना पीड़ितों को तत्काल चिकित्सा सहायता प्रदान करने के लिए

राष्ट्रीय राजमार्गों पर अभिघात केन्द्रों की स्थापना की है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और राष्ट्रीय राजमार्गों पर अभिघात केन्द्रों की स्थापना के लिए क्या पात्रता मानदंड निर्धारित किए गए हैं; और

(ग) सरकार द्वारा इन अभिघात केन्द्रों के समुचित कार्यकरण को सुनिश्चित करने के लिए क्या कदम उठाए गए हैं?

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

(क) से (ग): 11वीं पंचवर्षीय योजना (2007-2012) और 12वीं पंचवर्षीय योजना (2012-2017) के दौरान" ट्रॉमा और जलने की चोटों की रोकथाम एवं प्रबंधन संबंधी राष्ट्रीय कार्यक्रम" (एनपीपीएमटी एंड बीआई) के अंतर्गत देश भर के सरकारी अस्पतालों/चिकित्सा महाविद्यालयों में 196 ट्रॉमा परिचर्या सुविधा केंद्रों (टीसीएफ) की स्वीकृति की गई। इनमें से कई सुविधा केंद्र राष्ट्रीय राजमार्गों के पास स्थित हैं। राज्यों से प्राप्त टीसीएफ स्थापित करने के प्रस्तावों की जांच की गई और समिति के माध्यम से उनका चयन किया गया।

स्वास्थ्य एक राज्य विषय है। ट्रॉमा परिचर्या सुविधा केंद्रों का संचालन संबंधित राज्यों द्वारा किया जाता है। केंद्र सरकार एनपीपीएमटी एंड बीआई के तहत आवंटन और राज्य की मांग के अनुसार निधि प्रदान करती है।

INCREASE IN OPERATIONAL SHARE OF PRIVATE SECTOR IN PORTS

1356. SHRI SUKHDEO BHAGAT:

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

- (a) whether the Government is aware of the fact that private ports, especially those operated by Adani Ports and SEZ Ltd., have increased their share in total cargo handling from about 9% to nearly 24% in the last decade while the share of Central Government-controlled major ports has declined, raising concerns about market concentration and weakened competition in the ports sector; and
- (b) if so, the steps that are being taken to ensure fair competition and prevent excessive dominance by a single corporate group?

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

(a) and (b): The cargo handled by Major Ports has increased from 581.34 million metric tonnes (MMT) in Financial Year (FY) 2014-15 to 854.86 MMT in FY 2024-25. During the same period, the cargo handled by Other Than Major Ports (OTMPs) increased from 470.89 MMT to 742.41 MMT. Therefore, during the FY 2024-25, the Major Ports account for 53.52% of the total cargo handled in the country, and thus remain a dominant player in the sector.

The policy reforms in the Ports, Shipping and Waterways sector have focused on the creation of a level playing field through open competition and transparent auction methodology which allows all market players to freely compete for terminals, berths, facilities etc. under the domain of Central Government and the Major Port Authorities Act, 2021. Specifically, Model

Concessionaire Agreement, 2021 provides equal opportunities to all stakeholders through transparent bidding process. Furthermore, 100% foreign direct investment (FDI) in the sector has opened the opportunities for investments by national and international market players. The Government is taking a collaborative approach to promote Public Private Partnership (PPP) model in order to enhance efficiency and productivity across the maritime landscape.

AYUSH PRACTITIONERS AND HEALTH SPECIALISTS IN CIL HOSPITALS

1357. SHRI VAMSI KRISHNA GADDAM:

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

- (a) the number of AYUSH practitioners trained specifically in treating respiratory ailments caused by coal dust exposure and deployed in Peddapalli during the last five years;
- (b) the establishment of dedicated AYUSH treatment centres near coal mining operations in Peddapalli and the specific therapeutic protocols developed for treating pneumoconiosis and other mining-related occupational diseases;
- (c) the research studies conducted on the efficacy of AYUSH treatments for coal workers' pneumoconiosis in collaboration with medical Institutions and the outcomes achieved in treating affected miners;
- (d) the budget allocation for procuring specialized AYUSH medicines and equipment for treating respiratory conditions in coal belt regions and the

- procurement process followed for ensuring quality; and
- (e) the integration framework developed between AYUSH practitioners and occupational health specialists in Coal India Limited hospitals to provide comprehensive healthcare coverage to mining workers and their families?

THE MINISTER 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 reported by State Government of Telangana, 20 Government Ayush dispensaries including 08 Ayurveda, 05 Unani, 06 Homoeopathy and 01 Naturopathy Units are functioning in Peddapalli district, with one Medical Officer (MO) at each facility in their respective system of medicine. All these MOs are trained to treat various ailments including standard treatment protocol. Apart from this, those doctors have recently undergone training for musculoskeletal disorders, Skill development programmes and in treating respiratory ailments caused by Coal dust exposure, during the period from October, 2025 to December, 2025 at Indian Institute of Health and Family Welfare, Hyderabad.

(c): No such specific research study conducted.

(d): As reported by State Government, under Centrally Sponsored Scheme of National Ayush Mission (NAM), each Dispensary is being provided the requisite Essential Medicines @ Rs. 2.00 Lakhs per annum for Ayurveda/Unani Dispensaries and Rs. 1.00 Lakhs per annum for Homoeopathic Dispensaries. The

Essential Medicines are being procured through e-tenders and supplied to the dispensaries through central store i.e., Government Indian Medicines Pharmacies by using e- Aushadhi Portal. In addition to that, Panchakarma equipment i.e., Massage Table, Sirodhara and Steam bath chambers have been supplied to the selected (100) Ayushman Arogya Mandirs (Ayush) in Telangana including Peddapalli district.

(e): As reported by State Government, at present 09 Ayush Units (Ayurveda-5, Unani-1, Naturopathy-1, Homoeopathy-2) are functioning duly co-located with PHCs/CHCs in Peddapalli district, which are mainly located at coal belt region. However, the integration framework has not been developed specifically between Ayush practitioners and occupational health specialists in Coal India Limited hospitals.

SHORTAGE OF DOCTORS AND LACK OF DIAGNOSTIC FACILITIES

1358. SHRI E. TUKARAM:

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

- (a) whether the Government is aware that despite increased Central funding under health schemes such as National Health Mission (NHM) and Pradhan Mantri–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), districts like Ballari in Karnataka are still facing shortage of doctors, lack of diagnostic facilities and non-functional public health infrastructure;

- (b) if so, the details thereof;
- (c) whether the Government has reviewed the implementation challenges at the Central level that have affected timely delivery of health facilities in the country, if so, the details thereof; and
- (d) the steps proposed by the Government in the Union Budget to ensure timely fund flow, stronger monitoring and time-bound functioning of health facilities in high-need districts like Ballari?

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

(a) to (d): Public health being a State subject, the primary responsibility for ensuring the availability of adequate doctors and healthcare professionals rests with the State/UT Governments. Nevertheless, under the National Health Mission (NHM), financial and technical support is extended to States/UTs to strengthen their healthcare systems, including assistance for engaging doctors on a contractual basis, as per the requirements projected by the States/UTs in their Programme Implementation Plans (PIPs). States are also encouraged to adopt flexible norms for engaging specialist doctors in public health facilities. In addition, financial support is provided for performance-based incentives, hard area allowances for rural and remote locations, and sponsoring training programmes for engaged human resources to help address shortages in public health facilities.

The details of doctors and health facilities functioning in rural and urban areas across all States/UTs, can be accessed at the following link of Health Dynamics of India (HDI) 2022–23:

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

Under NHM, funds are allocated to States based on the State Programme Implementation Plans (SPIPs) submitted by the States duly appraised by National Programme Coordination Committee (NPCC). The details are available over public domain at:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=57&lid=70>

As per the guidelines issued by the Department of Expenditure (DoE) dated 13.07.2023, the Ministry of Finance has introduced the New Fund Flow Mechanism i.e. SNA SPARSH which is just-in-time release of funds for all Centrally Sponsored Schemes.

INCIDENCE OF CANCER CASES

1359. SHRI GOVIND MAKTHAPPA KARJOL:

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

- (a) the details of the number of cancer cases registered in the State of Karnataka during the last five years, year-wise and district-wise, especially in

- the Chitradurga Parliamentary Constituency;
- (b) whether the Government has implemented any special cancer screening and early detection programmes in Karnataka, particularly in rural and underserved areas and if so, the details thereof;
 - (c) whether the Government has conducted any assessment regarding the adequacy of cancer care facilities in the State, including tertiary care hospitals, radiotherapy units and the availability of oncologists and if so, the details thereof, along with gaps identified, district-wise, especially in the Chitradurga Parliamentary Constituency; and
 - (d) the details of funds allocated, released and utilised by Karnataka under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) during the last five years, year-wise and district-wise, especially in the Chitradurga Parliamentary Constituency?

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

- (a): The details of the number of cancer cases registered in the State of Karnataka during the last five years, year-wise and district-wise, including Chitradurga Parliamentary Constituency are given in the enclosed **Statement -I**.
- (b): The Department of Health and Family Welfare provides technical and

financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs) including cancer.

Under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), 770 District NCD Clinics, 364 District Day Care Cancer Centres (DCCC), and 6,410 NCD clinics at Community Health Centres have been set up. Further 297 District Day Care Cancer Centre (DCCC) have been approved for the financial year 2025-26 to ensure cancer care accessibility at district hospital level.

A population-based initiative for the prevention, control and screening of common non-communicable diseases (NCDs), including three common cancers, has been rolled out across the country. Under the initiative, persons over 30 years of age are targeted for their screening for the common NCDs including Cancer.

Further, the State Government of Karnataka has informed that it has launched the 'Gruha Arogya' programme to screen NCDs, including cancers. Under the programme, ASHAs conduct house-to-house visits for awareness and referral to Health Sub-Centres/Ayushman Arogya Mandirs, where CHOs or ANMs screen individuals and refer suspected cases to PHCs for diagnosis.

(c): The Ministry of Health and Family Welfare Implements Strengthening of Tertiary Care Cancer Facilities Scheme. Under this scheme, 19 State Cancer Institutes (SCI) and 20 Tertiary Care Cancer Centres (TCCC) have been established across the country including Kidwai Memorial Institute of Oncology, Bengaluru as SCI and Mandya Institute of Medical Science, Mandya as TCCC. These institutions are equipped with specialized infrastructure and expert manpower to serve as critical hubs for advanced cancer care, diagnosis, research, capacity building and referral treatment services. Further, 16 District Day Care Cancer Centre (DCCC) have been approved for the financial year 2025-26 to ensure cancer care accessibility at district hospital level in Karnataka.

As per information provided by the Government of Karnataka, under NP-NCD, the State has assessed cancer care infrastructure and reported shortage of oncologists at District Hospitals. To address this, MoUs have been signed between 16 District Day Care Cancer Centres and tertiary hospitals, enabling follow-up chemotherapy at the district level.

Further, in Chitradurga District, a District NCD Clinic and Day Care Cancer Centre are functional at the District Hospital and provide follow-up chemotherapy under the decentralised model. So far, 23 patients have received treatment at the centre, with 68 chemotherapy cycles administered.

(d): The details of fund allocated and expenditure by Karnataka under the National Programme for Prevention and Control of Non communicable Diseases

(NP-NCD) during the last five years, year-wise and Chitradurga district are given in the enclosed **Statement-II**.

STATEMENT-I

**The details of the number of cancer cases registered in the State of Karnataka during the last five years,
year-wise and district-wise, including Chitradurga Parliamentary Constituency**

District	2020-21		2021-22		2022-23		2023-24		2024-25	
	Screened	Diagnosed	Screened	Diagnosed	Screened	Diagnosed	Screened	Diagnosed	Screened	Diagnosed
Bagalkot	35,508	0	1,17,789	29	4,24,540	92	5,29,948	134	2,15,548	168
Bangalore	13,958	0	92,379	16	5,93,617	54	4,38,352	161	2,13,995	61
Bangalore Rural	4,064	0	73,337	6	5,72,390	28	1,15,593	74	1,89,270	61
Belgaum	12,238	0	10,889	49	10,17,507	100	19,80,173	671	10,32,327	29
Bellary	77,764	0	60,719	1	7,42,366	7	1,43,215	273	33,885	4
Bidar	38,376	8	1,54,244	38	7,85,223	37	2,76,044	127	1,14,220	5
Bijapur	1,374	2	1,67,233	12	12,78,462	17	1,36,994	8	1,90,799	2
Chamarajanagar	1,306	0	1,05,806	0	6,52,272	6	89,294	5	84,099	0
Chikkaballapura	4,712	0	1,61,446	25	10,08,214	27	1,25,822	53	72,688	13
Chikmagalur	76,869	1,091	8,04,201	458	2,03,207	67	97,573	28	25,550	4
Chitradurga	21,056	0	93,554	2	9,23,025	6	1,99,946	131	97,109	36
Dakshina Kannada	2,085	0	2,24,262	19	16,41,913	18	41,088	67	70,033	3,328
Davanagere	136	0	6,515	0	11,17,979	15	77,682	4	2,10,449	189
Dharwad	6,417	1	2,20,367	4	6,04,332	10	2,29,427	38	7,87,927	51
Gadag	4,143	0	1,65,593	6	4,98,594	8	76,785	10	1,00,073	24
Gulbarga	36,811	0	1,84,880	1,112	9,54,995	2,073	4,26,032	182	3,51,989	30
Hassan	5,166	0	47,299	4	9,01,660	109	28,556	2,224	45,600	99
Haveri	2,353	0	2,69,931	11	7,03,951	24	3,75,919	410	1,90,970	18

Kodagu	1,201	0	15,903	0	2,91,389	31	70,173	25	1,37,190	2
Kolar	34,797	1	1,98,465	17	6,37,324	221	1,67,184	203	1,05,762	402
Koppal	80,622	1	1,96,248	25	4,62,666	69	61,314	11	1,36,272	35
Mandya	31,220	0	3,83,929	1	13,13,197	14	1,85,052	8	1,41,796	3
Mysore	36,107	1	88,890	4	23,35,430	23	79,202	45	1,19,389	14
Raichur	88,453	0	35,057	0	4,93,841	22	6,11,558	45	1,58,618	64
Ramanagara	9,275	0	1,51,705	14	2,40,406	22	3,29,336	28	1,65,074	25
Shimoga	48,296	0	59,996	2	10,73,748	58	4,39,134	49	2,98,939	10
Tumkur	8,429	3	1,76,715	256	11,03,499	119	6,43,591	43	6,16,415	117
Udupi	240	0	9,473	0	7,53,768	0	1,21,283	4	1,87,991	4
Uttara Kannada	190	0	7,480	0	8,46,567	8	2,66,921	21	1,96,963	17
Vijayanagara	1,18,242	2	1,79,467	2	2,85,692	2	66,186	386	3,32,267	72
Yadgir	1,20,454	0	1,52,361	1	1,88,226	5	1,64,339	22	49,921	0

STATEMENT II

Details of fund allocated and Expenditure under NP-NCD during the last five years in Karnataka			
Amount in Lakhs			
Sl.No	Year	RoP Approval + Committed Budget	Expenditure
1	2021-22	1052.14	720.30
2	2022-23	2317.57	1145.82
3	2023-24	2099.05	1474.56
4	2024-25	1773.13	963.447
5	2025-26(till date)	2782.56	423.98

Details of fund allocated and Expenditure under NP-NCD during the last five years in Chitradurga			
Amount in Lakhs			
Sl.No	Year	RoP Approval + Committed Budget	Expenditure
1	2021-22	85.38	52.32
2	2022-23	138.18	22.60
3	2023-24	127.57	68.85
4	2024-25	85.68	55.58
5	2025-26(till date)	85.68	15.58

LIST OF ESSENTIAL MEDICINES FOR CHILDREN

1360. SHRI VISHALDADA PRAKASHBAPU PATIL:

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

- (a) whether the Government is aware that India's Essential Medicines List for Children (EMLc) has not been revised since 2011 and if so, the details thereof;
- (b) whether the Government proposes to constitute a committee to revise the EMLc, on the lines of the Standing National Committee on Medicines that revised the National List of Essential Medicines (NLEM 2022), if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government is aware that typhoid vaccines, recommended by the WHO, are absent from NLEM 2022 and if so, the details thereof;
- (d) whether the Government proposes to include the same in NLEM 2022 and if so, the details thereof;
- (e) the number of medicines and vaccines currently included in India's EMLc, against the WHO's 10th Model List for Children; and
- (f) the mechanisms in place to ensure safe, affordable and uninterrupted supply of essential paediatric medicines, particularly in rural and underserved areas?

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

(a) to (f) : List of Essential Medicines for Children of India has been published by Indian Academy of Pediatrics, an association of Pediatricians in India, in 2011. Revision of the said list does not fall within the purview of the Ministry of Health and Family Welfare.

National List of Essential Medicines (NLEM), 2022 has been prepared based on the recommendation of Standing National Committee on Medicine (SNCM) under Indian Council of Medical Research (ICMR), Department of Health Research (DHR) considering the contemporary knowledge of use of therapeutic products in health and hygiene of general public, various documents of medicines including World Health Organization's (WHO's) Essential list of medicines for children 2019.

NLEM 2022 includes various medicine for children including vaccines which are under Universal Immunization Program of India (UIP). Any medicine/ vaccine, as and when recommended under any National Health Programmes will be deemed included in NLEM.

Under the National Health Mission (NHM), financial support is provided to the States/UTs for strengthening their healthcare delivery system including support for provision of free essential medicines in public health facilities based

on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. Under Free Drugs Service Initiative, Ministry has recommended facility wise Essential Drugs List (EDL) to be made available at the public healthcare facilities in the country to ensure widespread access to essential medicines.

The National Pharmaceutical Pricing Authority (NPPA) under Department of Pharmaceuticals monitors availability of drugs in the country and takes remedial measures whenever issue of non-availability of any medicine is brought to its notice. Complaints regarding non-availability of a medicine in the market is received by NPPA through various sources and immediate measures taken in coordination with the State Authorities and the manufacturer of the drugs concerned.

MISUSE OF POCSO ACT

1361. SHRI SUBBARAYAN K.:

SHRI SELVARAJ V:

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

- (a) whether the attention of the Government has been drawn to the concern expressed by a two-judge bench of the Supreme Court about the repeated misuse of the Protection of Children from Sexual Offences (POCSO)

Act/asking the Centre to consider introducing a "Romeo-Juliet" clause to exempt "genuine adolescent relationships" from POCSO's harshest provisions; and

(b) if so, the details thereof along with the reaction of the Government thereto?

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

(a) and (b): The Protection of Children from Sexual Offences (POCSO) Act, 2012 was enacted by the Government of India with the objective of safeguarding children from sexual abuse and sexual offences. The Act clearly defines a *child* as any person below the age of eighteen years and provides for graded punishments commensurate with the gravity of the offence. Subsequently, the Act was amended in 2019 to introduce more stringent penal provisions, including the death penalty for certain aggravated sexual offences against children, with a view to deter perpetrators and prevent the commission of such crimes.

The POCSO Act does not explicitly define the term *consent*, and under the statutory framework, any sexual act involving a person below eighteen years of age is treated as an offence, irrespective of whether consent was purportedly given. Further, the POCSO Rules, 2020 were notified by the Ministry of Women and Child Development to strengthen the implementation of the Act and to ensure enhanced protection of children from sexual exploitation, abuse, and violence through child-friendly procedures and institutional safeguards.

The legislative decision to retain the age of consent at eighteen years is a conscious and considered policy determination. The age of majority has been uniformly fixed at eighteen years across various statutes in order to maintain consistency and coherence within the legal framework, including, inter alia, the Bharatiya Nyaya Sanhita, 2023; the Protection of Children from Sexual Offences Act, 2012; the Prohibition of Child Marriage Act, 2006; the Hindu Adoptions and Maintenance Act, 1956; the Juvenile Justice (Care and Protection of Children) Act, 2015; and the Hindu Minority and Guardianship Act, 1956. The legislative intent underlying the aforesaid enactments reflects the settled position that individuals below the age of eighteen years are not deemed capable of providing informed consent or making decisions, the long-term implications of which they may not fully comprehend.

Uniformity across laws in prescribing the age of consent as eighteen years is intended to prevent manipulation, coercion, and exploitation of minors, recognising that children lack the legal and psychological capacity to give meaningful and informed consent in matters involving sexual activity. The definition of a *child* under the POCSO Act, 2012 and other child-centric legislations is also in conformity with India's international obligations under the United Nations Convention on the Rights of the Child, particularly Article 1 thereof.

Any dilution of the age of consent or introduction of exceptions would

undermine child safety, increase the risk of exploitation, and weaken India's commitment to the protection of children, especially adolescent girls.

न्यायालयों में रिक्त पदों को भरना

1362. श्री अमरा राम :

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

- (क) अधीनस्थ न्यायालय स्तर से लेकर उच्चतम न्यायालय स्तर तक कितने स्वीकृत और रिक्त पद हैं ;
- (ख) रिक्त पदों को समय पर न भरे जाने के क्या कारण हैं और उनके समाधान हेतु क्या प्रस्ताव दिए गए हैं ;
- (ग) क्या विभाग का संघ लोक सेवा आयोग अथवा ट्रिब्यूनल के माध्यम से उच्च न्यायालय और उच्चतम न्यायालय के न्यायाधीशों की भर्ती करने का विचार है ; और
- (घ) यदि हां, तो इसे कब तक पूरा कर लिया जाएगा और यदि नहीं, तो इसके क्या कारण हैं ?

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

(क) से (घ) : अधीनस्थ न्यायालय स्तर से लेकर उच्चतम न्यायालय स्तर तक स्वीकृत और रिक्त पदों की संख्या का ब्यौरा निम्नवत् है।

न्यायालय का नाम	स्वीकृत पद संख्या	कार्यरत पद संख्या	रिक्ति
उच्चतम न्यायालय (तारीख 19.01.2026 तक)	34	33	01
उच्च न्यायालय (तारीख 19.01.2026 तक)	1122	816	306
जिला और अधीनस्थ न्यायालय (तारीख	25,894	21,046	4,848

05.02.2026 तक)			

उच्चतम न्यायालय और उच्च न्यायालय के न्यायाधीशों की नियुक्ति, भारत के संविधान के अनुच्छेद 124, अनुच्छेद 217 और अनुच्छेद 224 के अधीन और उच्चतम न्यायालय के तारीख 6 अक्टूबर, 1993 के निर्णय (दूसरा न्यायाधीश मामला) के साथ पठित तारीख 28 अक्टूबर, 1998 की उनकी सलाहकारी राय (तीसरा न्यायाधीश मामला) के अनुसरण में वर्ष 1998 में तैयार किए गए प्रक्रिया ज्ञापन (एमओपी) में अधिकथित प्रक्रिया के अनुसार की जाती है। प्रक्रिया ज्ञापन के अनुसार, उच्चतम न्यायालय में न्यायाधीशों की नियुक्ति के प्रस्तावों को आरंभ करने की जिम्मेदारी भारत के मुख्य न्यायमूर्ति में निहित है, जबकि उच्च न्यायालय में न्यायाधीशों की नियुक्ति के प्रस्तावों को आरंभ करने की जिम्मेदारी संबंधित उच्च न्यायालय के मुख्य न्यायमूर्ति में निहित है, जो उच्च न्यायालय के दो सबसे वरिष्ठ अवर न्यायाधीशों की सलाह से करते हैं।

न्यायपालिका में रिक्त स्थान भरना कार्यपालिका और न्यायपालिका के बीच एक सतत, एकीकृत और मिलकर काम करने वाली प्रक्रिया है। इसके लिए राज्य और केंद्रीय स्तर पर विभिन्न संवैधानिक प्राधिकरण से सलाह और अनुमोदन की आवश्यकता होती है, जो प्रक्रिया ज्ञापन के अनुसार प्राप्त होती है। सिफारिशों पर उन दूसरी रिपोर्टों पर भी विचार किया जाना चाहिए, जो सरकार को विचाराधीन नामों के संबंध में उपलब्ध हो सकेंगी। उच्च न्यायालय कॉलेजियम, राज्य सरकारों और भारत सरकार की सिफारिशों के पश्चात् सलाह के लिए उच्चतम न्यायालय कॉलेजियम (एससीसी) को भेजी जाती हैं। केवल उन्हीं व्यक्तियों की उच्च न्यायालय के न्यायाधीश के रूप में नियुक्ति की जाती है जिनके नाम की सिफारिश एससीसी द्वारा की जाती है।

इसके अतिरिक्त, जिला और अधीनस्थ न्यायालय में न्यायिक अधिकारियों के रिक्त पदों को भरना संबंधित उच्च न्यायालय और राज्य सरकारों की जिम्मेदारी है। संवैधानिक ढांचे के अनुसार, संविधान के अनुच्छेद 233 और अनुच्छेद 234 के साथ पठित अनुच्छेद 309 के उपबंधों के अधीन

प्रदत्त शक्तियों का प्रयोग करते हुए, संबंधित राज्य सरकार, उच्च न्यायालय की सलाह से, न्यायिक अधिकारियों की नियुक्ति और भर्ती के संबंध में नियम और विनियम बनाती है। माननीय उच्चतम न्यायालय ने जनवरी 2007 के मलिक मजहर सुल्तान मामले में पारित आदेश में अन्य बातों के साथ-साथ, कुछ समय-सीमा निर्धारित की थी, जिनका पालन राज्यों और संबंधित उच्च न्यायालय को जिला और अधीनस्थ न्यायालयों में न्यायाधीशों की भर्ती के लिए करना होता है।

INDIA AS A GLOBAL EPICENTER OF AMR

1363. SHRIMATI SAJDA AHMED:

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

- (a) whether the Government is aware that India is becoming a global epicentre of Antimicrobial Resistance (AMR) due to antibiotic misuse and weak enforcement and if so, the details thereof;
- (b) the data on AMR infections and related deaths during the last five years and the current status of the National AMR Surveillance Network, State-wise;
- (c) the number of inspections, prosecutions and penalties for violations of Schedule H/H1 during the last five years; and
- (d) whether the Government has a time-bound plan to tighten regulation, mandate prescription audits and expand district-level surveillance in the country and if so, the details thereof?

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

(a): The Government is aware of the growing challenge of Antimicrobial Resistance (AMR) in the country. To address this public health concern, the Government has taken a number of strategic and coordinated measures across sectors. The details of the steps taken are given in the enclosed **Statement-I**.

(b): No, such data is centrally maintained. However, under the National Programme on AMR Containment, National AMR Surveillance Network (NARSNET) has been established under which identified medical colleges in the country have been strengthened to generate quality AMR data of 9 priority pathogens causing clinical infections.

(c): The sale and distribution of drugs including Schedule H drugs are regulated by State Licensing Authorities under Drugs Rules 1945. Further, sale of Schedule H drugs without prescription of a registered medical practitioner is a punishable offence and the State Licensing Authorities (SLA) are empowered to take action for the same.

Further, the State Drugs Controllers/other stake holders have been sensitized about concerns regarding sale of prescription drugs by retail without prescription of Registered Medical Practitioners. Various Notices/Advisories /Letters have been issued to State Drugs Controllers and other stake holders for

strict compliance of the requirements of Drugs and Cosmetics Act and Rules.

At the national level, the Government, through the Central Drugs Standard Control Organization (CDSCO), has undertaken several key regulatory measures. The details of these measures are given in the enclosed **Statement-II**.

(d): Under the National Action Plan on Antimicrobial Resistance 2.0 (2025–29), the Government has prioritized enhancement and expansion of AMR surveillance capacity and laboratory networks across human health, animal health, food and environmental sectors in line with One Health approach. This includes strengthening laboratory infrastructure, data reporting and integration from a broader range of diagnostic facilities to improve representativeness and timeliness of AMR data, consistent with WHO's Global Antimicrobial Resistance Surveillance System objectives.

STATEMENT-I

Details of steps taken by Government to contain AMR are as under:

1. The Ministry of Health and Family Welfare has issued Standard Treatment Guidelines (STGs) for rational use of medicines, including antibiotics. These guidelines are available in the public domain on the NCDC website.
2. Guidelines on Infection Prevention and Control (IPC) have been issued to prevent and control healthcare-associated infections and reduce unnecessary use of antibiotics in healthcare settings.

3. To promote judicious use of antibiotics and create awareness about AMR, the National Centre for Disease Control (NCDC) has developed IEC materials including audio-visual content, social media messages and outdoor media campaigns. These materials are available in the public domain and have been shared with States/UTs for wider dissemination.
4. The Indian Council of Medical Research (ICMR) has established an AMR surveillance and research network comprising 21 tertiary care hospitals. Antimicrobial Stewardship (AMS) programmes have been implemented in these hospitals, and each hospital has developed its own antibiotic policy. ICMR is also supporting multiple research projects covering basic, clinical and applied AMR research.
5. ICMR released guidelines on Infection control in hospitals in 2016 to facilitate hospitals to develop infection control program which are available at:

[https://www.icmr.nic.in/sites/default/files/guidelines/Hospital Infection control guidelines.pdf](https://www.icmr.nic.in/sites/default/files/guidelines/Hospital%20Infection%20control%20guidelines.pdf).

STATEMENT-II

Details of key regulatory measures taken by the Central Drugs Standard Control Organization (CDSCO) are as under:

1. The Central Drugs Standard Control Organization (CDSCO) regulates the safety, efficacy and quality of drugs under the Drugs and

Cosmetics Act, 1940 and Rules made thereunder. Antibiotics are included under Schedule H and Schedule H1 and are required to be sold by retail only on the prescription of a Registered Medical Practitioner.

2. States/UTs have been advised to promote prescription of generic medicines and conduct regular prescription audits in public health facilities. Prescription audit is also one of the requirements under National Quality Assurance Standards (NQAS) certification.
3. CDSCO have issued various notices, advisories and communications to State Drug Regulators and stakeholders for strict compliance with regulatory provisions and to raise awareness regarding misuse of antibiotics.
4. Amendment of Drugs and Cosmetics Rules, 1945 (effective 01.03.2014) introducing Schedule H1, covering specified antibiotics, anti-TB and habit-forming drugs, with stricter labelling, prescription and record-keeping requirements.
5. Mandatory maintenance of separate sale registers for Schedule H1 drugs, including prescriber and patient details, to be preserved for three years for inspection.
6. Amendment of Rule 97 requiring medicines meant for treatment of food-producing animals to display the withdrawal period on labels.

7. Advisories issued by the Department of Animal Husbandry and DCG(I) to States/UTs for judicious use of antibiotics in animals and discontinuation of antibiotics and hormones in animal feed.
8. Prohibition of Colistin and its formulations for manufacture, sale and distribution for food-producing animals, poultry, aquaculture and animal feed supplements (effective 19.07.2019).
9. Prohibition of Chloramphenicol and Nitrofurans and their formulations for import, manufacture, sale and distribution for use in any food-producing animal rearing system (effective 12.03.2025).

IMPORT DEPENDENCE FOR FERTILIZERS

1364. SHRI RAO RAJENDRA SINGH:

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

- (a) whether the Government has any data on the total imports of fertilisers to the country during the last three years, if so, the details thereof;
- (b) the specific measures taken by the Government to enhance the domestic production and supply of Di-Ammonium Phosphate (DAP) and Potassic fertiliser (MOP) in the country; and
- (c) the steps taken to increase the production of scientifically credible alternatives to the aforementioned fertilisers like Phosphate-rich organic manure (PROM) and NPK?

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

(a): Yes. The details of total imports of fertilisers (Urea, DAP, MOP and NPK) during the last three years from 2022-23 to 2024-25 are as below:

Import of fertilizers (Urea, DAP, MOP and NPK) from 2022-23 to 2024-25				
<i>Qty in LMT</i>				
Year	Urea	As Reported by the Companies		
		DAP	MOP *	NPK
2022-23	75.80	65.83	18.66	27.52
2023-24	70.42	55.67	28.69	22.17
2024-25	56.47	45.69	35.41	22.72
MOP includes both Agriculture and Industrial use*				

(b) and (c): The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics.

To increase domestic fertilizer production and make country self-reliant the following measures have been taken by the Government:

- (i) D/o Fertilizers has issued guidelines dated 18.01.2024 to ensure reasonableness of MRP and encourage domestic production.
- (ii) Based on the requests, the new manufacturing units or increase in

manufacturing capacity of existing units have been recognized / taken on record under the NBS Scheme.

- (iii) The number of P&K fertilizers covered under NBS policy has increased from 22 grades in 2021 to 28 grades.
- (iv) Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, has been approved since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.
- (v) To reduce import dependence on imported Potassic fertilizers, Potash Derived from Molasses (PDM), which is a domestically produced Potassic fertilizer, has been inducted under NBS scheme since Rabi, 2021.

Under the Policy on Promotion of Organic Fertilizer, Market Development Assistance (MDA) @ Rs. 1500/MT is provided to CBG/BG plants/Fertilizer Marketing Companies for sale of organic soil carbon enhancers like Fermented Organic Manure (FOM), Liquid FOM (LFOM) and also Organic fertilizer like Phosphate Rich Organic Manure (PROM) produced at CBG plants under GOBARdhan initiative, with total outlay of Rs. 1451.84 Crore (FY 2023-24 to 2025-26), which includes, a corpus of Rs. 360 Crore for research gap funding.

STATUS OF HOSPITALS/DISPENSARIES/PHCS/SHCS**1365. SHRI RAMBHUAL NISHAD:**

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

- (a) whether the Government has undertaken any study/survey regarding the status of rural health infrastructure across the country during the last five years, if so, the details thereof, State/UT-wise especially in Uttar Pradesh;
- (b) the status of hospitals/dispensaries/PHCs/SHCs and other health establishments proposed/under construction and presently functional in Uttar Pradesh, district-wise, especially in Sultanpur;
- (c) the total amount of funds sanctioned, released and utilised for establishment of medical infrastructure and facilities in rural areas of Uttar Pradesh during the last five years, district-wise particularly for the above locations; and
- (d) whether the Government has any plans of further developing existing rural health infrastructure, if so, the details thereof and the timelines fixed for the same?

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

(a) to (d): The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans

(PIPs) under National Health Mission (NHM). Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources.

Health Dynamics of India (HDI) (Infrastructure and Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. The State/UT-wise status of rural health facilities functioning across the country, including Uttar Pradesh can be accessed at the following link of HDI 2022-23:

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

In February 2018, the Government of India announced establishment of 1,50,000 Ayushman Arogya Mandirs (AAMs), erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs), across the country by December 2022. As updated by the States/UTs in AAM portal, a total of 1,82,944 Ayushman Arogya Mandirs have been established and operationalized as on 31.12.2025, by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas to deliver the expanded range of comprehensive primary healthcare services with complete 12 package of services that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free, and closer to the community.

Details of funds approved during last five FYs i.e FY 2020-21 to FY 2024-25 for development of building infrastructure under NHM to the State of Uttar Pradesh are as under:

(Rs. In Lakhs)

State	2024-25	2023-24	2022-23	2021-22	2020-21
Uttar Pradesh	169,180.68	171,102.14	42,730.00	124,665.62	147,304.31

Note:

1. SPIP Approved and Expenditure is as per the available Financial Management Reports submitted by State/UTs and are provisional.
2. Expenditure includes expenditure against Central Release, State Release and unspent balances at the beginning of the year.

In addition to the National Health Mission (NHM), Government of India has on-going schemes for developing public healthcare infrastructure:

- **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (2021-22 to 2025-26). The measures under the PM-ABHIM focus on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics /disasters.
- The **Fifteenth Finance Commission (FC-XV)** has recommended grants through local governments for specific components of the health sector and

spread over the five-year period from FY 2021-22 to FY 2025-26 to facilitate strengthening of health system at the grass-root level for an amount of Rs. 68,832.43 crores. These grants are for strengthening primary care through specified components such as Building-less Sub-Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Conversion of rural PHCs and Sub-Centres to Ayushman Arogya Mandir (AAM), Support for diagnostic infrastructure to the primary healthcare facilities, Block Level Public Health Units and Urban - AAMs.

एमबीबीएस विद्यार्थियों के लिए उच्च शुल्क

1366. श्री रामप्रीत मंडल:

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

- (क) क्या यह सच है कि भारतीय छात्रों को विशेषकर निजी चिकित्सा महाविद्यालयों में उच्च शुल्क और देश में एमबीबीएस के लिए कठिन प्रवेश प्रक्रिया के कारण चिकित्सा की पढ़ाई करने के लिए विदेश जाने के लिए बाध्य होना पड़ता है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का आर्थिक रूप से कमजोर वर्गों के छात्रों के लिए महंगी चिकित्सा शिक्षा और वहनीय शिक्षा में सुधार करने का विचार है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ) : सरकार ने पिछले एक दशक में विभिन्न केंद्रीय प्रायोजित योजनाओं (सीएसएस) के तहत मेडिकल कॉलेज की अवसंरचना का विस्तार करने के लिए संगठित प्रयास किए हैं, ताकि चिकित्सा शिक्षा अधिक किफायती हो सके। स्वास्थ्य और परिवार कल्याण मंत्रालय 'मौजूदा जिला/रेफरल अस्पतालों से सहबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए एक केंद्रीय प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहाँ कोई सरकारी या निजी मेडिकल कॉलेज मौजूद नहीं है। देश भर के विभिन्न जिलों में कुल 157 मेडिकल कॉलेजों को मंजूरी दी गई है। इसके अतिरिक्त, एक अन्य सीएसएस योजना के तहत मौजूदा राज्य सरकार/केंद्रीय सरकार के मेडिकल कॉलेजों को सुदृढ़/उन्नत करने के लिए भी समर्थन प्रदान किया गया है, ताकि एमबीबीएस(यूजी) और पीजी सीटों की संख्या बढ़ाई जा सके। इन योजनाओं के तहत, देश भर के मेडिकल कॉलेजों में अतिरिक्त 4977 एमबीबीएस सीटों और 8058 पीजी सीटों को मंजूरी प्रदान की गई है।

राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई सूचना के अनुसार, मेडिकल कॉलेजों की संख्या वर्ष 2013-14 में 111.36% बढ़कर 387 से वर्तमान में 818 हो गई है। इसके अलावा, यह सूचित किया गया है कि एमबीबीएस सीटों में 151.18% की वृद्धि हुई है, जो वर्ष 2013-14 से पहले 51,348 से बढ़कर वर्तमान में 128,976 हो गई हैं, जबकि स्नातकोत्तर (पीजी) सीटों में 172.63% की वृद्धि हुई है, जो वर्ष 2014 से पहले 31,185 से बढ़कर वर्तमान में 85,020 हो गई हैं, जिससे चिकित्सा शिक्षा की सुलभता में सुधार हुआ है।

संबंधित राज्य शुल्क नियामक प्राधिकरणों द्वारा जारी दिशानिर्देशों के अनुसार एमबीबीएस पाठ्यक्रम के लिए शुल्क संरचना सरकारी/निजी मेडिकल कॉलेजों में राज्य-दर-राज्य अलग-अलग होती है। इसके अलावा, सरकार चिकित्सा शिक्षा को और अधिक किफायती बनाने और इसके व्यवसायीकरण को रोकने के लिए लगातार प्रयास करती रहती है। देश में चिकित्सा शिक्षा को

किफायती और सुलभ बनाने के लिए, सरकारी मेडिकल कॉलेजों की शुल्क संरचना पर सब्सिडी दी जाती है। संविधान के प्रावधान (103वां संशोधन अधिनियम, 2019) के अनुसार, समाज के आर्थिक रूप से कमजोर वर्गों के लिए यूजी/पीजी मेडिकल सीटों में 10% का आरक्षण है।

राष्ट्रीय आयुर्विज्ञान आयोग अधिनियम, 2019 की धारा 10 की उप-धारा (1) के खंड (i) के अंतर्गत निजी चिकित्सा संस्थानों और डीम्ड विश्वविद्यालयों में 50% सीटों के संबंध में शुल्क और अन्य सभी प्रभारों के निर्धारण के लिए दिशानिर्देश तैयार किए गए हैं, जिन्हें राष्ट्रीय आयुर्विज्ञान आयोग द्वारा दिनांक 03.02.2022 को जारी किया गया था। तथापि, इन दिशानिर्देशों को विभिन्न न्यायालयों में चुनौती दी गई थी और ये अभी न्यायाधीन हैं।

FUNDS DISTRIBUTION UNDER BETI BACHO BETI PADAO

1367. SHRI SACHITHANANTHAM R.:

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

- (a) the details of the funds dispersed for Beti Bachao Beti Pado that has been spent on publicity and interventions addressing child sex ratio, nutrition and education;
- (b) the details of the expenditure on advertisements/programme activities during the last five years, year-wise; and
- (c) the details of interventions and outcomes in districts with declining child sex ratio?

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

(a) to (c): 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 a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, communities, media, civil society and the public at large. This movement aims not only to address immediate concerns related to sex ratio and gender-based discrimination but also to foster a cultural shift towards valuing the girl child and ensuring her rights and opportunities

The scheme focuses on creating mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering various stakeholders. To address this, Ministry has developed an operational manual which, inter-alia, 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.

As per the latest report of Health Management Information System (HMIS) of Ministry of Health and Family Welfare (MoHFW), Sex Ratio at Birth (SRB) at the national level has increased from 918 in 2014-15 to 929 in 2024-25. 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 80.2% in 2024-25.

Based on the Sex Ratio at Birth (SRB) status of districts as per the 2020–21 HMIS data of the Ministry of Health and Family Welfare, funds are provided to districts according to their SRB. The districts with SRB less than or equal to 918 are provided assistance of Rs.40 Lakh per year, districts having SRB from 919 to 952 are provided assistance of Rs. 30 lakh per year and districts having SRB more than 952 are provided assistance of Rs. 20 lakh per year. Further, any new district formed in the coming years is also be kept under Rs. 30 lakh bracket. However, funds are being released on the basis of guidelines of Department of Expenditure prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS). The details of the expenditure during the last five years, are as below:

(In Crores)

Financial Year	Funds released For Multi Sectoral Interventions including media advocacy
2020-21	60.57
2021-22	58.8
2022-23	91.98
2023-24	88.63
2024-25	33.08

SHORTAGE OF MEDICAL STAFFS IN KERALA**1368. SHRI BENNY BEHANAN:**

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

- (a) whether the Government is aware of the shortage of doctors, nurses and specialists in Government hospitals across the country, State/UT-wise, particularly in Kerala;
- (b) the details of vacancies in Government health institutions across the country, State-wise and category-wise; and
- (c) the steps taken by the Government to fill these vacancies and strengthen public healthcare delivery in the country?

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

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

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

The Ministry of Health and Family Welfare provides technical and financial

support to the States/UTs including Kerala to strengthen the public healthcare delivery system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. Details of the approvals given for the strengthening healthcare in rural areas of the country are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

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

The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in healthcare facilities lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and 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.

Under NHM, following types of incentives and honorarium are provided for encouraging doctors and paramedics to practice in rural and remote areas of the country including Kerala to address the shortage of staff:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

उत्तर प्रदेश में आयुष सेवाएं और औषधीय पादप का उत्पादन

1369. श्रीमती कृष्णा देवी शिवशंकर पटेल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या उत्तर प्रदेश में विशेषकर बांदा चित्रकूट क्षेत्र में आयुर्वेद, योग, प्राकृतिक चिकित्सा, यूनानी, सिद्धा और होम्योपैथी (आयुष) सेवाओं की वर्तमान स्थिति का कोई आकलन किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या उक्त क्षेत्र में आयुष अस्पताल, स्वास्थ्य केंद्र और औषधीय पादप के लिए उत्पादन इकाइयों की स्थापना करने का कोई प्रस्ताव विचाराधीन है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार द्वारा इन पहलों के स्थानीय रोजगार, स्वास्थ्य सेवाओं और औषधीय पादप आधारित उद्योगों पर पड़ने वाले संभावित प्रभावों का कोई आकलन किया गया 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): जन स्वास्थ्य राज्य का विषय होने के कारण, उत्तर प्रदेश में आयुष सेवाओं की वर्तमान स्थिति का आकलन राज्य सरकार के कार्यक्षेत्र में आता है। राज्य द्वारा दी गई सूचना के अनुसार, आयुष औषधालयों/आयुष अस्पतालों/फार्मेशियों आदि का नियमित आकलन, जिला आयुर्वेद एवं यूनानी अधिकारी और जिला होम्योपैथी चिकित्सा अधिकारी द्वारा नियमित आधार पर किया जा रहा है। बांदा

में 22 राज्य आयुर्वेद औषधालय, 04 यूनानी औषधालय और 27 होम्योपैथी औषधालय हैं। चित्रकूट में 09 राज्य आयुर्वेद औषधालय और 16 होम्योपैथी औषधालय हैं। इसके अतिरिक्त, 12 आयुष्मान आरोग्य मंदिर (आयुष) बांदा में और 05 एएएम (आयुष) चित्रकूट जिले में आयुष और योग सेवाएं प्रदान कर रहे हैं। इनके अलावा, बांदा में 04 योग वेलनेस केंद्र और चित्रकूट में 02 योग वेलनेस केंद्र योग सेवाएं प्रदान कर रहे हैं।

(ख): चूंकि जन स्वास्थ्य राज्य का विषय है, इसलिए बांदा चित्रकूट क्षेत्र में आयुष अस्पतालों, एएएम (आयुष), पूर्ववर्ती आयुष स्वास्थ्य एवं कल्याण केंद्रों और औषधीय पादप इकाइयों की स्थापना उत्तर प्रदेश सहित संबंधित राज्य सरकार के कार्यक्षेत्र में आती है। हालांकि, आयुष मंत्रालय एनएएम दिशानिर्देशों के प्रावधानों के अनुसार, उत्तर प्रदेश सहित राज्य/संघ राज्य क्षेत्र सरकारों को राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार वित्तीय सहायता प्रदान कर रहा है।

(ग) और (घ): क्षेत्रीय दौरा करते समय टीम को ज्ञात हुआ कि आयुष औषधालयों/उप स्वास्थ्य केंद्रों को एएएम (आयुष) में उन्नत करने के बाद एएएम (आयुष) ओपीडी में आने वाले लाभार्थियों की संख्या में भारी वृद्धि हुई है, क्योंकि ये सुविधाएं ओपीडी सेवाओं के अलावा विभिन्न अन्य स्वास्थ्य सेवाएं भी प्रदान कर रही हैं, जिसमें सुविधा के स्तर पर प्रकृति परीक्षण, योग से संबंधित गतिविधियों के साथ-साथ समुदाय के बीच, सामान्य औषधीय पादपों के उपयोग के बारे में जागरूकता आदि शामिल है।

इसके अलावा, राज्य सरकार ने सूचित किया है कि एएएम (आयुष) और योग वेलनेस केंद्रों की स्थापना से स्थानीय रोजगार भी सृजन हुआ है, विशेष रूप से योग पेशेवरों के लिए। वर्तमान में, बांदा में 12 एएएम (आयुष) में 12 पुरुष और 12 महिला योग प्रशिक्षकों का प्रावधान है। इसी तरह चित्रकूट के 05 आयुष्मान आरोग्य मंदिरों में 05 पुरुष और 05 महिला योग प्रशिक्षकों का प्रावधान है। इसके अतिरिक्त, बांदा में 04 योग वेलनेस केंद्रों में 04 योग प्रशिक्षकों और योग सहायकों का प्रावधान है और

चित्रकूट में 02 योग प्रशिक्षकों और 02 योग सहायकों का प्रावधान है।

दुर्घटना पीड़ितों और कैंसर रोगियों को निःशुल्क उपचार

1370. श्री लालजी वर्मा:

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

- (क) क्या सरकार के पास देश भर में दुर्घटना पीड़ितों और कैंसर रोगियों को निःशुल्क उपचार प्रदान करने की कोई योजना है और यदि हां, तो पात्रता मानदंड और कवरेज की सीमा सहित तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार उत्तर प्रदेश के अम्बेडकर नगर संसदीय निर्वाचन क्षेत्र में अभिघात परिचर्या इकाई और डे-केयर कैंसर सुविधा की स्थापना को प्राथमिकता देने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) सरकार द्वारा बिना किसी अग्रिम भुगतान के गरीब रोगियों का शीघ्र उपचार सुनिश्चित करने के लिए क्या ठोस कदम उठाए गए हैं/उठाए जाने का विचार है?

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

- (क) से (ग) : सड़क परिवहन एवं राजमार्ग मंत्रालय ने मोटर वाहन अधिनियम, 1988 की धारा 162 को अधिसूचित किया है, जिसे मोटर वाहन (संशोधन) अधिनियम, 2019 के माध्यम से जोड़ा गया है। जो केंद्र सरकार को दुर्घटना पीड़ितों के लिए गोल्डन आवर के दौरान कैशलेस उपचार योजना तैयार करने का अधिदेश देती है। इस योजना के तहत, दुर्घटना की तारीख से अधिकतम 7 दिनों की सीमा के अधीन, प्रति पीड़ित 1.5 लाख रुपये तक का उपचार कवर प्रदान किया जाता है। यह उपचार कवर उन पीड़ितों के लिए उपलब्ध है जो किसी भी श्रेणी की सड़क पर मोटर वाहनों के उपयोग से होने

वाली सड़क दुर्घटना पीड़ितों में शामिल हैं।

स्वास्थ्य राज्य का विषय है। हालांकि, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार द्वारा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत राष्ट्रीय गैर-संचारी रोग रोकथाम एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत देशभर के राज्यों और संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान की जाती है। यह कार्यक्रम राज्य और संघ राज्य क्षेत्रों की मांगों और प्रस्तावों के अनुसार कैंसर सहित गैर-संचारी रोगों के लिए अवसंरचना को सुदृढ़ करने, मानव संसाधन विकास, जांच, शीघ्र निदान, रेफरल, उपचार और स्वास्थ्य संवर्धन पर केंद्रित है। इस कार्यक्रम के अंतर्गत 770 जिला एनसीडी क्लिनिक, 364 डे केयर कैंसर सेंटर और सामुदायिक स्वास्थ्य केंद्रों में 6410 एनसीडी क्लिनिक स्थापित किए गए हैं।

विशिष्ट कैंसर परिचर्या सुविधाकेंद्रों को सुदृढ़ करने की योजना के तहत, देश भर में 19 राज्य कैंसर संस्थान (एससीआई) और 20 विशिष्ट कैंसर परिचर्या केंद्र (टीसीसीसी) स्थापित किए गए हैं। उन्नत निदान और उपचार सुविधाएं प्रदान करने के लिए झज्जर (हरियाणा) में राष्ट्रीय कैंसर संस्थान और कोलकाता में चित्तरंजन राष्ट्रीय कैंसर संस्थान का दूसरा परिसर स्थापित किया गया है। सभी 22 नए अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) में भी कैंसर उपचार सुविधाकेंद्रों को मंजूरी दी गई है। केंद्रीय बजट 2025-26 की घोषणा के अनुसार, वित्तीय वर्ष 2025-26 के दौरान देश भर में 297 डे केयर कैंसर केंद्र (डीसीसीसी) (उत्तर प्रदेश में 67 डीसीसीसी सहित, जिनमें से एक अंबेडकर नगर में है) स्थापित करने का अनुमोदन दिया गया है।

11वीं पंचवर्षीय योजना (2007-2012) और 12वीं पंचवर्षीय योजना (2012-2017) के दौरान "राष्ट्रीय ट्रामा एवं बर्न की चोटों की रोकथाम एवं प्रबंधन कार्यक्रम" (एनपीपीएमटी एवं बीआई) के अंतर्गत, देश भर के सरकारी अस्पतालों/मेडिकल कॉलेजों में 196 ट्रामा परिचर्या सुविधाकेंद्रों (टीसीएफ) को अनुमोदन दिया गया है। 12वीं पंचवर्षीय योजना से आगे, इस योजना के तहत नई ट्रामा

परिचर्या सुविधाकेंद्रों की पहचान का कोई प्रावधान नहीं है। इन 196 टीसीएफ में से 13 उत्तर प्रदेश में बीआरडी मेडिकल कॉलेज, गोरखपुर; जिला अस्पताल, फैजाबाद; केजीएम कॉलेज, लखनऊ; एलएलआर अस्पताल एवं जीएसवीएम कॉलेज, कानपुर; जिला अस्पताल, जालौन, औरया; एमएलबी मेडिकल कॉलेज, झांसी; जिला अस्पताल, बस्ती; एसएन मेडिकल कॉलेज, आगरा; श्री बीए जिला अस्पताल, इटावा; जिला अस्पताल, फतेहपुर; एमएलएन मेडिकल कॉलेज, इलाहाबाद; एलएलआरएम मेडिकल कॉलेज, मेरठ; और जिला अस्पताल, ललितपुर में स्वीकृत हैं।

स्वास्थ्य मंत्री कैंसर रोगी कोष (एचएमसीपीएफ) के अंतर्गत, आरएन की व्यापक योजना के भाग के रूप में, कैंसर से पीड़ित गरीब रोगियों के उपचार के लिए क्षेत्रीय कैंसर केंद्रों (आरसीसी), विशिष्ट परिचर्या कैंसर केंद्रों (टीसीसीसी), राज्य कैंसर संस्थानों (एससीआई) और कैंसर उपचार सुविधाओं वाले अन्य सरकारी अस्पतालों/संस्थानों में 15 लाख रुपये तक की एकमुश्त वित्तीय सहायता प्रदान की जाती है। इसके अतिरिक्त, स्वास्थ्य मंत्री के विवेकाधीन अनुदान (एचएमडीजी) के अंतर्गत, घातक रोगों से पीड़ित गरीब रोगियों को सरकारी अस्पतालों में भर्ती/इलाज पर होने वाले खर्च के एक भाग को कवर करने के लिए, ऐसे मामलों में जहां निःशुल्क चिकित्सा सुविधाएं उपलब्ध नहीं हैं, 1.25 लाख रुपये तक की वित्तीय सहायता प्रदान की जाती है।

NON-FUNCTIONAL AIIMS

1371. SHRIMATI JUNE MALIAH.

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

- (a) whether it is a fact that over 18 percent of AIIMS institutions are non-functional in the country, if so, the name of all the AIIMS that are not functional; and

- (b) whether there is any timeline fixed by which these non-functional AIIMS is likely to be completed and become functional, 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), till date establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved in various States/UTs in the country. Out of the 22, 18 AIIMS are currently functional and 4 AIIMS are in different stages of construction. The details of AIIMS are given in the enclosed **Statement**. The completion of projects depends upon various factors including transfer of encumbrance free land by the State Government, regulatory clearances and site specific issues.

STATEMENT**Status of AIIMS 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 and Kashmir	AIIMS Vijaypur, Samba 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

दिव्यांगजनों को कानूनी सहायता सेवाएं

1372. श्री तापिर गाव :

श्रीमती हिमाद्री सिंह :

श्री विजय बघेल :

श्री मनीष जायसवाल :

कैप्टन बृजेश चौटा :

श्रीमती अपराजिता सारंगी :

श्री बलभद्र माझी :

श्रीमती माला राज्यलक्ष्मी शाह :

श्री विजय कुमार दूबे :

श्री नलिन सोरेन :

श्री राहुल सिंह लोधी :

श्री भोजराज नाग :

श्री आलोक शर्मा :

श्री सतीश कुमार गौतम :

श्री अनूप प्रधान वाल्मीकि :

श्री जुगल किशोर :

क्या विधि और न्याय मंत्री यह बताने की कृपा करेंगे कि :

- (क) विशेषकर झारखंड के दुमका लोक सभा निर्वाचन क्षेत्र, जम्मू और कश्मीर संघ राज्यक्षेत्र और ओडिशा के जनजातीय क्षेत्रों में रहने वाले दिव्यांगजनों के लिए उपलब्ध कानूनी सहायता सेवाओं का प्रदान की गई सहायता की प्रकृति और दायरे सहित ब्यौरा क्या है ;

- (ख) मानसिक रोग और बौद्धिक अक्षमता से ग्रस्त व्यक्तियों के लिए स्थापित विशेष कानूनी सेवा इकाइयां किस प्रकार काम कर रही हैं और विशेषकर ओडिशा के आदिवासी क्षेत्रों में उनकी उपलब्धता की स्थिति क्या है ;
- (ग) निर्णय कक्ष, न्यायालय कक्ष सहित न्यायिक अवसंरचनाओं तक दिव्यांगजनों के सुगम पहुंच के तथा डिजिटल पहुंच, सहायक प्रौद्योगिकियां और समावेशी डिजाइन मानक क्या हैं तथा तत्संबंधी ब्यौरा क्या है और ओडिशा के जनजातीय क्षेत्रों में स्थित न्यायालय परिसरों में उनका अनुपालन किस प्रकार किया जा रहा है ;
- (घ) क्या ई-न्यायालय चरण III में दिव्यांगजनों, विशेषकर आदिवासी क्षेत्रों में रहने वालों के लिए पहुंच हेतु उन्नत सुविधाएँ उपलब्ध हैं ; और
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है ?

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

(क) और (ख) : सरकार ने आमजन को, जिसमें दिव्यांगजन भी सम्मिलित हैं, किफायती, गुणवत्ता और त्वरित विधिक सेवाएं उपलब्ध कराने के लिए कई उपाए किए हैं। विधिक सेवा प्राधिकरण अधिनियम, 1987 समाज के दुर्बल वर्गों, जिसमें दिव्यांगजन भी सम्मिलित हैं, को निःशुल्क और सक्षम विधिक सेवाओं का उपबंध करता है। विधिक सेवा प्राधिकरण अधिनियम, 1987 की धारा 12(घ) के अनुसार, दिव्यांगजन विधिक सेवाओं का हकदार है।

नालसा, दिव्यांगजनों के लिए, नालसा (मानसिक बीमारी वाले व्यक्तियों और बौद्धिक रूप से दिव्यांग व्यक्तियों के लिए विधिक सेवाएं) योजना, 2024 नामक एक विशिष्ट योजना कार्यावित कर रहा है। यह योजना संपूर्ण देश में क्रियावित की गई है, जिसमें झारखंड का दुमका लोकसभा क्षेत्र, जम्मू-कश्मीर संघ राज्यक्षेत्र और ओडिशा के आदिवासी क्षेत्र सम्मिलित हैं। संपूर्ण झारखंड राज्य में, जिसमें

दुमका लोकसभा क्षेत्र भी सम्मिलित है, दो अवसरों पर, एक 13.07.2024 से 26.08.2024 तक और दूसरा 06.07.2025 से 20.07.2025 तक, दिव्यांग बालकों के लिए विशेष अभियान चलाए गए।

नालसा के जनादेश के अनुरूप, जम्मू-कश्मीर विधिक सेवा प्राधिकरण ने जिला विधिक सेवा प्राधिकरणों, पैनल वकीलों, पैरा विधिक स्वयंसेवकों और विशेषज्ञ विधिक सेवा इकाइयों के माध्यम से दिव्यांगजनों के लिए विधिक सहायता प्रदान करने के लिए अधिकार-आधारित और समावेशी दृष्टिकोण अपनाया है। वर्ष 2025 के दौरान, जम्मू-कश्मीर संघ राज्यक्षेत्र में विधिक सेवाओं के विभिन्न तरीकों से कुल 468 दिव्यांगजनों को लाभ हुआ। कुल 144 जागरूकता कार्यक्रम आयोजित किए गए, जिनमें 7,211 लोगों ने भाग लिया। इसके अतिरिक्त, जमीनी स्तर पर दिव्यांगजनों और उनके परिवारों तक पहुंचने के लिए पैरा विधिक स्वयंसेवकों द्वारा 121 घर-घर जागरूकता कार्यक्रम भी आयोजित किए गए।

ओडिशा राज्य में, उड़ीसा उच्च न्यायालय विधिक सेवा समिति, जिला विधिक सेवा प्राधिकरणों और तालुक विधिक सेवा समितियों द्वारा, आदिवासी क्षेत्रों के लोगों, जिसमें दिव्यांगजन भी सम्मिलित हैं, से आवेदन प्राप्त होने पर उनको विधिक सहायता सेवाएं प्रदान करने के लिए तत्काल कदम उठाए जाते हैं। केंद्रीय सरकार/राज्य सरकार की विभिन्न योजनाओं, विशेष रूप से दिव्यांगजनों के लिए, के बारे में जागरूकता पैदा करने के लिए विधिक साक्षरता/जागरूकता कार्यक्रम भी आयोजित किए जाते हैं। कोरापुट, मलकानगिरी, क्योझर, मयूरभंज, फूलबन, रायगड़ा और सुंदरगढ़ जैसे आदिवासी इलाकों में भी ग्राम विधिक देखरेख और सहायता केंद्र कार्य कर रहे हैं। इसके अतिरिक्त, उपरोक्त वर्णित जिलों के आदिवासी इलाकों में जागरूकता फैलाने के लिए मोबाइल विधिक सहायता वैन भी तैनात की जा रही हैं।

नालसा (मानसिक बीमारी वाले व्यक्तियों और बौद्धिक रूप से दिव्यांग व्यक्तियों के लिए विधिक सेवाएं) योजना, 2024 के खंड 5.1 के अनुसार, ओडिशा ने मानसिक बीमारी और बौद्धिक रूप से

दिव्यांगजनों के लिए राज्य के सभी 30 जिलों और तालुक स्तर पर विधिक सेवा इकाइयां : 'मनोन्याय' का गठन किया है। ओडिशा राज्य में आयोजित 65 विधिक जागरूकता कार्यक्रमों के माध्यम से आदिवासी क्षेत्रों के 8,870 से अधिक लोगों को लाभ हुआ है।

(ग): सरकार, जिला और अधीनस्थ न्यायालयों के लिए अवसंरचना सुविधाओं के विकास के लिए, न्यायालय हॉल, न्यायिक अधिकारियों के लिए आवासीय इकाइयों, वकीलों के हॉल, डिजिटल कंप्यूटर कक्ष और शौचालय परिसरों के निर्माण के लिए, राज्य सरकारों/संघ राज्यक्षेत्र के संसाधनों के संवर्धन द्वारा, एक केंद्रीय प्रायोजित योजना लागू कर रही है। योजना के दिशानिर्देशों के अनुसार, राज्य/संघ राज्यक्षेत्र यह सुनिश्चित करते हैं कि प्रस्तावित अवसंरचना का डिजाइन दिव्यांगजनों के अनुकूल हो। भवन का डिजाइन, केंद्रीय लोक निर्माण विभाग, दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय द्वारा, समय-समय पर, अधिकथित अपेक्षित मानदंडों/पहुंच योग्य मानकों के अनुरूप हो।

(घ) और (ङ): ई-न्यायालय परियोजना चरण 3 के अधीन, 24 घटक हैं, जिनमें नागरिकों, जिसमें दिव्यांगजन सम्मिलित हैं, के लिए एक मजबूत और सुलभ डिजिटल अवसंरचना बनाने के लिए कई महत्वपूर्ण उपाय किए गए हैं। दिव्यांगजनों को बेहतर सुलभ आईसीटी सक्षम सुविधाएं प्रदान करने, 752 न्यायालयों (उच्च न्यायालयों सहित) की वेबसाइटों को S3WaaS प्लेटफॉर्म (किसी सेवा के रूप में सुरक्षित, स्केलेबल और सुगम्य वेबसाइट) पर अंतरण, जो वेबसाइट को दिव्यांगजनों के लिए अनुकूल बनाता है, के लिए 27.54 करोड़ रुपये के बजटीय परिव्यय का उपबंध किया गया है। S3WaaS प्लेटफॉर्म में आंशिक रूप से और पूरी तरह से दृष्टिबाधित नागरिकों के लिए सामग्री की आसान दृश्यता की सुविधाएँ हैं।

BULK DRUG PARK SCHEME**1373. SHRI NAVASKANI K.:****SHRI G. SELVAM:****SHRI C. N. ANNADURAI:**

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

- (a) whether the Government has launched the Scheme for Promotion of Bulk Drug Parks for creation of common infrastructure facilities for production of bulk drugs at optimised cost;
- (b) if so, the details thereof;
- (c) the details of bulk drug parks approved so far under the said scheme along with their current stage of development;
- (d) whether the Government proposes to establish any bulk drug park in the State of Tamil Nadu to cater to the growing pharmaceutical and chemical manufacturing potential of the State; and
- (e) the steps taken by the Government to promote infrastructure and investment in Tamil Nadu under the said scheme or any other related schemes?

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

(a) and (b): Yes. The scheme for promotion of Bulk Drug Parks was approved by the Cabinet on 20.03.2020 to facilitate setting up of three (3) Bulk Drug Parks in the country with the objective to bring down the cost of manufacturing of bulk

drugs by creation of world class common infrastructure facilities. It would also help in creation of economies of scale for production of bulk drugs.

The financial assistance by the Central Govt. is subject to a maximum limit of ₹1000 crore per park or 70% of the project cost of Common Infrastructure Facilities (CIF) (90% in case of North-eastern States and Hilly States i.e. Himachal Pradesh, Uttarakhand, UT of Jammu and Kashmir and UT of Ladakh), whichever is less. The fund allocated for the scheme is ₹3000 crores. The tenure of the scheme is from FY 2020-2021 to FY 2026-2027.

Under the scheme, financial assistance from the Central Govt. is being provided for creation of Common Infrastructure Facilities (CIF) viz.-

- i. Central Effluent Treatment Plant(s) (CETP)
- ii. Solid waste management
- iii. Storm water drains network
- iv. Common Solvent Storage System, Solvent recovery and distillation plant
- v. Common Warehouse
- vi. Dedicated power sub-station and distribution system with the necessary transformers at factory gate
- vii. Raw, Potable and Demineralized Water
- viii. Steam generation and distribution system
- ix. Common cooling system and distribution network

- x. Common logistics
- xi. Advanced laboratory testing Centre, suitable for even complex testing/ research needs of APIs (Active Pharmaceutical Ingredients), including microbiology laboratory and stability chambers
- xii. Emergency Response Centre
- xiii. Safety/ Hazardous operations audits centre and
- xiv. Centre of Excellence etc.

(c): Under the scheme for Promotion of Bulk Drug Parks, the Department had received proposals from 13 states. After evaluation, proposals of Gujarat, Himachal Pradesh and Andhra Pradesh for setting up of Bulk Drug Parks were approved with a grant-in-aid of ₹1000 crore to each park. Brief details of these parks are mentioned below:

Approved States	Location	Area (in acre)	State Implementing Agency (SIA)	Total Project Cost (₹ in Crore)	CIF Cost (₹ in Crore)
Gujarat	Jambusar, Bharuch	2015.02	Gujarat Industrial Development Corporation (GIDC)	2507.02	1457.01
Himachal Pradesh	Haroli, Una	1405.01	Himachal Pradesh Bulk Drug Park Infrastructure Ltd. (HPBDPIL)	1923	1118.46
Andhra Pradesh	Nakkapalli, Anakapalli	2001.80	Andhra Pradesh Bulk Drug Infrastructure Corporation (APBDICL)	1876.66	1438.89

The current stage of development of these parks is as under: -

- (i) Gujarat Bulk Drug Park: All Common Infrastructure Facilities (CIFs) related civil infrastructure tenders for roads, drainage, water infrastructure, effluent collection, and rack systems have been awarded and the works are at an advanced stage of completion. Utility-related tenders for the Common Effluent Treatment Plant (CETP), solvent recovery, and Treatment Storage and Disposal Facilities (TSDF) have also been awarded and execution is underway.
- (ii) Andhra Pradesh Bulk Drug Park: Infrastructure tenders for internal roads, power, water, drainage, and utility buildings have been awarded and work is progressing. Fencing along the project boundary has been completed, the external water pipeline is under installation, and approval of the power infrastructure design is under process. Land acquisition for additional land is underway, and environmental clearance for the said land was granted in January 2026.
- (iii) Himachal Pradesh Bulk Drug Park: Tenders for internal roads, drainage, bridges, and water infrastructure have been awarded and works are in progress. The tender for zero liquid discharge facilities, including CETP and steam generation and distribution systems, has been floated. Site demarcation, grading, and land levelling works are also in progress.

(d): No. At present, there is no such proposal of the Government of India to establish a Bulk Drug Park in the State of Tamil Nadu under the Scheme for Promotion of Bulk Drug Parks.

(e): While no Bulk Drug Park has been approved for Tamil Nadu under the said scheme, the Government is promoting infrastructure development and investment in the pharmaceutical sector across the country, including Tamil Nadu, through other initiatives such as Scheme for Promotion of Medical Devices Parks and Production Linked Incentive (PLI) Scheme. The details of these schemes are as under:

- (i) Scheme for Promotion of Medical Devices Parks: The Scheme for Promotion of Medical Devices Parks aims to provide easy access to world-class, common infrastructure facilities to medical device units set up in medical device parks. Under this scheme, three parks are being set up and are at an advanced stage of development in Greater Noida, Uttar Pradesh, Ujjain, Madhya Pradesh and Kanchipuram, Tamil Nadu. The total project cost of these Parks is ₹871.11 crore, with Central grant-in-aid to the tune of ₹100 crore each for creation of common infrastructure facilities, which is expected to enhance industry's competitiveness and reduce production costs through optimisation of resources and economies of scale. Civil construction for the three parks is at the final stages. As of December 2025, 199 medical devices manufacturers have

been allotted land in the three parks in a 306.64 acre area and 34 units have commenced construction of their plants.

(ii) Production Linked Incentive (PLI) Scheme:

1. PLI Scheme for promotion of domestic manufacturing of critical KSMs/DIs/APIs in India (commonly known as the PLI Scheme for Bulk Drugs): The scheme, which has a total budgetary outlay of ₹6,940 crore, aims to avoid disruption in supply of critical active pharmaceutical ingredients (APIs) used to make critical drugs for which there are no alternatives by reducing supply disruption risk due to excessive dependence on single source. The scheme provides financial incentives on the sale of 41 identified KSMs/ DIs/ APIs products manufactured through greenfield projects set up under the scheme. Under the scheme, 48 projects are approved for manufacturing of 33 bulk drugs, out of which 2 projects are approved from the State of Tamil Nadu.
2. PLI Scheme for Pharmaceuticals: The scheme, which has a total budgetary outlay of ₹15,000 crore, aims to enhance India's manufacturing capabilities by increasing investment and production in the sector and contributing to product diversification to high-value goods in the pharmaceutical sector. It incentivises production of high-value medicines such as biopharmaceuticals,

complex generic drugs, patented drugs or drugs nearing patent expiry, auto-immune drugs, anti-cancer drugs, etc. as well as production of KSMs/ DIs/ APIs other than those notified under the PLI Scheme for Bulk Drugs, thereby contributing to self-reliance. Under the scheme, 55 applicants are approved for manufacturing of pharmaceuticals and in-vitro medical devices (IVDs) manufactured through both greenfield and brownfield projects. 16 manufacturing units are situated in the State of Tamil Nadu.

3. Production Linked Incentive (PLI) scheme for promoting domestic manufacturing of Medical Devices: The scheme has a budgetary outlay of ₹3,420 crore and a five-year performance-linked incentive period from FY2022-23 to FY2026-27. Under the scheme, selected companies are eligible for financial incentive for incremental sales of domestically manufactured medical devices in the radiotherapy, imaging device, anaesthesia, cardio-respiratory and critical care and implant device segments, for a period of five years. Under the scheme, out of total 28 approved projects two have been approved in Tamil Nadu.

ISSUANCE OF BENEFICIARY CARDS UNDER AB-PMJAY**1374. SHRI GURMEET SINGH MEET HAYER:**

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

- (a) the total number of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) beneficiaries and beneficiary cards issued in the country, State-wise;
- (b) the total number of treatments authorised and financial coverage provided under the scheme, State-wise;
- (c) the major successes achieved in terms of healthcare access, utilisation and coverage; and
- (d) the key challenges observed in its implementation and the steps proposed to be taken by the Government to address them, including any plans to expand coverage or improve service delivery across the country?

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

(a) and (b): As on 31.12.2025, more than 42.78 crore Ayushman Cards have been created and a total of 11.22 crore hospital admissions amounting to Rs.1.65 lakh crore has been authorized under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). The State/UT-wise details of number of cards created and hospital admissions authorized under AB-PMJAY are given in the

enclosed **Statement**.

(c) and (d): AB-PMJAY was launched in September 2018 to provide health coverage to bottom 40% of India's population. Initially, 10.74 Crore beneficiary families under AB-PMJAY were identified from the Socio-economic Caste Census (SECC) of 2011. In January 2022, the beneficiary base was revised to 12 Crore families from earlier 10.74 crore families and flexibility is given to States to use other Aadhaar verified databases of similar socio-economic profile.

Further, in March 2024, the eligibility criteria were expanded to include approximately 37 lakh Accredited Social Health Activists, Anganwadi Workers, Anganwadi Helpers, and their families. In October 2024, the scheme was further expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status.

The empanelment of hospitals under the Scheme has increased from 6,917 hospitals in FY 2018–19, comprising 3,013 public and 3,904 private hospitals, to 33,270 hospitals as on 31.12.2025, of which 17,537 are public and 15,733 are private hospitals. Also, the Health Benefit Packages has been revised five times since the launch of the scheme. Initially, the scheme included 1,393 packages, which has now expanded to 1,961 packages across 27 medical specialties.

National Health Authority has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries. Besides, special campaigns are undertaken to increase the creation of Ayushman Cards.

STATEMENT**State/UT-wise details of number of cards created and hospital admissions authorized under AB-PMJAY**

State/UT	Ayushman Cards Created (Number in lakhs)	Hospital Admissions (Number in lakhs)
Andaman And Nicobar Islands	0.83	0.04
Andhra Pradesh	175.03	97.37
Arunachal Pradesh	3.48	0.13
Assam	176.10	19.18
Bihar	410.83	28.12
Chandigarh	2.89	0.91
Chhattisgarh	242.46	84.36
Delhi	6.80	0.20
Goa	1.00	0.25
Gujarat	269.25	78.06
Haryana	137.62	31.79
Himachal Pradesh	14.44	4.35
Jammu And Kashmir	87.65	19.37
Jharkhand	134.61	27.61
Karnataka	189.46	138.08
Kerala	85.19	76.75
Ladakh	2.03	0.33

Lakshadweep	0.36	0.02
Madhya Pradesh	444.29	70.86
Maharashtra	376.26	41.83
Manipur	7.05	3.06
Meghalaya	21.32	12.06
Mizoram	5.93	1.81
Nagaland	7.71	1.23
Odisha	342.50	10.45
Puducherry	5.53	1.68
Punjab	93.56	31.88
Rajasthan	228.58	83.08
Sikkim	0.96	0.41
Tamil Nadu	85.52	121.11
Telangana	82.78	27.33
Dadra and Nagar Haveli and Daman and Diu	4.45	1.62
Tripura	22.11	5.69
Uttar Pradesh	548.30	83.71
Uttarakhand	61.77	18.06

Data as on 31.12.2025

आयुष चिकित्सकों की भर्ती

1375. श्री धर्मेन्द्र यादव:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार को उत्तर प्रदेश में राष्ट्रीय आयुष मिशन के अंतर्गत आयुष चिकित्सकों की भर्ती में अत्यधिक विलंब और बार-बार साक्षात्कार रद्द किए जाने की जानकारी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या अन्य चिकित्सा अधिकारियों की तुलना में संविदा आधार पर कार्यरत आयुष चिकित्सकों का वेतन बहुत कम है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या केन्द्र सरकार ने इस संबंध में किए जा रहे मानसिक शोषण को रोकने के लिए हस्तक्षेप किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या इन भर्तियों में अन्य पिछड़ा वर्ग, अनुसूचित जाति और अनुसूचित जनजाति आरक्षण नियमों का उल्लंघन किया जा रहा है और क्या केन्द्र सरकार को इसके विरुद्ध कोई शिकायत प्राप्त हुई है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) क्या इस मुद्दे से उत्तर प्रदेश के ग्रामीण क्षेत्रों में चिकित्सा सेवाओं की गिरती स्थिति को ध्यान में रखते हुए इन रिक्तियों को स्थायी आधार पर समयबद्ध रूप में भरने के संबंध में केंद्र सरकार द्वारा राज्य को निर्देश दिए 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) से (ग) : आयुष मंत्रालय राज्य सरकार के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजनाओं को कार्यान्वित कर रहा है और तदनुसार, उत्तर प्रदेश में आयुष चिकित्सकों की भर्ती, वेतन संवितरण और उनकी भूमिका तथा उत्तरदायित्व निर्धारित करने की प्राथमिक जिम्मेदारी

संबंधित राज्य सरकार की है। उत्तर प्रदेश राज्य सरकार ने सूचित किया है कि एनएएम के तहत आयुष चिकित्सकों को संविदात्मक आधार पर नियुक्त किया जा रहा है और राज्य में प्रचलित बाजार दरों के अनुसार पारिश्रमिक का भुगतान किया जा रहा है और आगे यह भी बताया गया है कि साक्षात्कार में कोई विलंब या रद्दीकरण नहीं किया गया है।

राज्य सरकार ने यह भी बताया है कि वह किसी भी प्रकार के उत्पीड़न के प्रति "ज़ीरो टॉलरेंस" की नीति बनाए रखती है। राज्य सरकार द्वारा अब तक व्यवस्थित तरीके से "मानसिक शोषण" का संकेत देने वाला कोई औपचारिक साक्ष्य दर्ज नहीं किया गया है। हालाँकि, पेशेवर और अनुकूल कार्य वातावरण को बढ़ावा देने के लिए समय-समय पर जिला-स्तरीय अधिकारियों को संवेदनशील बनाया गया है। राज्य सरकार ने आगे सूचित किया है कि वे निरंतर निगरानी और मूल्यांकन के माध्यम से आयुष चिकित्सकों के लिए उचित और पारदर्शी कार्य स्थितियों को सुनिश्चित करने के लिए प्रतिबद्ध हैं।

इसके अलावा, विभिन्न मंचों के माध्यम से राज्य और राष्ट्रीय स्तर पर शिकायत निवारण तंत्र मौजूद हैं और प्राप्त अभ्यावेदनों की जांच की जाती है और निर्धारित प्रक्रियाओं के अनुसार उनका समाधान किया जाता है।

(घ): उत्तर प्रदेश में एनएएम के तहत, ओबीसी, एससी और एसटी श्रेणियों के लिए भर्ती संवैधानिक और राज्य आरक्षण नीतियों के अनुसार की जाती है। शिकायतों की जांच, यदि कोई हो, तो मामले-दर-मामले के आधार पर की जाती है और उचित कार्रवाई की जाती है।

(ङ): जन स्वास्थ्य राज्य का विषय होने के कारण, स्थायी पदों पर भर्ती उत्तर प्रदेश सहित संबंधित राज्य /संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आती है। केंद्र सरकार, एनएएम के माध्यम से, नियमित रूप से राज्यों को यह सुनिश्चित करने की सलाह देती है कि विशेष रूप से ग्रामीण क्षेत्रों में मानव संसाधनों की पर्याप्त उपलब्धता हो। राज्य सरकार ने बताया कि वे समयबद्ध तरीके से रिक्तियों को भरकर और आयुष स्वास्थ्य देखभाल बुनियादी ढांचे को मजबूत करके सेवा वितरण में सुधार के लिए

कदम उठा रहे हैं।

SAGARMALA PROJECTS

1376. SHRIMATI SATABDI ROY:

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

- (a) the total number of projects that have not been completed under Sagarmala scheme;
- (b) the total amount of funds sanctioned and utilised for the said projects; and
- (c) the detail of projects that have been delayed during the last five years/more than five years, category-wise?

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

(a) and (b): As on date, 128 projects with a total cost of ₹8,936 crore are approved for funding under Sagarmala scheme by Ministry of Ports, Shipping and Waterways. Out of these, 50 projects worth ₹3,581 crore are Under Implementation. The ministry has approved financial assistance of ₹1,532 crore for these 50 projects, against which ₹1,143 crore have been released.

(c): The details of 30 delayed projects which are Under Implementation are given in the enclosed **Statement**.

STATEMENT

The list of Under Implementation delayed projects funded under Sagarmala scheme:

Sl. No.	Project Name and State/UT	Implementing Agency	Project Pillar	Project Cost (₹. crore)
1	Development of Sea Port Terminal at Swaraj Dweep, Andaman and Nicobar	Andaman Lakshadweep Harbour Works	Coastal Shipping and IWT	48.99
2	Modernisation of Visakhapatnam Fishing Harbour, Visakhapatnam, Andhra Pradesh	Visakhapatnam Port Authority	Coastal Community Development	178.51
3	Development of international and domestic cruise terminal and allied facilities at Mormugao Ports, Goa	Mormugao Port Authority	Coastal Shipping and IWT	87.44
4	Construction of Ro-Ro / R0-Pax Facility at Muldwarka, Distt. Gir Somnath, Gujarat	Deendayal Port Authority	Coastal Shipping and IWT	90.49
5	Fishing harbour Phase-3 at Mangrol, District Junagadh, Gujarat	Commissionerate of Fisheries, GoG	Coastal Community Development	158.00
6	Skill development of workers involved in ship recycling activities at Alang, Gujarat	Gujarat Maritime Board	Coastal Community Development	30.00
7	Development of Fishing Harbour at Kulai, Karnataka	New Mangalore Port Authority	Coastal Community Development	196.51
8	Development of Hejamadi Kodi Fishing Harbour, Distt. Udupi, Karnataka	Dept. of Fisheries, Karnataka	Coastal Community Development	138.60
9	Construction of coastal	Ports and IWT,	Coastal Shipping	65.00

Sl. No.	Project Name and State/UT	Implementing Agency	Project Pillar	Project Cost (₹. crore)
	cargo berth at Old Mangaluru Port, Karnataka	Karnataka	and IWT	
10	Fisheries Harbour at Cochin port, Kerla	Cochin Port Authority	Coastal Community Development	169.17
11	Modernisation of Sassoon Dock Fishing Harbour, Maharashtra	Maharashtra Fisheries Development Corporation	Coastal Community Development	92.52
12	Development of Mallet Bunder Mazgaon Fishing Harbour, Maharashtra	Mumbai Port Authority	Coastal Community Development	96.60
13	Ro Ro Jetty at Mora, Maharashtra	Maharashtra Maritime Board	Coastal Shipping and IWT	82.92
14	Development of Ro-Ro Service at Rewas, Maharashtra	Maharashtra Maritime Board	Coastal Shipping and IWT	21.66
15	Development of Fishing Harbour, Distt. Anandwadi-Sindhudurg, Maharashtra	Maharashtra Fisheries Development Corporation	Coastal Community Development	88.44
16	Construction of Ro-Ro jetties at Manori, Maharashtra	Maharashtra Maritime Board	Coastal Shipping and IWT	6.59
17	Construction of jetty at Arnala fort Distt. Vasai Thane, Maharashtra	Maharashtra Maritime Board	Coastal Shipping and IWT	9.94
18	Upgrading and modernisation of International Cruise Terminal at BPX Indira Dock, Mumbai	Mumbai Port Authority	Coastal Shipping and IWT	363.30

Sl. No.	Project Name and State/UT	Implementing Agency	Project Pillar	Project Cost (₹. crore)
19	Passenger Jetty at Janjira Fort, Distt. Raigad, Maharashtra	Maharashtra Maritime Board	Coastal Shipping and IWT	121.23
20	Tourism Jetty at Kashid, Distt. Raigad, Maharashtra	Maharashtra Maritime Board	Coastal Shipping and IWT	99.82
21	Ropax jetty and allied facilities at Kaninali & Talchua, Odisha	Department of Ports, Government of Odisha	Coastal Shipping and IWT	136.98
22	Upgradation and modernization of Fishing Harbour at Paradip, Odisha	Paradip Port Authority	Coastal Community Development	99.75
23	Construction of fishing harbour at Chandipur, Odisha	Fisheries Department, Government of Odisha	Coastal Community Development	49.94
24	Construction of RoPax jetty at Balugaon, Distt. Khurda and Krushnaprasad Gada in Puri, Odisha	Department of Ports, Government of Odisha	Coastal Shipping and IWT	37.02
25	Upgradation of Nagapattinam Port Infrastructure for passenger ferry service from Nagapattinam (India) to Kankesanthurai (Sri Lanka), Tamil Nadu	Tamil Nadu Maritime Board	Coastal Shipping and IWT	10.47
26	Creation of Berthing facilities for tourist vessels at Agni Theertham, Tamil Nadu	Tamil Nadu Maritime Board	Coastal Shipping and IWT	7.58

Sl. No.	Project Name and State/UT	Implementing Agency	Project Pillar	Project Cost (₹. crore)
27	Creation of additional berthing facilities at Villoondi Theertham, Tamil Nadu	Tamil Nadu Maritime Board	Coastal Shipping and IWT	3.66
28	Modernisation of Chennai Fishing Harbour Project, Chennai, Tamil Nadu	Chennai Port Authority	Coastal Community Development	97.95
29	Extension of passenger berthing facility at Kanyakumari Port, Tamil Nadu	Tamil Nadu Maritime Board	Coastal Shipping and IWT	20.00
30	Setting up of Centre for Inland and Coastal Maritime Technology (CICMT) at IIT Kharagpur, West Bengal	IIT Kharagpur	Coastal Community Development	69.20

POSHAN ABHIYAAN**1377. SHRI E. T. MOHAMMED BASHEER:**

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

- (a) whether the Government is aware that funds under the POSHAN Abhiyaan remain under-utilized in several States, if so, the details thereof;
- (b) the measures taken/being taken to strengthen Anganwadi services to improve nutrition and maternal health outcomes; and
- (c) the amount of funds allocated, released and utilized, State-wise?

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

(a) to (c): 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 Poshan 2.0, two lakh Anganwadi Centres located in Government buildings @40,000 AWCs per year are strengthened as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and

Education in the 15th Finance Commission cycle. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi centres with LED screens, water filtration system, Poshan Vatika, ECCE material and BALA paintings.

Under PM JANMAN for the targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs), a total of 2,500 Anganwadi Centres (AWCs) has been sanctioned for construction across the country.

Under Dharti Abha Janjati Gram Unnat Abhiyan, to improve the socio-economic conditions of tribal communities, 875 AWCs have been sanctioned for construction across the country.

Under VVP (Vibrant Village Programme) - Phase I, focusing on Northern border areas, 101 AWCs have also been sanctioned for construction in the States and UTs concerned.

In convergence with Department of School Education and Literacy, Ministry of Education Guidelines for Co-locating Anganwadi Centres within Government Primary Schools have been jointly launched on 3rd September, 2025 to strengthen ECCE and Foundational Literacy and Numeracy (FLN) services. In places where physical co-location is not possible, AWCs are to be mapped with the nearest primary school.

Under Saksham Anganwadi and Mission Poshan 2.0, IT systems have been leveraged to strengthen and bring about transparency in nutrition delivery

support systems at the Anganwadi Centres (AWCs). 'Poshan Tracker' application was rolled out as an important governance tool under the Mission.

It facilitates monitoring and tracking of all AWCs, Anganwadi Workers (AWWs) and beneficiaries on defined indicators. The State and UT wise details of infrastructure and other facilities at Anganwadi Centre are available at the link: <https://www.poshantracker.in/statistics>.

Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, opening and closing of AWCs, daily attendance of children, growth monitoring of children, Early Childhood Care and Education (ECCE) activities, Delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery of child, post-natal care, breastfeeding and complementary feeding. Regular field level trainings/workshops are conducted directly for AWWs regarding use of the Poshan Tracker Application. Poshan Tracker also features self-learning videos for AWWs, enabling continuous capacity building and on-the-job learning through digital modules.

Further, for last mile tracking of Service Delivery, Facial Recognition System (FRS) has been developed 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.

Under Mission Poshan 2.0, there exists a well-structured mechanism for effective implementation of the scheme and their monitoring that includes utilization of funds.

Further, Ministry has also created a dedicated portal for submission of Utilization Certificate (UCs) and Statement of Expenditure (SOE), so as to ensure that all the UCs and SOEs are available at a single place for effective monitoring of funds utilization.

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.

Additionally, the Ministry also monitors the implementation of schemes including utilization of funds through meetings and VCs with the States /UTs at various levels. The State and UT wise details of amount sanctioned and released under Mission Saksham Anganwadi and Poshan 2.0 including Poshan Abhiyaan for FY 2025-26 are given in the enclosed **Statement**.

STATEMENT**STATE/ UT WISE RELEASE OF FUNDS IN FY 2025-26 UNDER MISSION SAKSHAM ANGANWADI AND POSHAN 2.0:****(Rs.in Lakhs)**

S.No	STATE /UT	Amount Sanctioned	Amount Released/ Mother Sanction issued
1.	ANDHRA PRADESH	91,071.51	54,132.36
2.	BIHAR	2,20,729.95	87,871.93
3.	CHHATTISGARH	72,679.63	42,089.44
4.	GOA	1,925.92	1,258.28
5.	GUJARAT	90,357.19	33,753.28
6.	HARYANA	41,879.58	4,335.05
7.	HIMACHAL PRADESH	39,184.58	27,081.24
8.	JAMMU AND KASHMIR	70,230.78	41,257.18
9.	JHARKHAND	73,019.94	47,392.70
10.	KARNATAKA	1,07,667.69	62,409.85
11.	KERALA	41,557.95	20,456.49
12.	MADHYA PRADESH	1,64,512.03	1,20,482.45
13.	MAHARASHTRA	1,59,662.65	1,08,859.92
14.	ODISHA	1,01,094.94	83,124.02
15.	PUNJAB	42,418.21	12,414.89
16.	RAJASTHAN	99,831.89	75,800.69
17.	TAMIL NADU	75,955.08	55,131.48
18.	TELANGANA	54,006.41	17,692.30
19.	UTTAR PRADESH	3,85,848.94	2,66,054.11
20.	UTTARAKHAND	48,332.55	23,341.93
21.	WEST BENGAL	1,90,471.76	1,27,966.94
22.	DELHI	22,697.72	15,192.92
23.	PUDUCHERRY	1,243.69	569.26
24.	ANDAMAN AND NICOBAR	1,589.71	542.12
25.	CHANDIGARH	1,575.07	756.29

26.	DNH AND DD	1,583.23	591.50
27.	LADAKH	2,355.52	1,358.99
28.	LAKSHADWEEP	279.54	57.39
29.	ARUNACHAL PRADESH	18,727.38	11,532.03
30.	ASSAM	1,97,869.31	1,06,345.71
31.	MANIPUR	30,555.95	19,729.46
32.	MEGHALAYA	23,228.92	11,516.43
33.	MIZORAM	8,113.67	5,022.98
34.	NAGALAND	24,952.28	8,888.49
35.	SIKKIM	3,903.25	1,833.46
36.	TRIPURA	23,819.72	14,140.40

EVACUATION PREPAREDNESS AMID THE IRAN CRISIS

1378. SHRI SURESH KUMAR SHETKAR:

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

- (a) whether lessons have been drawn from previous evacuations such as Operation Ganga and Operation Kaveri and if so, the reason for the absence of similar speed, clarity and scale in the Iran crises;
- (b) whether the Government has taken responsibility for anxiety caused to families of Indian nationals due to lack of transparent, real-time communication on evacuation timelines, flight details and safety protocols, if so, the details thereof;
- (c) whether the Government is considering to put the information regarding the total number of Indians evacuated so far, those still stranded and the projected timeline to bring back all remaining nationals in public domain;

- (d) whether the Government agrees that dependence on commercial airlines during an airspace closure exposed structural weaknesses in India's evacuation framework; and
- (e) whether a permanent rapid-response evacuation mechanism is being institutionalised, if so, the details thereof and if not, the reasons therefor?

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

(a) to (e): Government of India approaches each evacuation scenario based on its specific features. This has enabled it to safely evacuate Indians in the most challenging situations like ongoing armed conflicts, closure of air space, cessation of routine flights etc. Operation Ganga and Operation Kaveri stand testimony to the robustness of the drill that has been worked out for this purpose. In Iran too, 'Operation Sindhu' was successfully carried out in June 2025 to evacuate Indian nationals from conflict zones. A total of 4415 Indian nationals (3597 from Iran and 818 from Israel) were evacuated using 19 special evacuation flights (including 3 IAF C-17 aircraft) as routine flight services were not available on account of ongoing hostilities. India was one of the first countries to undertake such rapid evacuation operations despite the complexities involved. The opinion expressed in the question comparing different evacuations is not borne out by facts.

Government accords the highest priority to the safety, security and well

being of Indian nationals abroad. The Government closely monitors emerging adverse situations abroad and issues advisories, as required, to caution Indian nationals to avoid unnecessary travel, follow safety guidelines issued by the local authorities and remain in touch with Indian Missions. Various communication mechanisms are in place for Indian nationals to reach Indian Missions/Posts, including email, multilingual 24x7 emergency numbers, social media, toll-free helplines and WhatsApp numbers. In the beginning of the ongoing protest in Iran, advisories were issued on 5th January and 14th January 2026 to caution Indian nationals to avoid non-essential travel to Iran, exercise due caution, avoid areas of protests or demonstrations and closely follow Mission's website and social media handles to stay updated and connected.

At present, around 9,000 to 10,000 Indian nationals are residing in Iran, including students, workers, seafarers, etc. The Indian embassy is in continuous contact with the representatives of the Indian community. In the current scenario, Government has not yet undertaken an evacuation operation as commercial flight operations are continuing and Iranian airspace remains open. Government is continuing to monitor the situation.

With a view to swiftly responding to crisis situations faced by overseas Indian nationals, the Ministry established a dedicated wing named the 'Rapid Response Cell (RRC)' in 2021. Apart from evacuation operations, RRC has been actively involved in providing Humanitarian Assistance and Disaster Relief

(HADR) support to partner countries including provision of relief supplies, deployment of trained manpower for HADR operations and other rehabilitation efforts by following a whole-of-government approach.

RRC coordinates evacuation operations involving relevant stakeholders including local mission, IAF, Indian Navy, Ministry of Civil Aviation, etc. During evacuation, 24x7 Control Rooms are operated at headquarters and abroad to provide information and assistance to Indian nationals.

Ministry is also developing a digital emergency response solution for use during planning and execution of evacuation operations. The solution provides a platform to the stranded Indian nationals to register with basic and real-time information along with current location and seek assistance during crisis situations. The solution was utilized on pilot basis during evacuation operations in 2025.

REVIVAL OF CLOSED UREA PLANTS

1379. DR. MANNA LAL RAWAT:

SHRIMATI D. K. ARUNA:

SHRI DAMODAR AGRAWAL:

SHRI RAJKUMAR CHAHAR:

SHRI SUKANTA KUMAR PANIGRAHI:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

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

- (a) the outcome of the revival of closed urea plants and impact of the approval granted to the Namrup-IV urea project in March, 2025;
- (b) the manner in which the said revival has strengthened the domestic availability of urea, particularly in the eastern region of the country;
- (c) whether the Government has made any assessment regarding the additional capacity created and quantum reduction in imports and strengthened availability on account of revival of closed urea plants particularly in eastern States like Odisha, if so, the details thereof; and
- (d) the details of urea manufacturing plants in the State of Rajasthan at present?

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

(a) to (c): With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 4 urea units, set up through Joint Venture Companies (JVC) of nominated PSUs, have been revived under NIP-2012. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak and Rasayan Limited (HURL) in Uttar

Pradesh, Jharkhand and Bihar, respectively. 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 50.8 LMTPA.

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. Overall project progress is 70.63% till 31st December, 2025.

Recently, The Cabinet in its meeting held on 19.03.2025 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, at an estimated total project cost of Rs.10601.40 Crores with Debt Equity ratio of 70:30 through a Joint Venture (JV), under the New Investment Policy, 2012 read with its amendments on 7th October, 2014. BVFCL's 11% share is in lieu of tangible assets to be transferred to the Joint Venture company. The tentative overall time schedule for commissioning of the Project is 48 months.

A Joint Venture Company, namely, Assam Valley Fertilizer and Chemical Company Limited (AVFCCL) has been incorporated for implementation of the project.

Hon'ble Prime Minister has laid the foundation stone of Ammonia-Urea

Fertilizer Project of Assam Valley Fertilizer and Chemical Company Limited at Namrup in Dibrugarh, Assam on 21.12.2025.

The Namrup-IV Fertilizer plant has been envisaged for strengthening fertilizer security in the North-Eastern region and enhancing domestic urea self-reliance. It will add energy-efficient urea production capacity, bridge domestic demand–supply gap, utilise nearby natural gas resources, and stimulate industrial and economic development in the North Eastern Region.

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

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24. During 2024-25, 306.67 LMT of Urea was produced in the country. With regard to additional capacity created and the reduction marked in the imports as a result of the revival of closed urea plants, the production data and data related to imports of urea is as under:

S. No.	Year	Production of Urea (in LMT)	Imports of Urea (In LMT)
1.	2020-2021	246.05	98.28
2.	2021-2022	250.72	91.36
3.	2022-2023	284.94	75.80

4.	2023-2024	314.09	70.42
5.	2024-2025	306.67	56.47
6.	2025-2026(upto Dec-25)	224.53	79.97

The information regarding requirement availability, sales and closing stocks of Urea across the States including eastern region of the country during the ongoing Rabi season 2025-26 is given in the enclosed **Statement**.

(d): The details of urea manufacturing plants in the State of Rajasthan at present is as under:

S.No.	Name of the Plants	Production Capacity (in MT)
1.	SFC-Kota	379500
2.	CFCL-Gadepan-I	864600
3.	CFCL-Gadepan-II	864600
4.	CFCL-Gadepan-III	1270500

STATEMENT**STATE WISE UREA FERTILIZERS AVAILABILITY POSITION
FOR RABI 2025-26 (TILL 02/02/26)****fig. in LMT**

S.No	State	UREA				
		Requirement RABI 2025- 26	Pro rata Requirement From 01/10/25 to 02/02/26	Availability From 01/10/25 to 02/02/26	Cumulative DBT Sales From 01/10/25 to 02/02/26	Closing Stock as on 02/02/26
1	Andaman and Nicobar	0.00	0.00	0.01	0.00	0.01
2	Andhra Pradesh	9.38	6.87	8.58	7.21	1.38
3	Arunachal Pradesh	0.01	0.00	0.00	0.00	0.00
4	Assam	1.65	1.17	1.72	1.38	0.34
5	Bihar	13.50	10.93	12.48	10.86	1.61
6	Chandigarh	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	2.88	2.61	2.89	1.46	1.42
8	Dadra and Nagar	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.15	0.12	0.11	0.09	0.02

11	Goa	0.01	0.01	0.01	0.00	0.00
12	Gujarat	13.90	11.30	12.41	11.03	1.38
13	Haryana	11.60	10.06	12.02	10.38	1.64
14	Himachal Pradesh	0.33	0.29	0.51	0.32	0.19
15	Jammu and kashmir	0.68	0.28	0.70	0.34	0.36
16	Jharkhand	1.20	0.91	1.30	0.85	0.45
17	Karnataka	7.60	5.18	7.76	4.73	3.03
18	Kerala	0.62	0.51	0.55	0.41	0.15
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	23.00	22.52	24.34	22.17	2.18
21	Maharashtra	11.25	8.22	12.06	8.20	3.86
22	Manipur	0.09	0.06	0.07	0.04	0.02
23	Meghalaya	0.01	0.00	0.01	0.01	0.00
24	Mizoram	0.00	0.00	0.01	0.01	0.01
25	Nagaland	0.01	0.01	0.01	0.00	0.00
26	Odisha	1.90	1.06	2.20	0.88	1.32
27	Puducherry	0.08	0.06	0.06	0.05	0.01
28	Punjab	15.00	13.07	16.01	12.82	3.19
29	Rajasthan	15.00	13.97	17.34	15.71	1.64
30	Sikkim	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	6.50	4.97	6.05	4.77	1.29
32	Telangana	10.40	7.31	8.41	7.27	1.15

33	Tripura	0.10	0.06	0.11	0.04	0.07
34	Uttarakhand	1.01	0.74	0.99	0.84	0.15
35	Uttar Pradesh	40.00	33.36	41.40	33.95	7.45
36	West Bengal	8.20	5.85	8.83	5.73	3.10
ALL INDIA		196.06	161.50	198.95	161.55	37.43

1. **Primary Indicator of comfortable availability: Availability > Requirement**

2. **Secondary Indicator of comfortable availability: Availability > Sales**

एक राष्ट्र एक उर्वरक

1380. श्री मनोज तिवारी:

श्री दिलेश्वर कामैत:

श्री अमर शरदराव काले:

श्री लुम्बाराम चौधरी:

श्री दिलीप शङ्कीया:

डा. हेमंत विष्णु सवरा:

श्री जसवंत सिंह सुमनभाई भाभोर:

श्री मनीष जायसवाल:

श्री बिद्युत बरन महतो:

श्री मुकेशकुमार चंद्रकांत दलाल:

श्री पी. पी. चौधरी:

श्री योगेन्द्र चांदोलिया:

श्रीमती माला राज्यलक्ष्मी शाह:

डा. मन्ना लाल रावत:

श्री राहुल सिंह लोधी:

श्रीमती कमलेश जांगड़े:

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

श्री रमेश अवस्थी:

श्री प्रदीप कुमार सिंह:

श्रीमती डी. के. अरुणा:

श्री जनार्दन मिश्रा:

श्री अनिल फिरोजिया:

श्री राजकुमार चाहर:

श्री प्रवीण पटेल:

डा. संजय जायसवाल:

श्री सुकान्त कुमार पाणिग्रही:

श्री भर्तृहरि महताब:

श्री खगेन मुर्मू:

श्रीमती संजना जाटव:

श्रीमती अपराजिता सारंगी:

श्री रवीन्द्र शुक्ला उर्फ रवि किशन:

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

- (क) एक राष्ट्र एक उर्वरक (ओएनओएफ) योजना के उल्लेखनीय परिणाम क्या रहे हैं;
- (ख) विगत तीन वर्षों के दौरान महाराष्ट्र राज्य के पालघर जिले सहित देशभर में उक्त योजना के परिणामों और एकल 'भारत' ब्रांड के अंतर्गत राजसहायता प्राप्त उर्वरकों का राज्य/जिला-वार और वर्ष-वार ब्यौरा क्या है;
- (ग) उक्त योजना के माध्यम से पारदर्शिता, गुणवत्ता आश्वासन और आपूर्ति शृंखला में एकरूपता लाने के लिए क्या विशिष्ट सुधार दर्ज किए गए हैं;
- (घ) उक्त योजना के अंतर्गत उपलब्धता और वितरण कवरेज का ब्यौरा क्या है और मध्य प्रदेश, राजस्थान, छत्तीसगढ़, गुजरात, झारखंड और महाराष्ट्र सहित देशभर में उर्वरक संबंधी शिकायतों और इनके निवारण में कमी को दर्शाने वाले संकेतक क्या हैं; और
- (ङ) राजस्थान में पाली संसदीय निर्वाचन क्षेत्र सहित ओएनओएफ योजना के अंतर्गत उर्वरकों के कुल वितरण का राज्य-वार ब्यौरा क्या है?

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

- (क) से (ङ) : दिनांक 24 अगस्त, 2022 की अधिसूचना के तहत, भारत सरकार ने उर्वरक सब्सिडी स्कीम "प्रधानमंत्री भारतीय जन उर्वरक परियोजना" (पीएमबीजेपी) के तहत उर्वरकों के लिए एकल भारत ब्रांड और लोगो पेश करके एक राष्ट्र एक उर्वरक (ओएनओएफ) को लागू करने का निर्णय लिया

है। सभी उर्वरक कंपनियों, अर्थात् सार्वजनिक क्षेत्र, सहकारी और निजी क्षेत्र से पूरे देश में "भारत" ब्रांड नाम के तहत सब्सिडी वाले उर्वरक बेचने की अपेक्षा है। इस स्कीम का उद्देश्य उर्वरकों की उपलब्धता को बढ़ाना है; बाजार में मौजूद विभिन्न कंपनियों द्वारा निर्मित ब्रांडों की बहुलता से किसानों के बीच हो रही दुविधा को दूर करना है, क्रिसक्रॉस संचलन को कम करना और इसके अलावा देश भर में उर्वरकों की समय पर आपूर्ति सुनिश्चित करना है। एक ही ब्रांड "भारत" के तहत ब्रांडिंग को समेकित करके, यह स्कीम पारदर्शिता को बढ़ावा देती है, कदाचारों का निवारण करती है और फसलों के लिए आवश्यक पोषक तत्वों तक समान पहुंच सुनिश्चित करती है। उर्वरक विभाग का अधिदेश राज्य स्तर पर उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करना है। राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है। ओएनओएफ स्कीम के अंतर्गत उर्वरकों की राज्य-वार और वर्ष-वार बिक्री संलग्न **विवरण-I** में दी गई है। ओएनओएफ स्कीम के अंतर्गत महाराष्ट्र राज्य में पालघर जिले सहित उर्वरकों की जिला-वार और वर्ष-वार बिक्री संलग्न **विवरण-II** में दी गई है। ओएनओएफ स्कीम के अंतर्गत राजस्थान के पाली संसदीय निर्वाचन क्षेत्र में उर्वरकों की वर्षवार बिक्री संलग्न **विवरण-III** में दी गई है।

विवरण-I

वर्ष 2022-23 से 2024-25 के दौरान उर्वरकों की वर्ष-वार और उत्पाद-वार बिक्री

(आंकड़े एलएमटी में)

		2024-25				2023-24				2022-23			
क्र.सं.	राज्य	यूरिया	डीएपी	एमओपी	एनपीकेएस	यूरिया	डीएपी	एमओपी	एनपीकेएस	यूरिया	डीएपी	एमओपी	एनपीकेएस
1	अंडमान और निकोबार द्वीप समूह	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	15.70	4.34	1.71	15.78	14.99	4.20	1.31	14.02	15.87	4.64	1.18	13.73
3	अरुणाचल प्रदेश	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	असम	4.10	0.62	0.57	0.48	3.73	0.72	0.44	0.23	3.56	0.63	0.47	0.19
5	बिहार	25.60	5.83	1.84	6.04	23.24	6.51	1.39	4.39	21.96	5.66	1.26	4.25
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	10.07	3.83	0.76	2.34	8.99	4.34	0.60	1.30	8.38	3.14	0.56	1.06
8	दादरा और नगर	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.40	0.04	0.00	0.00	0.32	0.04	0.00	0.00	0.28	0.05	0.00	0.00
11	गोवा	0.02	0.00	0.00	0.03	0.02	0.01	0.00	0.02	0.02	0.00	0.00	0.03
12	गुजरात	24.23	5.42	0.92	8.35	24.30	6.29	0.80	6.97	24.73	6.10	0.81	5.23
13	हरियाणा	22.65	5.34	0.47	1.03	21.77	5.83	0.36	0.44	20.46	5.59	0.35	0.26
14	हिमाचल प्रदेश	0.65	0.03	0.03	0.32	0.68	0.01	0.03	0.32	0.74	0.02	0.04	0.35
15	जम्मू और कश्मीर	1.36	0.43	0.14	0.01	1.45	0.44	0.16	0.00	1.60	0.48	0.17	0.00
16	झारखंड	3.73	0.84	0.03	0.85	3.04	0.94	0.03	0.33	2.56	0.77	0.04	0.45

17	कर्नाटक	19.17	5.86	2.21	20.90	15.65	6.42	1.54	15.84	18.21	6.21	1.41	16.67
18	केरल	1.15	0.20	0.83	1.26	0.96	0.16	0.70	1.26	1.12	0.19	0.78	1.02
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	38.09	11.66	1.08	9.77	34.37	15.50	0.67	5.41	32.39	13.85	0.62	4.79
21	महाराष्ट्र	26.41	6.47	2.22	28.79	23.48	7.36	1.42	23.04	24.66	7.18	1.38	20.46
22	मणिपुर	0.14	0.02	0.02	0.01	0.25	0.01	0.02	0.00	0.31	0.04	0.04	0.03
23	मेघालय	0.04	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	मिजोरम	0.20	0.00	0.00	0.00	0.13	0.00	0.00	0.00	0.10	0.01	0.00	0.00
25	नगालैंड	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00
26	ओडिशा	6.67	2.56	0.77	3.28	5.84	2.74	0.66	2.42	5.60	1.94	0.61	2.63
27	पुदुचेरी	0.15	0.02	0.01	0.08	0.13	0.01	0.01	0.07	0.17	0.02	0.01	0.06
28	पंजाब	32.56	6.61	0.71	1.41	30.68	7.24	0.50	0.73	29.45	7.17	0.41	0.58
29	राजस्थान	26.40	6.90	0.20	2.55	25.39	9.37	0.15	1.08	25.17	8.47	0.14	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
31	तमिलनाडु	10.92	2.56	1.94	8.49	10.11	2.71	1.63	7.94	10.05	2.76	1.65	7.38
32	तेलंगाना	20.08	3.64	1.14	14.97	19.03	3.68	0.92	13.62	18.83	3.71	0.74	12.90
33	त्रिपुरा	0.17	0.02	0.04	0.03	0.14	0.03	0.02	0.02	0.19	0.02	0.02	0.02
34	उत्तराखंड	2.31	0.40	0.04	0.21	2.31	0.38	0.04	0.20	2.05	0.52	0.03	0.11
35	उत्तर प्रदेश	79.18	19.51	1.76	10.50	74.53	21.61	1.21	7.93	74.72	22.38	1.22	4.79
36	पश्चिम बंगाल	15.77	3.12	2.57	12.24	12.20	3.20	1.83	9.20	14.05	3.77	2.36	9.61
अखिल भारत		387.92	96.29	22.02	149.72	357.81	109.73	16.45	116.80	357.26	105.31	16.32	107.31

विवरण-II

2022-23 से 2024-25 के दौरान महाराष्ट्र राज्य में उर्वरक की जिला-वार और वर्ष-वार बिक्री

(आंकड़े एलएमटी में)

क्र.सं.	जिला	2024-25				2023-24				2022-23			
		यूरिया	डीएपी	एमओपी	एनपीकेएस	यूरिया	डीएपी	एमओपी	एनपीकेएस	यूरिया	डीएपी	एमओपी	एनपीकेएस
1	अहिल्यानगर (अहमदनगर)	1.67	0.28	0.11	2.11	1.65	0.35	0.05	1.60	1.61	0.38	0.04	1.52
2	अकोला	0.38	0.21	0.04	0.47	0.33	0.22	0.02	0.42	0.32	0.19	0.02	0.33
3	अमरावती	0.63	0.27	0.07	0.67	0.61	0.39	0.06	0.62	0.67	0.33	0.05	0.45
4	छ. संभाजीनगर (औरंगाबाद)	1.63	0.31	0.07	1.72	1.43	0.31	0.03	1.32	1.51	0.40	0.04	1.21
5	बीड	1.01	0.25	0.04	1.55	0.77	0.29	0.01	1.08	0.88	0.35	0.01	1.00
6	भंडारा	0.51	0.08	0.00	0.58	0.46	0.08	0.00	0.48	0.40	0.06	0.00	0.29
7	बुलढाना	0.61	0.23	0.05	1.24	0.55	0.31	0.03	1.07	0.58	0.22	0.02	0.97
8	चंद्रपुर	0.78	0.17	0.01	0.72	0.63	0.18	0.01	0.62	0.58	0.10	0.00	0.42
9	धुले	0.76	0.10	0.06	0.56	0.74	0.08	0.04	0.49	0.70	0.10	0.03	0.38
10	गडचिरोली	0.33	0.05	0.01	0.33	0.25	0.05	0.01	0.29	0.29	0.07	0.02	0.19
11	गोंदिया	0.41	0.06	0.00	0.58	0.34	0.05	0.00	0.48	0.33	0.04	0.00	0.30
12	हिंगोली	0.36	0.16	0.06	0.57	0.32	0.22	0.03	0.42	0.33	0.19	0.02	0.38
13	जलगांव	1.84	0.25	0.48	1.77	1.65	0.25	0.35	1.51	1.69	0.26	0.31	1.22

14	जलना	1.02	0.39	0.08	1.25	0.82	0.35	0.03	0.95	0.96	0.43	0.05	0.80
15	कोल्हापुर	1.02	0.23	0.21	0.93	0.98	0.22	0.17	0.90	1.00	0.31	0.18	0.75
16	लातूर	0.50	0.22	0.02	0.75	0.38	0.32	0.01	0.54	0.46	0.22	0.01	0.63
17	नागपुर	0.91	0.31	0.02	0.67	0.89	0.32	0.01	0.61	0.90	0.25	0.01	0.48
18	नांदेड़	1.04	0.40	0.10	1.15	0.93	0.50	0.06	0.97	1.09	0.51	0.09	0.84
19	नंदुरबार	0.80	0.09	0.09	0.39	0.68	0.09	0.07	0.35	0.66	0.09	0.06	0.24
20	नासिक	1.59	0.40	0.06	2.15	1.27	0.36	0.03	1.38	1.53	0.46	0.03	1.70
21	धाराशिव (उस्मानाबाद)	0.42	0.20	0.02	0.62	0.35	0.25	0.01	0.42	0.45	0.17	0.01	0.53
22	पालघर	0.16	0.01	0.001	0.06	0.16	0.01	0.001	0.06	0.13	0.01	0.001	0.05
23	परभनी	0.63	0.25	0.05	0.93	0.55	0.34	0.02	0.68	0.59	0.25	0.01	0.61
24	पुणे	1.70	0.28	0.10	1.57	1.54	0.27	0.05	1.18	1.54	0.30	0.04	1.11
25	रायगढ़	0.15	0.00	0.00	0.04	0.14	0.01	0.00	0.03	0.15	0.03	0.01	0.04
26	रत्नागिरि	0.08	0.00	0.00	0.05	0.08	0.00	0.00	0.04	0.08	0.00	0.00	0.04
27	सांगली	0.87	0.18	0.13	0.79	0.88	0.20	0.11	0.76	0.84	0.24	0.10	0.68
28	सतारा	0.78	0.14	0.07	0.73	0.73	0.19	0.04	0.58	0.80	0.20	0.04	0.58
29	सिंधुदुर्ग	0.07	0.00	0.00	0.06	0.07	0.01	0.00	0.05	0.07	0.00	0.00	0.05
30	सोलापुर	1.82	0.34	0.19	1.51	1.54	0.40	0.11	1.05	1.77	0.44	0.09	1.09
31	थाणे	0.11	0.00	0.00	0.04	0.12	0.00	0.00	0.04	0.11	0.00	0.00	0.04
32	वर्धा	0.50	0.17	0.01	0.43	0.47	0.19	0.03	0.42	0.49	0.22	0.06	0.30
33	वाशिम	0.24	0.15	0.02	0.50	0.24	0.19	0.01	0.42	0.24	0.12	0.01	0.42

34	यवत्तमाल	1.10	0.29	0.06	1.34	0.93	0.36	0.03	1.22	0.91	0.22	0.02	0.84
कुल		26.41	6.47	2.22	28.79	23.48	7.36	1.42	23.04	24.66	7.18	1.38	20.46

विवरण-III

वर्ष 2022-23 से 2024-25 के दौरान राजस्थान के पाली संसदीय निर्वाचन क्षेत्र में उर्वरक की बिक्री (आंकड़े एलएमटी में)													
क्र. सं.	राजस्थान के पाली संसदीय निर्वाचन क्षेत्र में	2024-25				2023-24				2022-23			
		यूरिया	डीएपी	एमओपी	एनपीकेएस	यूरिया	डीएपी	एमओपी	एनपीकेएस	यूरिया	डीएपी	एमओपी	एनपीकेएस
		0.50	0.20	0.01	0.04	0.43	0.25	0.00	0.02	0.45	0.24	0.00	0.01

माननीय अध्यक्ष : सभा की कार्यवाही आज 12 बजे तक के लिए स्थगित की जाती है।

11.03 hrs

The Lok Sabha then adjourned till Twelve of the Clock.

12.00 hrs

The Lok Sabha reassembled at Twelve of the Clock.

(Shri Krishna Prasad Tenneti in the Chair)

... (Interruptions)

माननीय सभापति : माननीय सदस्यगण, माननीय अध्यक्ष को कई माननीय सदस्यों के द्वारा कुछ विषयों पर स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं। माननीय अध्यक्ष ने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

... (व्यवधान)

12.0½ hrs

At this stage, Shri Imran Masood, Sushri S. Jothimani, Shri Saptagiri Sankar Ulaka and some other hon. Members came and stood on the floor near the Table.

... (Interruptions)

12.01 hrs**PAPERS LAID ON THE TABLE**

माननीय सभापति : अब पत्र सभा पटल पर रखे जाएंगे।

आईटम नंबर 2 - श्री जगत प्रकाश नड्डा।

... (व्यवधान)

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA): Sir, I rise to lay on the Table a copy each of the following papers (Hindi and English versions):-

- (1) Detailed Demands for Grants of the Ministry of Health and Family Welfare for the year 2026-2027.
- (2) Output Outcome Monitoring Framework of the Ministry of Health and Family Welfare for the year 2026-2027.

[Placed in Library, See No. LT 6201/18/26]

... (*Interruptions*)

**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):** Sir, I rise to lay on the Table:-

- (1)
 - (i) A copy of the Annual Report (Hindi and English versions) of the National Legal Services Authority, New Delhi, for the year 2024-2025 and Annual Accounts of the National Legal Aid Fund for the year 2024-2025 together with Audit Report thereon.
 - (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the National Legal Services Authority, New Delhi, for the year 2024-2025.

[Placed in Library, See No. LT 6202/18/26]

- (2)
 - (i) A copy of the Annual Report (Hindi and English versions) of the State Legal Services Authority Union Territory, Chandigarh, for the year 2024-2025 and Annual Accounts of the State Legal Aid Fund for the year 2024-2025 together with Audit Report thereon.

- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the State Legal Services Authority Union Territory, Chandigarh, for the year 2024-2025.

[Placed in Library, See No. LT 6203/18/26]

- (3) A copy of the Notaries (Amendment) Rules, 2025 (Hindi and English versions) published in Notification No. G.S.R. 763(E) published in Gazette of India dated 17th October, 2025 under sub-section (3) of the Section 15 of the Notaries Act, 1952.

[Placed in Library, See No. LT 6204/18/26]

... (*Interruptions*)

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : माननीय सभापति महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ :-

- (1) सहायताप्राप्त जननीय प्रौद्योगिकी (विनियमन) अधिनियम, 2021 की धारा 4 तथा सरोगेसी (विनियमन) अधिनियम, 2021 की धारा 17 के अंतर्गत जारी अधिसूचना संख्या का.आ.5456(अ) जो दिनांक 27 नवम्बर, 2025 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा, उसमें उल्लिखित, विशेषज्ञों की नियुक्ति को उक्त अधिनियमों के प्रयोजनों के लिए इस अधिसूचना को जारी किए जाने की तारीख से तीन वर्षों की अवधि के लिए राष्ट्रीय सहायताप्राप्त जननीय प्रौद्योगिकी एवं सरोगेसी बोर्ड के सदस्यों के रूप में अधिसूचित किया गया है, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6205/18/26]

- (3) (एक) महात्मा गांधी आयुर्विज्ञान संस्थान और कस्तूरबा अस्पताल, वर्धा के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (दो) महात्मा गांधी आयुर्विज्ञान संस्थान और कस्तूरबा अस्पताल, वर्धा के वर्ष 2024-2025 के वार्षिक लेखाओं की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा उन पर लेखापरीक्षा प्रतिवेदन।
- (तीन) महात्मा गांधी आयुर्विज्ञान संस्थान और कस्तूरबा अस्पताल, वर्धा के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (4) उपर्युक्त (3) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6206/18/26]

- (5) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (6) उपर्युक्त (5) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6207/18/26]

- (7) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलागिरी के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलागिरी के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (8) उपर्युक्त (7) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6208/18/26]

- (9) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।
- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (10) उपर्युक्त (9) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6209/18/26]

- (11) (एक) क्षेत्रीय आयुर्विज्ञान संस्थान, इम्फाल के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।
- (दो) क्षेत्रीय आयुर्विज्ञान संस्थान, इम्फाल के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (12) उपर्युक्त (11) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6210/18/26]

- (13) (एक) अखिल भारतीय वाक श्रवण संस्थान, मैसूरु के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।
- (दो) अखिल भारतीय वाक श्रवण संस्थान, मैसूरु के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

- (14) उपर्युक्त (13) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6211/18/26]

- (15) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (16) उपर्युक्त (15) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6212/18/26]

- (17) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, बिलासपुर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, बिलासपुर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (18) उपर्युक्त (17) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6213/18/26]

- (19) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, बठिंडा के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, बठिंडा के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (20) उपर्युक्त (19) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6214/18/26]

- (21) (एक) राष्ट्रीय मानसिक स्वास्थ्य और तंत्रिका विज्ञान संस्थान, बेंगलुरु के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) राष्ट्रीय मानसिक स्वास्थ्य और तंत्रिका विज्ञान संस्थान, बेंगलुरु के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (22) उपर्युक्त (21) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6215/18/26]

- (23) (एक) पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं आयुर्विज्ञान संस्थान, शिलांग के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं आयुर्विज्ञान संस्थान, शिलांग के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (24) उपर्युक्त (23) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6216/18/26]

- (25) (एक) राष्ट्रीय स्वास्थ्य प्रणाली संसाधन केंद्र, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (दो) राष्ट्रीय स्वास्थ्य प्रणाली संसाधन केंद्र, नई दिल्ली के वर्ष 2024-2025 के वार्षिक लेखाओं की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा उन पर लेखापरीक्षा प्रतिवेदन।
- (तीन) वर्ष 2024-2025 के लिए राष्ट्रीय स्वास्थ्य प्रणाली संसाधन केंद्र, नई दिल्ली के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (26) उपर्युक्त (25) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6217/18/26]

- (27) (एक) लोकप्रिय गोपीनाथ बोरदोलोई क्षेत्रीय मानसिक स्वास्थ्य संस्थान, तेजपुर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) लोकप्रिय गोपीनाथ बोरदोलोई क्षेत्रीय मानसिक स्वास्थ्य संस्थान, तेजपुर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (28) उपर्युक्त (27) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6218/18/26]

- (29) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

संस्करण)।

- (30) उपर्युक्त (29) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6219/18/26]

- (31) कंपनी अधिनियम, 2013 की धारा 394 की उप-धारा 1(ख) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) :-

- (क) (एक) गोवा एंटीबायोटिक्स एंड फार्मास्युटिकल्स लिमिटेड, गोवा के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा।
- (दो) गोवा एंटीबायोटिक्स एंड फार्मास्युटिकल्स लिमिटेड, गोवा का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियाँ।

[Placed in Library, See No. LT 6220/18/26]

- (ख) (एक) एचएलएल लाइफकेयर लिमिटेड, तिरुवनंतपुरम के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा।
- (दो) एचएलएल लाइफकेयर लिमिटेड, तिरुवनंतपुरम का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियाँ।

[Placed in Library, See No. LT 6221/18/26]

- (ग) (एक) एचएलएल इंफ्रा टेक सर्विसेज, लिमिटेड (एचआईटीईएस), नोएडा के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा।
- (दो) एचएलएल इंफ्रा टेक सर्विसेज लिमिटेड (एचआईटीईएस), नोएडा का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियाँ।

- (32) उपर्युक्त (31) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाले तीन विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6222/18/26]

- (33) मानव अंग और ऊतक प्रत्यारोपण अधिनियम, 1994 की धारा 24 की उप-धारा (3) के अंतर्गत मानव अंग और ऊतक प्रत्यारोपण (संशोधन) नियम, 2025 जो दिनांक 6 नवम्बर, 2025 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.821(अ) में प्रकाशित हुए थे, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (34) उपर्युक्त (33) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6223/18/26]

- (35) खाद्य सुरक्षा और मानक अधिनियम, 2006 की धारा 93 के अंतर्गत निम्नलिखित अधिसूचनाओं की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-

(एक) खाद्य सुरक्षा और मानक (आयात) पहला संशोधन विनियम, 2025 जो दिनांक 28 अक्तूबर, 2025 के भारत के राजपत्र में अधिसूचना संख्या एफ. सं. क्यूए/11023/31/2022-क्यूए-एफएसएसएआई (1) में प्रकाशित हुए थे।

(दो) खाद्य सुरक्षा और मानक (लेबलिंग और डिस्प्ले) पहला संशोधन विनियम, 2025 जो दिनांक 12 अगस्त, 2025 के भारत के राजपत्र में अधिसूचना संख्या एफ. सं. एसएस-टी017/1/2023-मानक-एफएसएसएआई में प्रकाशित हुए थे।

- (36) उपर्युक्त (35) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाले दो विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6224/18/26]

- (37) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर के वर्ष 2024-2025 के

वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (38) उपर्युक्त (37) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6225/18/26]

- (39) (एक) राष्ट्रीय सोवा रिग्पा संस्थान, लेह, लद्दाख संघ राज्यक्षेत्र के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) राष्ट्रीय सोवा रिग्पा संस्थान, लेह, लद्दाख संघ राज्यक्षेत्र के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (40) उपर्युक्त (39) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6226/18/26]

- (41) (एक) केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- 42) उपर्युक्त (41) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6227/18/26]

- (43) (एक) सेंट्रल मेडिकल सर्विसेज सोसाइटी, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) सेंट्रल मेडिकल सर्विसेज सोसाइटी, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (44) उपर्युक्त (43) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6228/18/26]

- (45) (एक) भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (46) उपर्युक्त (45) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलंब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6229/18/26]

... (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): Sir, I rise to lay on the

Table:-

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the National Institute of Biologicals, Noida, 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 National Institute of Biologicals, Noida, for the year 2024-2025.

[Placed in Library, See No. LT 6230/18/26]

- (2) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Pharmacopoeia Commission, Ghaziabad, 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 Indian Pharmacopoeia Commission, Ghaziabad, for the year 2024-2025.

- (3) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (2) above.

[Placed in Library, See No. LT 6231/18/26]

- (4) (i) A copy of the Annual Report (Hindi and English versions) of the National Institute of Pharmaceutical Education and Research, Hajipur, for the year 2024-2025, alongwith

Audited Accounts.

- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the National Institute of Pharmaceutical Education and Research, Hajipur, for the year 2024-2025.
- (5) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (4) above.

[Placed in Library, See No. LT 6232/18/26]

- (6) (i) A copy of the Annual Report (Hindi and English versions) of the Institute of Pesticide Formulation Technology, Gurugram, for the year 2024-2025, alongwith Audited Accounts.
- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the Institute of Pesticide Formulation Technology, Gurugram, for the year 2024-2025.

[Placed in Library, See No. LT 6233/18/26]

- (7) (i) A copy of the Annual Report (Hindi and English versions) of the National Institute of Pharmaceutical Education and Research, Raebareli, 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 National Institute of Pharmaceutical Education and Research, Raebareli, for the year 2024-2025.

- (8) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (7) above.

[Placed in Library, See No. LT 6234/18/26]

- (9) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-

- (i) Statement regarding Review by the Government of the working of the Madras Fertilizer Limited, Chennai, for the year 2024-2025.
- (ii) Annual Report of the Madras Fertilizer Limited, Chennai, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 6235/18/26]

- (10) A copy each of the following Annual Reports (Hindi and English versions) for the year 2024-2025 alongwith Audited Accounts in respect of the following centres:-

- (i) Population Research Centre (Department of Statistics, Maharaja Sayajirao University of Baroda), Vadodara.

[Placed in Library, See No. LT 6236/18/26]

- (ii) Population Research Centre (Centre for Research in Rural and Industrial Development), Chandigarh.

[Placed in Library, See No. LT 6237/18/26]

- (iii) Population Research Centre (Panjab University), Chandigarh.
[Placed in Library, See No. LT 6238/18/26]
- (iv) Population Research Centre (JSS Institute of Economic Research), Dharwad.
[Placed in Library, See No. LT 6239/18/26]
- (v) Population Research Centre (Department of Statistics, Patna University), Patna.
[Placed in Library, See No. LT 6240/18/26]
- (vi) Population Research Centre (Gokhale Institute of Politics and Economics), Pune.
[Placed in Library, See No. LT 6241/18/26]
- (vii) Population Research Centre (Department of General and Applied Geography, Dr. Harisingh Gour Vishwavidyalaya), Sagar.
[Placed in Library, See No. LT 6242/18/26]
- (viii) Population Research Centre (Himachal Pradesh University), Shimla.
[Placed in Library, See No. LT 6243/18/26]
- (ix) Population Research Centre, (Department of Economics, University of Lucknow), Lucknow.
[Placed in Library, See No. LT 6244/18/26]

- (x) Population Research Centre (University of Kashmir),
Srinagar.

[Placed in Library, See No. LT 6245/18/26]

- (xi) Population Research Centre (Mohanlal Sukhadia University),
Udaipur.

[Placed in Library, See No. LT 6246/18/26]

- (xii) Population Research Centre (University of Kerala),
Thiruvananthapuram.

[Placed in Library, See No. LT 6247/18/26]

- (xiii) Population Research Centre (Department of Statistics,
Gauhati University), Guwahati.

[Placed in Library, See No. LT 6248/18/26]

- (xiv) Population Research Centre (Andhra University),
Visakhapatnam.

[Placed in Library, See No. LT 6249/18/26]

- (xv) Population Research Centre (The Gandhigram Institute of
Rural Health and Family Welfare Trust), Gandhigram,
Dindigul.

[Placed in Library, See No. LT 6250/18/26]

- (xvi) Population Research Centre (Institute of Economic Growth),
Delhi.

[Placed in Library, See No. LT 6251/18/26]

- (xvii) Population Research Centre (Institute for Social and

Economic Change), Bengaluru.

[Placed in Library, See No. LT 6252/18/26]

(xviii) Population Research Centre (Utkal University),
Bhubaneswar.

(11) Eighteen statements (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (10) above.

[Placed in Library, See No. LT 6253/18/26]

(12) (i) A copy of the Annual Report (Hindi and English versions) of the International Institute for Population Sciences, Mumbai, 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 International Institute for Population Sciences, Mumbai, for the year 2024-2025.

(13) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (12) above.

[Placed in Library, See No. LT 6254/18/26]

... (*Interruptions*)

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH): Sir, I rise to lay on the Table a copy of the Notification No. S.O.6119(E) (Hindi and English versions) published in Gazette of India dated 31st December, 2025 directing that the power to issue passports to persons who are not citizens of India

under Section 20 of the Passports Act, 1967, in respect of persons of Indian origin residing in the Republic of the Union of Myanmar and holding Foreigners Registration Certification issued by the Government of the Republic of the Union of Myanmar, may be exercised by the Embassy of India, Yangon, subject to the condition that passports in such cases may be granted by the said Embassy for a period of five years at a time and endorsed for the Republic of the Union of Myanmar only, issued under Section 21 of the Passports Act, 1967.

[Placed in Library, See No. LT 6255/18/26]

... (*Interruptions*)

THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND

WATERWAYS (SHRI SHANTANU THAKUR): Sir, I rise to lay on the Table:-

- (1) A copy of the Detailed Demands for Grants (Hindi and English versions) of the Ministry of Ports, Shipping and Waterways for the year 2026-2027.
- (2)
 - (i) A copy of the Annual Report (Hindi and English versions) of the Seamen's Provident Fund Organization (Navik Bhavishya Nidhi), Mumbai, 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 Seamen's Provident Fund Organization (Navik Bhavishya Nidhi), Mumbai, for the year 2024-2025.

- (3) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (2) above.

[Placed in Library, See No. LT 6256/18/26]

... (*Interruptions*)

**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):** Sir, on behalf of Shri Sanjay Seth, I rise to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions):-
- (i) Detailed Demands for Grants of the Ministry of Defence for the year 2026-2027.
 - (ii) Defence Services Estimates for the year 2026-2027.

[Placed in Library, See No. LT 6257/18/26]

- (2) (i) A copy of the Annual Report (Hindi and English versions) of the Centre for Joint Warfare Studies, 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 Centre for Joint Warfare Studies, New Delhi, for the year 2024-2025.
- (3) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (2) above.

[Placed in Library, See No. LT 6258/18/26]

... (Interruptions)

12.03 hrs

STATEMENTS BY MINISTERS

(i) Status of implementation of recommendations contained in the 365th Report of the Standing Committee on Education, Women, Children, Youth and Sports on 'Demands for Grants 2025-26' pertaining to the Ministry of Women and Child Development*

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी) : सभापति महोदय, मैं महिला और बाल विकास मंत्रालय से संबंधित 'अनुदानों की मांगों 2025-26' के बारे में शिक्षा, महिला, बाल, युवा और खेल संबंधी स्थायी समिति के 365वें प्रतिवेदन में अंतर्विष्ट सिफारिशों के कार्यान्वयन की स्थिति के बारे में वक्तव्य सभा पटल पर रखती हूँ।

... (व्यवधान)

12.03½ hrs

(ii) Status of implementation of the recommendations contained in the 149th and 161st Reports of the Standing Committee on Health and Family Welfare on the 'Implementation of Pradhan Mantri TB Mukh Bharat Abhiyan' pertaining to the Ministry of Health and Family Welfare*

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE;

AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS

(SHRIMATI ANUPRIYA PATEL): Sir, I rise to lay a statement regarding the status of implementation of the recommendations contained in the 149th and 161st Reports of the Standing Committee on Health and Family Welfare on the 'Implementation of Pradhan Mantri TB Mukh Bharat Abhiyan' pertaining to the Ministry of Health and Family Welfare.

* Laid on the Table and also placed in Library, See No. LT 6199/18/26 and 6200/18/26 respectively.

... (*Interruptions*)

12.04 hrs

MATTERS UNDER RULE 377*

माननीय सभापति : माननीय सदस्यगण, आज जिन सदस्यों को नियम 377 के अधीन मामलों को उठाने की अनुमति प्रदान की गई है, मैं उन सदस्यों से अनुरोध करता हूँ कि वे अनुमोदित पाठ को व्यक्तिगत रूप से सभा पटल पर प्रस्तुत कर दें।

... (व्यवधान)

**(i) Need to develop an international standard airport in Mandi
Parliamentary Constituency, Himachal Pradesh**

SUSHRI KANGNA RANAUT (MANDI): I would like to draw the attention of the Government to the urgent need for developing and operationalising an international-standard airport in Mandi Constituency of Himachal Pradesh. At present, the State lacks an airport capable of facilitating regular operations of bigger planes. The existing airports available in the State facilitates only narrow-bodied turbofan aircraft, which significantly limits passenger capacity, connectivity, and tourism growth. Himachal Pradesh is globally known for its scenic beauty, religious destinations, adventure tourism, and cultural heritage. Tourism is a major driver of the State's economy and livelihood generation. However, limited air connectivity acts as a serious bottleneck in unlocking its full tourism and investment potential. Many tourists, both domestic and international, face long and difficult road journeys due to the absence of a

* Treated as laid on the Table.

suitable airport for larger commercial aircraft. Mandi Constituency, owing to its central location within the State, offers strategic geographic suitability for such infrastructure. An international-level airport in this region could serve as a gateway for multiple districts, improving accessibility and regional balance in development.

(ii) Need to abolish the imposition of penalty on BH series vehicles for non-adherence to tax-payment schedule

श्री दामोदर अग्रवाल (भीलवाड़ा) : वर्तमान में देश में वाहनों की BH सीरीज नंबर रजिस्ट्रेशन व्यवस्था चल रही है जिसमें द्वि-वार्षिक रोड़ टैक्स भुगतान व्यवस्था है जिसके कारण वाहन मालिकों को बहुत समस्या का सामना करना पड़ रहा है क्योंकि BH नंबर सीरीज की गाड़ियों का केवल 2 वर्ष का पंजीकरण करके रोड़ टैक्स लिया जाता है, यदि कोई वाहन मालिक किसी कारण, समय पर रजिस्ट्रेशन का नवीनीकरण न करा पाए तो उसको प्रतिदिन 100 रुपए की दर से जुर्माना भरना पड़ता है, जोकि दुपहिया वाहन मालिकों के लिए बहुत ही ज्यादा है । इस व्यवस्था के कारण व्यक्तिगत एवं सरकारी संसाधनों का भी अधिक उपभोग होता है । अतः सरकार से मेरी मांग है कि वो वाहनों की BH सीरीज नंबर रजिस्ट्रेशन हेतु द्वि-वार्षिक रोड़ टैक्स भुगतान व्यवस्था समाप्त करने तथा नवीनीकरण में देरी होने के कारण प्रतिदिन 100 रुपए की दर से लगने वाला जुर्माना हटाने के दिशा-निर्देश देने की कृपा करें ।

(iii) Need to establish a new PM SHRI Kendriya Vidyalaya in southern part of Kanpur City in Uttar Pradesh

श्री रमेश अवस्थी (कानपुर) : मैं सरकार का ध्यान उत्तर प्रदेश के प्रमुख औद्योगिक नगर कानपुर महानगर की एक गंभीर शैक्षिक समस्या की ओर आकर्षित करना चाहता हूँ । कानपुर महानगर की जनसंख्या 50 लाख से अधिक है और यह नगर दो प्रशासनिक भागों — कानपुर उत्तर और कानपुर दक्षिण — में विभाजित है । जहाँ उत्तर क्षेत्र में पूर्व से ही केंद्रीय विद्यालय स्थापित है, वहीं

दक्षिण क्षेत्र, जिसकी जनसंख्या लगभग 25 लाख है, जहां एक भी केंद्रीय विद्यालय नहीं है। उत्तर क्षेत्र में स्थित केंद्रीय विद्यालय की दूरी दक्षिण क्षेत्र से लगभग 20 किलोमीटर है। इस कारण दक्षिण क्षेत्र के विद्यार्थियों को आवागमन में अत्यधिक कठिनाइयों का सामना करना पड़ता है, जिससे उनकी शिक्षा पर प्रतिकूल प्रभाव पड़ रहा है। अनेक अभिभावक अपने बच्चों को इस दूरी के कारण केंद्रीय विद्यालय में प्रवेश दिलाने में असमर्थ हैं। दक्षिण क्षेत्र की तेजी से बढ़ती जनसंख्या और शिक्षा के प्रति बढ़ती आकांक्षाओं को देखते हुए वहाँ नवीन पीएम श्री केंद्रीय विद्यालय की स्थापना आज समय की आवश्यकता बन चुकी है।

(iv) Need to sanction projects under PMFME scheme, Mega Food Park, Agro-Processing Clusters, Cold Chains Subsidy scheme and schemes under APEDA in Hoshangabad Parliamentary Constituency, Madhya Pradesh

श्री दर्शन सिंह चौधरी (होशंगाबाद) : मैं सरकार का ध्यान मध्यप्रदेश के होशंगाबाद-नरसिंहपुर लोकसभा क्षेत्र की ओर आकर्षित करना चाहता हूँ, जहाँ कृषि एवं बागवानी उत्पादन की प्रचुर संभावनाओं के बावजूद फूड प्रोसेसिंग यूनिट्स, कोल्ड स्टोरेज अवसंरचना और निर्यात-उन्मुख मार्केट लिंकज का अभाव है। यह क्षेत्र मूंग, गेहूँ, धान, दालें, फल एवं सब्जियों के उत्पादन में अग्रणी है, किंतु कोल्ड चेन, वेयरहाउसिंग और प्रोसेसिंग सुविधाओं के अभाव में किसानों को भारी पोस्ट-हार्वेस्ट नुकसान उठाना पड़ता है और उन्हें उनकी उपज का उचित मूल्य नहीं मिल पाता। यदि इस क्षेत्र में फूड प्रोसेसिंग क्लस्टर, आधुनिक कोल्ड स्टोरेज, प्राथमिक प्रसंस्करण इकाइयाँ तथा APEDA/निर्यात-संबद्ध मार्केट लिंकज विकसित किए जाएँ, तो इससे किसानों की आय में वृद्धि, कृषि उत्पादों की वैल्यू एडिशन, युवाओं एवं महिलाओं के लिए स्थानीय रोजगार, तथा क्षेत्र के उत्पादों को राष्ट्रीय एवं अन्तर्राष्ट्रीय बाजारों तक पहुँच सुनिश्चित की जा सकती है। अतः सरकार से अनुरोध है कि वह PMFME योजना, मेगा फूड पार्क/एग्रो-प्रोसेसिंग क्लस्टर, कोल्ड चेन सब्सिडी तथा APEDA सहयोग के अंतर्गत होशंगाबाद-नरसिंहपुर क्षेत्र के लिए विशेष परियोजनाओं/पायलट क्लस्टर को शीघ्र स्वीकृति प्रदान करने की कृपा करे।

(v) Need for comprehensive and integrated planning to develop Kalinga Nagar, Vyasaganar, Jajpur Road and Panikoili together as a planned city in Jajpur district, Odisha

DR. RABINDRA NARAYAN BEHERA (JAJPUR): Kalinga Nagar is the steel capital of India. There are around 10 steel plants and ancillary industries in this locality. Adjacent Sukinda area is having 95 percentage of chrome ores of India and further iron and manganese ores are available in this locality. National Highway and State Road from state Capital Bhubaneswar to Keonjhar District Hq passes through this town. Bhubaneswar-Keonjhar passenger and goods train line passes through this town with Jakhapura as passenger halt. Adjacent town Vyasaganar a municipality situated at 5 KM distance is having rail station connecting Chennai and Howrah, with Software Technological Park of India. Vyasaganar is having the seat of Maharshi Vyasadeba and connecting to Mahabharata times. Panikoili is also a small town with connectivity of Chennai-Kolkata National Highway having District Police HQ. Vyasaganar is an upcoming city with various Government offices, Judicial Court etc. It is, therefore, proposed to Hon'ble Minister of Housing and Urban Affairs to take necessary steps for converting Kalinga Nagar, Vyasaganar, Jajpur Road and Panikoili a big and planned city which could be the next urbanization platform for the Jajpur District which is having Buddhist Heritage points like Ratnagiri, Udaigiri and Shakti Pitha Maa Biraja Khetra, Baitarani Tirtha and Navi Gaya Khetra.

(vi) Need to establish a 100-bedded ESIC hospital in Jalgaon Parliamentary Constituency, Maharashtra

श्रीमती स्मिता उदय वाघ (जळगांव) : मैं अपने संसदीय क्षेत्र जळगांव में 100-बेड वाले ESIC अस्पताल की स्थापना की लंबे समय से लंबित मांग को पुनः उठाना चाहती हूँ। यह विषय मैं पूर्व में भी सरकार के संज्ञान में लायी हूँ और आज एक बार फिर अपने क्षेत्र की जनता की ओर से इसे प्राथमिकता के साथ प्रस्तुत कर रही हूँ। जळगांव उत्तर महाराष्ट्र का एक प्रमुख औद्योगिक जिला है, जहाँ टेक्सटाइल, प्लास्टिक, इंजीनियरिंग तथा फूड प्रोसेसिंग जैसे क्षेत्रों में कार्यरत 3 लाख से अधिक श्रमिक ESIC के अंतर्गत पंजीकृत हैं। इन श्रमिकों और उनके परिवारों को सुलभ एवं गुणवत्तापूर्ण स्वास्थ्य सुविधाएँ उपलब्ध कराना आवश्यक है। वर्तमान में निकटतम ESIC अस्पताल छत्रपति संभाजीनगर में स्थित है, जिससे उपचार हेतु लंबी दूरी तय करनी पड़ती है। मैं माननीय प्रधानमंत्री श्री नरेंद्र मोदी जी एवं केंद्र सरकार का आभार व्यक्त करती हूँ, जिनके नेतृत्व में देशभर में ESIC सेवाओं का विस्तार हुआ है। अब जळगांव के श्रमिकों को भी इस सुविधा का लाभ मिलना चाहिए। इस परियोजना हेतु MIDC द्वारा 5.36 एकड़ भूमि रियायती उपलब्ध कराई गई है।

(vii) Need to expedite auction and operationalisation of pending mineral blocks in Bolangir, Odisha

SHRIMATI SANGEETA KUMARI SINGH DEO (BOLANGIR): I would like to invite the attention of the Hon'ble Minister of Mines to the persistent delay in auction and operationalisation of mineral blocks in the Bolangir district of Odisha. This district is endowed with valuable mineral resources, including manganese and graphite, yet several identified blocks have remained unauctioned or non-operational for an unduly long period. The delay in mineral block auctions has resulted in substantial loss of revenue to both the State and

the Central Governments in the form of royalties, auction premiums, and contributions to the District Mineral Foundation (DMF). More importantly, it has severely affected employment generation and ancillary economic activities in a region that continues to face industrial backwardness, limited livelihood opportunities and mass migration of labours. Despite policy reforms and the introduction of transparent e-auction mechanisms under the Mines and Minerals (Development and Regulation) Act, procedural bottlenecks, delays in statutory clearances, and lack of coordinated action have hindered timely monetisation of mineral resources in these districts. I urge the Government to take urgent steps to expedite the auction and early operationalisation of pending mineral blocks in Balangir, with fixed timelines, so as to prevent further revenue loss and ensure inclusive regional development through sustainable employment creation.

(viii) Need to conduct a survey to find genuine beggars and bring a policy to address the problems being faced by them in the country

SHRIMATI KAMALJEET SEHRAWAT (WEST DELHI): I would like to bring the attention of the Government towards an urgent matter regarding the increasing number of beggars across cities, religious places, and public spaces. Begging is a social and humanitarian issue, not merely a law-and-order problem. Many beggars are elderly, women, children, persons with disabilities, and migrants, often pushed into this situation due to poverty and lack of livelihood. It is the right time to devise a comprehensive National Policy to cater this social problem in an effective manner. Organised begging rackets

continue to exploit the vulnerable and more and more individuals are pushed to this menace. Proper identification of antecedents of the beggars must also be carried out and rehabilitation must be ensured for safety and security purpose. I urge the Government to formulate a humane, rehabilitation-based national policy, conduct a nationwide survey, protect children from begging, and strengthen schemes focused on skill development, shelters, and dignified employment.

(ix) Need to take comprehensive measures to control adulteration in the Pharmaceutical Sector

SHRI NAVEEN JINDAL (KURUKSHETRA): I would like to draw the attention of the Government to a matter of critical national priority, especially concerning our Prime Minister's commitment to ensuring comprehensive healthcare safety for every citizen. We have recently witnessed tragic incidents of children's deaths caused by contaminated cough syrups, where unscrupulous elements knowingly substituted pharmaceutical-grade solvents with cheap, industrial poisons like Diethylene Glycol (DEG). This criminal malpractice exploited systemic weaknesses in our regulatory ecosystem. While the Union Government has initiated timely reform by notifying stringent revised GMP (Good Manufacturing Practices) standards, the implementation gap remains at the State level. State regulators critically lack accredited testing infrastructure, adequate numbers of qualified inspectors, and unified digital tracking systems for high-risk raw materials. I urge the Union Government to launch an immediate, coordinated, and time-bound national regulatory initiative based on

the principle of 'One Nation, One Standard'. The consolidated demand is to ensure the mandatory, digitally-enabled tracking of all high-risk solvents and the immediate provision of Central technical and financial assistance to upgrade state testing laboratories and inspection cadre to uniformly enforce the revised GMP standards across the country.

(x) Need to develop an IT hub along Meerut-Prayagraj Expressway

श्री अरुण गोविल (मेरठ) : मेरठ में 'डिजिटल इंडिया विजन'; के अंतर्गत 5 सितंबर 2017 को वेदव्यासपुरी में 'सॉफ्टवेयर टेक्नोलॉजी पार्क्स ऑफ इंडिया' (STPI) केंद्र की आधारशिला रखी गई थी। लगभग 15 करोड़ रुपये की लागत से निर्मित इस IT पार्क का उद्घाटन 28 दिसंबर 2021 को किया गया था। वर्तमान में 25,000 वर्ग फुट में फैले इस केंद्र में 133 सीटों की क्षमता है और 10 आईटी कंपनियां कार्यरत हैं। मेरठ और आसपास के जनपदों के लगभग 10,000 युवा वर्तमान में बेंगलुरु, हैदराबाद और पुणे जैसे सुदूर शहरों में IT क्षेत्र में कार्यरत हैं। मेरठ की भौगोलिक स्थिति और दिल्ली-मेरठ एक्सप्रेसवे जैसी बेहतर कनेक्टिविटी के बावजूद, वर्तमान IT पार्क की क्षमता स्थानीय प्रतिभा को रोकने और वैश्विक कंपनियों को आकर्षित करने के लिए अपर्याप्त सिद्ध हो रही है। अतः सरकार से अनुरोध है कि मेरठ-प्रयागराज एक्सप्रेसवे के समीप प्रस्तावित औद्योगिक क्षेत्रों में लगभग 250 हेक्टेयर भूमि पर एक वृहद IT HUB विकसित करने की योजना बनाई जाए। इससे न केवल निर्यात और रोजगार को बढ़ावा मिलेगा, बल्कि पश्चिमी उत्तर प्रदेश को IT के वैश्विक मानचित्र पर स्थापित करने में मदद मिलेगी। मंत्रालय इस विषय में ठोस नीतिगत पहल करने का कष्ट करें।

(xi) Need to expedite completion of all pending Projects under Jal Jeevan Mission in Tripura East Parliamentary Constituency

SHRIMATI KRITI DEVI DEBBARMAN (TRIPURA EAST): I would like to draw the attention of the Government to certain serious discrepancies in the

implementation of works under the Jal Jeevan Mission in my Parliamentary Constituency, Tripura East. The constituency comprises predominantly hilly and remote areas and continues to face acute water scarcity. While the Jal Jeevan Mission is of critical importance for the people of this region, instances of improper implementation and misreporting by certain executing agencies have been observed, which are adversely affecting the intended outcomes of the scheme. Further, the maintenance of completed water supply projects has emerged as a major concern. In several cases, this is attributable to negligence on the part of the implementing agencies, and in some instances, to the difficult geographical terrain of the region. As a result, many projects remain non-functional or partially functional, causing hardship to the local population. I therefore request the Hon'ble Minister of Jal Shakti to conduct a detailed review of the status of Jal Jeevan Mission works in Tripura East, ensure time-bound completion of all pending projects, and take appropriate action against agencies found responsible for negligence or misreporting, so that the people of the region may receive assured and sustainable drinking water supply.

(xii) Need to establish a Government Medical college and Hospital in Chatra district, Jharkhand

श्री काली चरण सिंह (चतरा) : सरकार का ध्यान एक अति महत्वपूर्ण विषय की ओर आकर्षित करना चाहता हूँ। चतरा, झारखंड, एक पिछड़ा एवं नक्सल प्रभावित क्षेत्र है, जहां स्वास्थ्य सेवाओं की स्थिति अत्यंत दयनीय है। इस क्षेत्र के नागरिकों को प्राथमिक एवं विशेष स्वास्थ्य सुविधाओं के लिए रांची, हजारीबाग, या अन्य दूरस्थ शहरों पर निर्भर रहना पड़ता है, जिससे गरीब एवं ग्रामीण

जनसंख्या को अत्यधिक कठिनाइयों का सामना करना पड़ता है। झारखंड सरकार द्वारा कई जिलों में मेडिकल कॉलेजों की स्थापना की गई है, किंतु चतरा अब तक इस सुविधा से वंचित है। यदि यहां एक सरकारी मेडिकल कॉलेज एवं अस्पताल की स्थापना की जाती है, तो इससे न केवल स्वास्थ्य सेवाओं में सुधार होगा, बल्कि स्थानीय युवाओं को चिकित्सा क्षेत्र में शिक्षा एवं रोजगार के अवसर भी प्राप्त होंगे। इसलिए, मैं सरकार से मांग करता हूँ कि चतरा जिले में शीघ्रातिशीघ्र एक सरकारी मेडिकल कॉलेज एवं अस्पताल की स्थापना हेतु आवश्यक कदम उठाए जाएं, जिससे इस क्षेत्र की जनता को उत्तम स्वास्थ्य सुविधाएं एवं युवाओं को उज्ज्वल भविष्य मिल सके।

(xiii) Need to issue fresh DPR and expedite completion of Jalalgarh-Kishanganj New Rail Line Project in Seemanchal region of Bihar

DR. MOHAMMAD JAWED (KISHANGANJ): I would like to draw the attention of the Government to the continued neglect and prolonged delay in reviving the Jalalgarh–Kishanganj New Rail Line Project in the Seemanchal region, a project of critical strategic and economic significance. The 50-km broad-gauge line, sanctioned in 2008–09, was abruptly kept in abeyance in September 2019 on grounds of “unviability”. For six years, the people of Seemanchal have been waiting for justice. When I raised this issue under Rule 377 on 27.03.2025, the Hon’ble Minister of State for Railways informed, through his July 2025 letter, that a fresh DPR was being prepared. However, six months have passed without any visible progress on the ground. Despite an allocation of ₹170.8 crore in the Railway Budget 2025–26, neither land acquisition nor survey work has meaningfully begun. This rail line is not merely a connectivity project, it is a strategic lifeline for the Siliguri Corridor, offering the shortest and most reliable link to the North-East, easing load on the Katihar route, strengthening defence

logistics, and unlocking economic potential for agriculture, tea, and cross-border trade. I therefore urge to complete the fresh DPR within 30 days; grant final sanction before 31 March 2026; ensure full utilisation of the allocated ₹170.8 crore.

(xiv) Need to grant Geographical Indication (GI) tag to various traditional and iconic food items of Odisha

SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT): Need for GI Tag Recognition for Odisha's Iconic Culinary & Tribal Heritage. Odisha's rich culinary and tribal traditions continue to shine, yet several iconic products still await the protection and pride of a GI tag. Chhenagaja, a timeless Odia sweet, handcrafted with precision for generations, its unique texture and taste deserve formal recognition. Dahibara Alloodum, Cuttack's legendary street delicacy, a cultural emotion for Odias, requiring GI protection to preserve its authenticity. Sara Papudi, a traditional sweet with deep roots in rural Odisha and GI status will safeguard its unique preparation technique. Sarsatia, a rare tribal delicacy made using forest produce and its GI tagging will protect this fragile culinary heritage. Chhena Jhilli, the pride of Nimapada and its signature melt-in-mouth flavour must be preserved against imitation. Pakhala Bhata, the soul food of Odisha and symbol of our identity deserves GI recognition to secure its cultural ownership and purity. Koraput Coffee which is grown organically by tribal farmers in the Eastern Ghats, now globally acclaimed and GI status will ensure fair income and stronger branding. These treasures are more than foods as those are the legacy of communities, artisans and tribal farmers. GI recognition

will protect authenticity, boost livelihoods and enhance Odisha's national cultural standing. I urge the Government to initiate a time-bound GI facilitation process and support local producer groups and tribal cooperatives. Odisha's flavours and heritage must get the recognition they deserve.

(xv) Need to set up horticulture-based Food Processing Unit in Weir Assembly Segment in Bharatpur Parliamentary Constituency, Rajasthan

श्रीमती संजना जाटव (भरतपुर) : मैं खाद्य प्रसंस्करण उद्योग मंत्री का ध्यान मेरे संसदीय निर्वाचन भरतपुर (राजस्थान) अंतर्गत वैर विधान सभा क्षेत्र से संबंधित एक महत्वपूर्ण, कृषि-आधारित मामले की ओर आकर्षित करना चाहती हूँ- संसदीय क्षेत्र भरतपुर की वैर विधानसभा कृषि प्रधान है और यहाँ की जलवायु व मिट्टी बागवानी फसलों जैसे अमरूद, नींबू, या सब्जियां, के लिए अत्यंत उपयुक्त है। स्थानीय किसान बड़ी मात्रा में इन फसलों का उत्पादन करते हैं। उचित प्रसंस्करण सुविधाओं और स्थानीय बाजार के अभाव में किसानों को उनकी उपज का उचित मूल्य नहीं मिल पाता है। फसल खराब होने का जोखिम बना रहता है, जिससे किसानों को आर्थिक नुकसान उठाना पड़ता है। यदि वैर क्षेत्र में एक सरकारी या निजी क्षेत्र की फूड प्रोसेसिंग यूनिट स्थापित की जाती है, तो इससे स्थानीय स्तर पर बागवानी को जबरदस्त बढ़ावा मिलेगा। यह यूनिट किसानों की आय को दोगुना करने में मदद करेगी, फसल की बर्बादी रोकेगी और क्षेत्र में प्रत्यक्ष व अप्रत्यक्ष रोजगार के नए अवसर पैदा करेगी। अतः मेरा केंद्र सरकार के खाद्य प्रसंस्करण उद्योग मंत्रालय से पुरजोर अनुरोध है कि वे इस गंभीर मामले पर तत्काल संज्ञान लें और वैर विधानसभा क्षेत्र में बागवानी आधारित फूड प्रोसेसिंग यूनिट स्थापित करने हेतु अविलंब आवश्यक कदम उठाएँ, ताकि किसानों का हित सुनिश्चित हो सके।

(xvi) Need for construction of a rail over bridge at the level crossing near Lakkidi Railway Station under Palakkad division, Kerala

SHRI V. K. SREEKANDAN (PALAKKAD): It has been a long pending

demand for construction of a rail over bridge at the level crossing adjacent to Lakkidi Railway Station under Palakkad Division. This level crossing or gate comes in between Thrissur and Palakkad districts and it is a busiest route having enormous vehicular movement day and night. People living on both sides of this level crossing have to approach hospitals in Thrissur and Ottapalam for urgent medical assistance. However, the railway gate remains closed most of the time as more than 100 trains of both goods and passengers pass through this railway level crossing, resulting in heavy traffic jams on both sides of the gate and it is a regular phenomenon there. The people have no other option to avoid this level crossing and they have to pass through this gate irrespective of the difficulties they foresee every day. Sometimes we witness a row of ambulances carrying patients and corpses waiting for the gate to open. The issue was brought to the notice of all concerned from time to time since last several years. It is requested that an ROB at level crossing adjacent to Lakkidi Railway Station be constructed urgently.

(xvii) Need to construct embankment along the Ramganga River in Uttar Pradesh to prevent annual flood in the region

श्रीमती रुचि वीरा (मुरादाबाद) : मैं सरकार का ध्यान जनपद मुरादाबाद के ग्राम मुस्तफापुर से गुरु जंभेश्वर राय विश्वविद्यालय तक रामगंगा नदी के तटवर्ती क्षेत्र की ओर आकर्षित कराना चाहती हूँ। उपर्युक्त क्षेत्र में रामगंगा नदी पर उपयुक्त तटबंध न होने के कारण प्रत्येक वर्ष वर्षा ऋतु के दौरान नदी में जलस्तर बढ़ जाने से आसपास के अनेक गांवों में बाढ़ की गंभीर स्थिति उत्पन्न हो जाती है। बाढ़ के कारण किसानों की फसलें पूर्णतः नष्ट हो जाती हैं, आवासीय क्षेत्र जलमग्न हो जाते हैं तथा आमजन को भारी कठिनाइयों का सामना करना पड़ता है। इससे न केवल जनधन की भारी

हानि होती है, बल्कि क्षेत्र की सामाजिक आर्थिक स्थिति भी प्रतिकूल रूप से प्रभावित होती है।

(xviii) Need to expedite establishment of proposed Sports Hub in Cooch Behar, West Bengal

SHRI JAGADISH CHANDRA BARMA BASUNIA (COOCHBEHAR): The Cooch Behar Sports Hub was envisioned as a world class facility for budding sports players, especially in North Bengal. As a National Centre of Excellence under the Sports Authority of India, it was expected to provide top class coaching facilities across 12 sports disciplines. The Bhumi Puja for this project was performed on 15 January, 2023 at New Cooch Behar, in the presence of the Honourable Minister of Youth Affairs and Sports. Close to three years down the line, there has been no significant progress on the sports hub. The reply by the Honourable Minister in the Rajya Sabha during the last session reveals that the Sports Authority of India has sanctioned Rs. 29 crores for this sports hub. Despite these funds, action is yet to be taken. The Cooch Behar Sports Hub holds immense potential for the promotion of sports activities in the region and is key to identifying new talented sports players. Hence, I urge the Government to provide an update on the construction of the Sports Hub and expedite the process on an urgent Basis.

(xix) Need to declare 15th January observed as Pongal festival across the country, a gazetted holiday

DR. GANAPATHY RAJKUMAR P. (COIMBATORE): Pongal is a harvest festival celebrated by Tamils every year on January, 15. This festival is dedicated to the Hindu god Surya and nature. This festival is also celebrated in

all countries where Tamils live, including South India, Sri Lanka, Malaysia, Singapore, European countries, North America, South Africa, and Mauritius. Further, a significant Tamil minority in neighbouring states like Karnataka, Kerala, Puducherry, Andhra Pradesh, Maharashtra, Delhi, Andaman and Nicobar also celebrate Pongal every year. Tamil population in India is concentrated in Tamil Nadu (official language, over 72 million speakers as of recent data) and significant minorities in neighbouring states like Karnataka (33% population), Kerala (30% population). Puducherry (88%. Population) Andhra Pradesh (35% population) and Maharashtra (37 lakhs) and in Delhi hosts a significant Tamil population, estimated around 7,00,000 in the mid-2000s. With smaller populations elsewhere, reflecting migration patterns and historical links, the total World Tamil population is about 13.578 Crores. In Tamil Nadu, this festival being celebrated for 03 days starting from January 14, 15 and 16 every year with state government gazetted holidays. In view of the above, I urge upon the Union govt. to declare 15 January every year as a gazetted holiday to all the Union Government's and Union Territories Offices/Establishments across the country for Pongal festival so as to enable all Tamil people across the country to celebrate this Pongal festival with family happily and peacefully.

**(xx) Need to establish a dedicated Trauma Care Facility Centre in
Amalapuram Parliamentary Constituency, Andhra Pradesh**

SHRI G. M. HARISH BALAYOGI (AMALAPURAM): Amalapuram Parliamentary Constituency is facing a growing burden of road accidents and

preventable fatalities, yet it lacks a dedicated trauma care facility. In 2024, the constituency reported 418 accidents that caused 144 deaths, while in 2025 there were 351 accidents but fatalities rose to 196, reflecting a 37 percent increase. This disturbing trend indicates serious gaps in timely emergency and trauma care. A large proportion of these accidents occur on NH-216, a high-speed corridor passing through the constituency that has emerged as a hotspot for serious and fatal crashes. Despite this escalating public safety challenge, Amalapuram currently depends only on Area Hospitals and Community Health Centres, none of which are equipped or staffed to manage trauma, polytrauma, or high-acuity emergency cases. The nearest trauma care facility is located nearly 60 kilometres away, resulting in critical loss of the golden hour for accident victims and significantly reducing survival chances. This infrastructure gap is directly contributing to avoidable deaths and long-term disabilities. I, therefore, urge the Government to sanction and establish a dedicated Trauma Care Facility in Amalapuram Parliamentary Constituency and to upgrade the Amalapuram Area Hospital into a Level-II or Level-III trauma centre with advanced equipment, trained specialists, and round-the-clock emergency response services.

(xxi) Need to develop District Hospitals in Purnia, Kishanganj, Araria and Katihar districts in Bihar as Referral Centers and to establish a Super specialty Hospital in Purnia

श्री राजेश रंजन (पूर्णिया) : बिहार के सीमांचल क्षेत्र -पूर्णिया, किशनगंज, अररिया एवं कटिहार की गंभीर स्वास्थ्य संकट की स्थिति की ओर सरकार का ध्यान आकृष्ट करना चाहता हूँ। अधिकांश

ज़िला अस्पतालों में विशेषज्ञ चिकित्सकों, प्रशिक्षित नर्सों, पैरामेडिकल स्टाफ, ICU-NICU, आधुनिक उपकरणों एवं पर्याप्त बेड की भारी कमी है, जिससे मामूली बीमारियों से लेकर आपातकालीन परिस्थितियों तक में रोगियों को पटना अथवा अन्य महानगरों पर निर्भर रहना पड़ता है । वहीं क्षेत्र के निजी अस्पतालों व डॉक्टरों की मनमानी अनेक शिकायतें मिली हैं कि गलत उपचार व लापरवाही से मरीज की मृत्यु के बाद भी परिजनों से जबरन शुल्क वसूला जाता है और शव तक को बंधक बना लिया जाता है । अनावश्यक जांचें तथा अवास्तविक पैकेज थोपकर खुलेआम आर्थिक शोषण कर रहे हैं । यह अमानवीय व असंवेदनशील व्यवहार चिकित्सा-धर्म और चिकित्सकीय आचार-संहिता दोनों का उल्लंघन है । अतः मेरा आग्रह है कि सीमांचल के जिला अस्पतालों को क्षेत्रीय रेफरल केंद्रों के रूप में विकसित करने हेतु विशेष योजना लाई जाए; निजी अस्पतालों व मेडिकल कॉलेजों में CCTV कैमरा उच्च स्तरीय जाँच कर पारदर्शी शुल्क-नियंत्रण जवाबदेही तंत्र लागू किया जाए; तथा पूर्णिया में केन्द्रीय स्तर का सुपर-स्पेशलिटी मेडिकल संस्थान स्थापित किया जाए, जिससे की जनता को सस्ती, गुणवत्तापूर्ण और मानवीय स्वास्थ्य सेवाएँ सुलभ हो सकें ।

...(व्यवधान)

माननीय सभापति : आज बजट पर चर्चा है । आप अपने सारे विषय उस समय उठा सकते हैं ।

...(व्यवधान)

माननीय सभापति : कृपया, आप सदन की कार्यवाही चलने दें । आज प्राइवेट मैम्बर्स बिजनेस भी होगा ।

...(व्यवधान)

माननीय सभापति : आप सभी अपनी-अपनी जगह पर बैठ जाइए । हमें आगे की कार्यवाही चलानी है ।

...(व्यवधान)

माननीय सभापति : आप सभी अपनी-अपनी जगह पर बैठ जाइए ।

...(व्यवधान)

माननीय सभापति : क्या आप बोलना नहीं चाहते हैं?

...(व्यवधान)

माननीय सभापति : क्या आप बोलने के लिए मौका नहीं चाहते हैं?

...(व्यवधान)

माननीय सभापति : हम आपको बोलने के लिए मौका देना चाहते हैं ।

...(व्यवधान)

माननीय सभापति : क्या आप नहीं चाहते हैं कि कार्यवाही आगे चले?

...(व्यवधान)

HON. CHAIRPERSON: Do you not want the House to run its business?

... (Interruptions)

HON. CHAIRPERSON: I am requesting you once again.

... (Interruptions)

HON. CHAIRPERSON: You are not supposed to exhibit these posters. This is against the rules.

... (Interruptions)

माननीय सभापति : यह नियम के विरुद्ध है ।

...(व्यवधान)

माननीय सभापति : आप ऐसे प्ले कार्ड्स लाकर यहां नहीं दिखा सकते हैं ।

...(व्यवधान)

माननीय सभापति : मैं कई बार आपको बता चुका हूँ ।

...(व्यवधान)

HON. CHAIRPERSON: You cannot bring the exhibits. Kindly put down the exhibits.

... (*Interruptions*)

HON. CHAIRPERSON: Let the House run. Please put down the exhibits.

... (*Interruptions*)

HON. CHAIRPERSON: Go back to your seats. I am again requesting you.

... (*Interruptions*)

माननीय सभापति : क्या आप नहीं चाहते हैं कि हाउस चले? Do you not want the House to proceed? Do you not want the business of the House to proceed peacefully?

... (*Interruptions*)

माननीय सभापति : अगर आप ऐसे ही करना चाहते हैं तो हाउस कैसे चलेगा?

...(व्यवधान)

माननीय सभापति : ऐसे हाउस नहीं चलेगा । I cannot run the House like this. I am requesting you once again.

... (*Interruptions*)

HON. CHAIRPERSON: Please go back to your seats. Put down your placards. Do not show them.

...(Interruptions)

HON. CHAIRPERSON: This is not correct.

...(व्यवधान)

माननीय सभापति : अगर आप ऐसा करेंगे तो मेरे लिए हाउस चलाना मुश्किल होगा ।

...(व्यवधान)

माननीय सभापति : सभा की कार्यवाही सोमवार दिनांक 09 फरवरी, 2026 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

12.07 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
on Monday, February 9, 2026/Magha 20, 1947 (Saka).*

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7	Dr. Anand Kumar	1179
8	Dr. Bachhav Shobha Dinesh	1282, 1226
9	Dr. Bhola Singh	1185
10	Dr. Byreddy Shabari	1213, 1220
11	Dr. C M Ramesh	1206
12	Dr. D Ravi Kumar	1335
13	Dr. D. Purandeswari	1256, 1234
14	Dr. Ganapathy Rajkumar P	1294
15	Dr. Hemant Vishnu Savara	1380, 1155, 1221, 1166
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20	Dr. M K Vishnu Prasad	1192
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23	Dr. Nishikant Dubey	1262
24	Dr. Prabha Mallikarjun	1247
25	Dr. Rabindra Narayan Behera	1284
26	Dr. Rajesh Mishra	1167, 1221, 1185
27	Dr. Rajkumar Sangwan	1224
28	Dr. Sambit Patra	1313

29	Dr. Sanjay Jaiswal	1186, 1166, 1380
30	Dr. Sharmila Sarkar	1220
31	Dr. Shashi Tharoor	1315
32	Dr. Shivaji Bandappa Kalge	1210, 1163
33	Dr. Shrikant Eknath Shinde	1160
34	Dr. T Sumathy Alias Thamizhachi Thangapandian	1289
35	Dr. Vinod Kumar Bind	1221, 1185
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37	Md. Rakibul Hussain	1299
38	Mr Pathan Yusuf	1165
39	Mrs Ruchi Vira	1251
40	Ms Iqra Choudhary	1304
41	Ms Kangna Ranaut	1227
42	Ms. Mahua Moitra	1159
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80	Shri Bastipati Nagaraju	1300
81	Shri Benny Behanan	1368
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