Eighteenth Series, Vol. XVI No. 5

Friday, July 24, 2026
Sravana 2, 1948 (Saka)

LOK SABHA DEBATES

(Original Version)

Eighth Session

(Eighteenth Lok Sabha)

सत्यमेव जयते

(Vol. XVI contains Nos. 1 to 10)

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No. 5, Friday, July 24, 2026/ Sravana 2, 1948 (Saka)

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LOK SABHA DEBATES

LOK SABHA

Friday, July 24, 2026/ Sravana 2, 1948 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

REFERENCE BY THE SPEAKER

27th Anniversary of Kargil Vijay Diwas

माननीय अध्यक्ष: माननीय सदस्यगण, जैसा कि आप जानते हैं, हम कारगिल विजय दिवस 26 तारीख को मनाते हैं, लेकिन मैं 26 तारीख को अवकाश होने के कारण कारगिल विजय दिवस का मेंशन आज कर रहा हूं।

माननीय सदस्यगण, राष्ट्र 26 जुलाई, 2026 को भारतीय सशस्त्र बलों के अदम्य साहस और पराक्रम के सम्मान में कारगिल विजय दिवस की 27वीं वर्षगांठ मनाएगा। यह दिन हमारे भारतीय सशस्त्र बलों के अदम्य साहस, अप्रतिम शौर्य और सर्वोच्च बलिदान का प्रतीक है। यह सभा भारतीय सशस्त्र बलों के उन वीर जवानों को श्रद्धापूर्वक नमन करती है जिन्होंने अत्यधिक दुर्गम पर्वतीय क्षेत्रों, विषम परिस्थितियों, प्रतिकूल मौसम की परवाह न करते हुए अद्वितीय वीरता और अटूट संकल्प का परिचय दिया और अपना सर्वोच्च बलिदान देकर देश की अखंडता और संप्रुभता की रक्षा की।

सम्पूर्ण राष्ट्र और मातृभूमि की रक्षा में अपना सर्वोच्च न्यौछावर करने वाले अमर शहीदों का सदैव ऋणी रहेगा। यह सदन उन वीर शहीदों के परिजनों के प्रति अपनी गहरी संवेदना, सम्मान और कृतज्ञता व्यक्त करता है।

अब सदन कारगिल के अमर शहीदों की पवित्र स्मृतियों में मौन रहेगा।

11.02 hrs

The Members then stood in silence for a short while.

माननीय अध्यक्ष: ओम् शांति: शांति: शांति:।

———————

… (व्यवधान)

माननीय अध्यक्ष: प्रश्न काल।

… (व्यवधान)

11.03 hrs

At this stage, Shri Shafi Parambil, Shri A. Raja, Sushri Mahua Moitra and some other hon. Members came and stood on the floor near the Table.

… (*Interruptions*)

माननीय अध्यक्ष: मैंने पूर्व में भी व्यवस्था दी थी कि प्रश्न काल सबसे महत्वपूर्ण समय होता है। हमारे माननीय सदस्यगण सरकार से सवाल पूछते हैं, जवाबदेही तय करते हैं और अपने क्षेत्र की अपेक्षाओं, आकांक्षाओं, चुनौतियों और कठिनाइयों को सदन में प्रश्न काल के माध्यम से उठाते हैं।

… (व्यवधान)

माननीय अध्यक्ष: मेरा आपसे आग्रह है कि आप प्रश्न काल में सहयोग करें। आप जिस विषय पर चर्चा करना चाहते हैं, नियमों के तहत उस विषय पर चर्चा की अनुमति दी जाएगी। यह मैंने कल भी कहा था और मैं पुन: आप लोगों से आग्रह करता हूं।

… (व्यवधान)

माननीय अध्यक्ष: मेरा आप लोगों से आग्रह है कि सदन को चलाने में सहयोग करें और सदन में गतिरोध पैदा न करें। सदन संवाद, चर्चा, सहमति, असहमति, चिंताओं और मुद्दों को उठाने के लिए है।

… (व्यवधान)

माननीय अध्यक्ष: मेरा आप सबसे आग्रह है कि आप सहयोग करें।

… (व्यवधान)

माननीय अध्यक्ष: क्या आप सदन नहीं चलाना चाहते?

… (व्यवधान)

WRITTEN ANSWERS TO QUESTIONS

(i) Starred Question Nos. 81 to 100*

विदेश में भारतीय श्रमिकों के हितों की रक्षा करना

***81. श्री बृजेन्द्र सिंह ओला**:

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

(क) क्या विदेश में रोजगार के लिए भेजे गए कई भारतीय श्रमिक/कामगार उन कामों, जिनके लिए उन्हें मूल रूप से भेजा गया था, से इतर अन्य कार्यों में लगे हुए हैं जिसके कारण उनके श्रम अधिकारों का उल्लंघन होता है;

(ख) यदि हां, तो क्या कोई ऐसा विशिष्ट कानूनी उपबंध है जो किसी व्यक्ति को उस विशिष्ट कार्य, जिसके लिए उन्हें विदेश भेजा गया था, के अलावा उसकी पूर्व और लिखित सहमति के बिना किसी अन्य कार्य में नियुक्त किए जाने से निषिद्ध करता है तथा उक्त मानदंड का उल्लंघन करने वाले नियोक्ता और भर्ती एजेंट के विरुद्ध कड़ी दंडात्मक कार्रवाई सुनिश्चित करता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का विचार विदेश में कार्यरत प्रत्येक भारतीय श्रमिक/कामगार का संबंधित देश में स्थित भारतीय दूतावास/उच्चायोग में अनिवार्य पंजीकरण सुनिश्चित करने का है ताकि नियोक्ताओं की विश्वसनीयता सुनिश्चित की जा सके और आपातकालीन स्थिति में उन्हें तत्काल सहायता प्रदान की जा सके; और

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

विदेश मंत्री (डॉ. सुब्रह्मण्यम जयशंकर):

(क) से (घ): ऐसी कुछ घटनाओं की जानकारी मिली है, जिनमें भारतीय श्रमिकों/कामगारों ने उस कार्य के अलावा, जिसके लिए उन्हें मूल रूप से भेजा गया था, के स्थान पर अन्य कार्य में नियुक्त

* Due to continuous interruptions in the House, Starred questions could not be taken up for oral answers. Therefore, these Starred questions are treated as Unstarred questions.

किए जाने की शिकायत की है। वर्ष 2021-2026 के दौरान, ई-माइग्रेट पोर्टल पर मूल रूप से दिए गए प्रस्ताव से इतर अन्य नौकरियाँ दिए जाने की 131 शिकायतें दर्ज की गईं। इनमें से 157 शिकायतों का समाधान किया गया, जिनमें वे शिकायतें भी शामिल हैं जो पिछले वर्षों के दौरान दर्ज की गई थीं। इस अवधि के दौरान, उत्प्रवासन अधिनियम, 1983 के प्रावधानों के उल्लंघन के लिए, इसके प्रावधानों के अनुसार 09 भर्ती एजेंटों के पंजीकरण प्रमाण पत्र निलंबित कर दिए गए हैं। साथ ही, इसी अवधि के दौरान, भारतीय मिशनों/केन्द्रों से प्राप्त इनपुट के आधार पर, 58 विदेशी नियोक्ताओं (एफई) को पूर्व अनुमोदन श्रेणी के तहत रखा गया है, जिससे उन्हें पूर्व मंजूरी के बिना भारतीय कामगारों की मांग करने से प्रतिबंधित कर दिया गया। ब्यौरा **विवरण-I** में दिया गया है।

भारत सरकार विदेशों में भारतीय कामगारों की सुरक्षा, हिफाजत, संरक्षण और कल्याण को सर्वोच्च प्राथमिकता देती है। ईसीआर देशों में विदेशी रोजगार के लिए उत्प्रवासन जांच अपेक्षित (ईसीआर) पासपोर्ट धारक भारतीय कमागारों का उत्प्रवास, उत्प्रवासन अधिनियम, 1983 और उसके तहत निर्मित नियमों के प्रावधानों के अनुसार विनियमित होता है। यह अधिनियम अधिदेश करता है कि विदेशी नियोक्ता उत्प्रवासी महासंरक्षक (पीजीई) द्वारा जारी परमिट के आधार पर या भारत में पंजीकृत भर्ती एजेंटों (आरए) के माध्यम से भारतीय कामगारों की भर्ती करें। यह अधिनियम यह भी अधिदेश करता है कि ईसीआर पासपोर्ट धारक उत्प्रवासी कामगार, चाहे वे आरए के माध्यम से भर्ती किए गए हों या सीधे विदेशी नियोक्ताओं द्वारा भर्ती किए गए हों को, ईसीआर देशों में रोजगार के लिए जाने से पहले उत्प्रवासी संरक्षक (पीओई) से उत्प्रवास अनापत्ति प्राप्त करनी चाहिए। वर्तमान में उत्प्रवासी कामगारों को पीओई अनापत्ति, ई-माइग्रेट पोर्टल (https://emigrate.gov.in) के माध्यम से सुकर बनाई गई है, जिस पर भारतीय कामगारों की मांग करने से पहले विदेशी नियोक्ताओं को पंजीकरण कराना आवश्यक होता है। उत्प्रवासन अनापत्ति की प्रक्रिया के दौरान, ई-माइग्रेट पर जमा किए गए दस्तावेजों से एफई की प्रमाणिकता की पुष्टि की जाती है। उत्प्रवासन अनापत्ति प्रदान करने के लिए एक अनिवार्य आवश्यकता के रूप में एफई, उत्प्रवासी कामगार और आरए के बीच एक रोजगार विवरण पर हस्ताक्षर किए जाने चाहिए।

सीधी भर्ती के मामले में, रोजगार विवरण पर एफई और उत्प्रवासी कामगारों के बीच हस्ताक्षर किए जाते हैं।

भारतीय प्रवासी महिलाओं की सुरक्षा और कल्याण के लिए विशेष प्रावधान किए गए हैं। रोजगार की प्रकृति/श्रेणी को नजरंदाज किए बिना, नर्सों को छोड़कर, ईसीआर पासपोर्ट धारक और ईसीआर देशों में उत्प्रवास करने वाली सभी महिला कामगारों के लिए न्यूनतम 30 वर्ष की आयु अनिवार्य निर्धारित की गई है। भर्ती केवल राज्य द्वारा संचालित आरए या सीधे एफई द्वारा की जा सकती है। महिला प्रवासियों को नियुक्त करने वाले विदेशी नियोक्ता को विदेशों में संबंधित भारतीय मिशन/केन्द्र के पास 2,500/- अमेरिकी ड़ॉलर की वित्तीय गारंटी जमा करना आवश्यक है। कामगार और नियोक्ता के बीच विवरण को भारतीय मिशन द्वारा विधिवत सत्यापित किया जाना चाहिए। उत्प्रवासन अनापत्ति प्राप्त करने के लिए, उत्प्रवासी कामगारों को प्रवासी भारतीय बीमा योजना (पीबीबीवाई) के तहत अनिवार्य बीमा पॉलिसी प्राप्त करना भी आवश्यक है।

उत्प्रवासन नियम, 1983 का नियम 10 यह प्रावधान करता है कि भर्ती एजेंट (आरए) यह सुनिश्चित करेगा कि नियोक्ता रोजगार विवरण के नियमों और शर्तों का पालन करेगा तथा आरए नियोक्ता और उत्प्रवासी कामगारों के बीच विवादों के सौहार्दपूर्ण समाधान की सुविधा भी प्रदान करेगा। रोजगार विवरण के उल्लंघन की स्थिति में नौकरी बदलने के मामलों को पीड़ित कामगार से ऐसी शिकायत प्राप्त होने पर पीजीई द्वारा आरए और एफई, दोनों के साथ उठाया जाता है। ऐसी शिकायतें प्राप्त होने पर, आरए को एफई के साथ शिकायतों के समाधान के लिए आवश्यक कार्रवाई करने को कहा जाता है और संबंधित भारतीय मिशन/केन्द्र को भी अवगत कराया जाता है कि वे शिकायतों के समाधान के लिए एफई तथा संबंधित स्थानीय अधिकारियों के साथ मामला उठाएं। आरए के विरुद्ध की जा सकने वाली कार्रवाइयों में उत्प्रवासन अधिनियम, 1983 की धारा 14 के अनुसार उनके पंजीकरण प्रमाण पत्र का निलंबन/रद्दीकरण, तथा उत्प्रवास नियम, 1983 के नियम 23 के अनुसार भारत सरकार को सौंपी गई वित्तीय गारंटी को भुनाना शामिल है। जो एफई रोजगार अनुबंधों का उल्लंघन करते पाए जाते हैं, उन्हें 'पूर्व अनुमोदन श्रेणी' में रखा जाता है। महिला

श्रमिकों की सीधी भर्ती में शामिल एफई से संबंधित शिकायतों के मामले में, संबंधित मिशन/केन्द्र उनके पास जमा की गई वित्तीय गारंटी को भी जब्त कर सकते हैं।

विदेशों में कार्यरत भारतीय कामगारों की शिकायतों का निवारण करने के लिए, उन्हें सहायता के लिए भारतीय मिशनों/केन्द्रों से संपर्क करने में सक्षम बनाने हेतु स्थापित चैनल मौजूद हैं। वे सीधे जाकर, ईमेल, बहुभाषी 24x7 आपातकालीन नंबर, व्हाट्सएप नंबर, मदद /सीपीग्राम/ई-माइग्रेट जैसे शिकायत निवारण पोर्टल और सोशल मीडिया के माध्यम से मिशनों/केन्द्रों से संपर्क कर सकते हैं। भारतीय कामगारों को मार्गदर्शन और परामर्श प्रदान करने के लिए नई दिल्ली, दुबई, जेद्दा, कुआलालंपुर, लंदन और रियाद सहित प्रमुख स्थानों पर 'प्रवासी भारतीय सहायता केंद्र' स्थापित किए गए हैं। भारतीय मिशन/केन्द्र कोंसली सेवाएं प्रदान करने और किसी भी शिकायत का निवारण करने के लिए नियमित रूप से विभिन्न शहरों में 'ओपन हाउस' और 'कोंसली कैंप' आयोजित करते हैं। अधिकांश खाड़ी देशों में भारतीय मिशनों/केन्द्रों में समर्पित लेबर विंग मौजूद हैं जो सक्रिय रूप से संबंधित एफई के साथ उत्प्रवासी कामगारों की शिकायतें उठाते हैं, पीड़ित कामगार के कार्यस्थल का निरीक्षण करते हैं तथा आवश्यकता पड़ने पर स्थानीय श्रमिक विभाग और अन्य मेजबान देश के अधिकारियों के साथ भी मामला उठाते हैं।

भारतीय उत्प्रवासी कामगारों के हितों की रक्षा के लिए, भारत सरकार की बीमा योजना अर्थात 'प्रवासी भारतीय बीमा योजना' (पीबीबीवाई) सभी भारतीय उत्प्रवासी कामगारों के लिए उपलब्ध है। ईसीआर देशों में जाने वाले सभी ईसीआर श्रेणी के कामगारों के लिए पीबीबीवाई अनिवार्य है। यह योजना कार्यस्थल पर दुर्घटना के कारण आकस्मिक मृत्यु या स्थायी विकलांगता के मामले में 10 लाख रुपये का बीमा कवर और दो साल की वैधता के लिए 275/- रुपये या तीन साल की वैधता के लिए 375/- रुपये के मामूली बीमा प्रीमियम पर अन्य लाभ प्रदान करती है। वर्ष 2006 से मार्च 2026 तक 87,10,423 पॉलिसियां जारी की गई हैं।

सरकार ने सुरक्षित और वैध प्रवासन को बढ़ावा देने के साथ-साथ भारतीय कामगारों के कल्याण और उनकी सुरक्षा सुनिश्चित करने तथा भारतीय कामगारों सहित विदेशों में भारतीयों के

शोषण को रोकने के प्रयोजन से, साझेदार देशों के साथ प्रवासन और आवाजाही साझेदारी समझौते (एमएमपीए), श्रम गतिशीलता और श्रम कल्याण करार जैसे समझौता ज्ञापनों/करारों पर हस्ताक्षर किए गए हैं। खाड़ी सहयोग परिषद के देशों (बहरीन, कुवैत, ओमान, कतर, सऊदी अरब और संयुक्त अरब अमीरात) तथा जॉर्डन के साथ श्रम और जनशक्ति संबंधी मुद्दों पर सहयोग के लिए व्यापक ढांचा प्रदान करने वाले श्रम और जनशक्ति सहयोग समझौता ज्ञापनों/करारों पर हस्ताक्षर किए गए हैं। इसके अलावा, जीसीसी देशों में घरेलू क्षेत्र के कामगारों के विशिष्ट हितों की रक्षा के लिए, सऊदी अरब, यूएई और कुवैत के साथ घरेलू क्षेत्र के कामगारों (डीएसडब्ल्यू) के लिए श्रम सहयोग संबंधी करारों पर हस्ताक्षर किए गए हैं। इन समझौता ज्ञापनों/करारों की सूची **विवरण -II** पर दी गई है।

कामगारों सहित भारतीय नागरिकों को संबंधित क्षेत्राधिकार वाले भारतीय मिशन/केन्द्रों में अपना पंजीकरण कराने के लिए प्रोत्साहित किया जाता है। भारतीय मिशनों/केन्द्रों ने डाटा गोपनीयता के संबंध में स्थानीय कानूनों और विनियमों (जो विभिन्न देशो के लिए भिन्न-भिन्न होते हैं) को ध्यान में रखते हुए, अपने क्षेत्राधिकार में रहने/कार्य करने वाले भारतीय नागरिकों के स्वैच्छिक पंजीकरण के लिए उपयुक्त तंत्र विकसित किया है।

विवरण-I

क्र.सं.	पूर्व अनुमोदन श्रेणी में शामिल विदेशी नियोक्ताओं की सूची (2021 - 2026)				
	एआरएन	एफई आईडी	एफई नाम	शामिल करने की तिथि	देश
1	6549996	5652633	नूर अल वर्का लॉन्ड्री	18-01-2021 14:09	संयुक्त अरब अमीरात
2	6550520	5652748	स्टैलियन सुविधा प्रबंधन सेवाएँ	21-01-2021 16:51	संयुक्त अरब अमीरात
3	6550834	5250946	हुसम शराफ बिल्डिंग कॉन्ट्रैक्टिंग एलएलसी	24-01-2021 17:04	संयुक्त अरब अमीरात
4	6552251	5653229	अल नूर जनरल मेंटेनेंस कॉन्ट	03-02-2021 12:20	संयुक्त अरब अमीरात
5	6558304	5655109	बु हैथम जेंट्स सैलून	28-02-2021 16:17	संयुक्त अरब अमीरात
6	6560043	5655673	एरो ऑर्डर्स डिलीवरी सेवाएँ	07-03-2021 14:29	संयुक्त अरब अमीरात
7	6560158	5655722	अल जिलानी बिल्डिंग्स मेंटेनेंस एलएलसी	08-03-2021 13:27	संयुक्त अरब अमीरात
8	6568021	5378117	हरेश भगतानी बिल्डिंग कॉन्ट्रैक्टिंग एलएलसी	30-03-2021 19:29	संयुक्त अरब अमीरात
9	6568022	5658708	मेसर्स शर्क अल फलाह सैनिटरी कॉन्ट एलएलसी	30-03-2021 19:33	संयुक्त अरब अमीरात
10	6576214	5567658	ग्लोबल केयर मेडिकल सर्विसेज	21-04-2021 13:17	कुवैत
11	6578211	5662508	मेसर्स लयालिना रेस्टोरेंट,	04-05-2021 16:23	संयुक्त अरब अमीरात
12	6578212	5662509	मेसर्स साबिर मिया पेंट्स कंट	04-05-2021 16:25	संयुक्त अरब अमीरात
13	6579171	5652562	एलेसा मेडिकल एंड साइंटिफिक इक्विपमेंट कंपनी डब्ल्यूएलएल	18-05-2021 13:19	कुवैत
14	6579236	5259444	ईस्ट पर्ल तकनीकी सेवा स्था.	19-05-2021 16:25	कुवैत
15	6579237	5369168	विम कैटरिंग कंपनी	19-05-2021 16:29	कुवैत
16	6579238	5289930	अल-सिंडियन अल-फ़ुदीह जनरल ट्रेड एंड कंट. कंपनी	19-05-2021 16:30	कुवैत
17	6579239	5300575	अल अल्मियाह फॉर मैन्युफ़ टेम्पर्ड ग्लास कंपनी	19-05-2021 16:33	कुवैत

18	6582276	5663746	अबराज अल बुहैरा बिल्डिंग कॉन्ट एलएलसी	27-06-2021 14:10	संयुक्त अरब अमीरात
19	6583603	5239073	अल हमीदा सामान्य रखरखाव और सफाई सेवाएँ	07-07-2021 10:37	संयुक्त अरब अमीरात
20	6584402	5664412	वाहा अल रेयान बिल्डिंग मेंटेनेंस	13-07-2021 11:47	संयुक्त अरब अमीरात
21	6586859	5665068	वादी अल्ज़ुमोरोड इवेंट्स	01-08-2021 18:20	संयुक्त अरब अमीरात
22	6587866	5480858	अहमद अल तेरकाईत संस जनरल ट्रेडिंग एंड कॉन्ट्रैक्टिंग कंपनी डब्ल्यूएलएल	08-08-2021 16:47	कुवैत
23	6590374	5666111	व्हाइट पर्ल मैनेजमेंट कंसल्टेंसीज	25-08-2021 18:52	संयुक्त अरब अमीरात
24	6590376	5222847	नामत बिल्डिंग रखरखाव	25-08-2021 18:56	संयुक्त अरब अमीरात
25	6591494	5220385	घनटूट इलेक्ट्रिकल कॉन्ट्रैक्टिंग एलएलसी	31-08-2021 16:31	संयुक्त अरब अमीरात
26	6591496	5220969	घनटूट ट्रांसपोर्ट एंड जनरल कॉन्ट्रैक्टिंग एलएलसी	31-08-2021 16:35	संयुक्त अरब अमीरात
27	6591498	5453700	घनटूट नेशनल इलेक्ट्रोमैकेनिकल कॉन्ट्रैक्टिंग कंपनी एलएलसी	31-08-2021 16:36	संयुक्त अरब अमीरात
28	6591499	5353550	घनटूट बिल्डएक्स जनरल कॉन्ट्रैक्टिंग	31-08-2021 16:37	संयुक्त अरब अमीरात
29	6593164	5667042	अल फसील पेंट्स प्लास्टर और टाइल्स कॉन्ट	06-09-2021 19:39	संयुक्त अरब अमीरात
30	6600688	5366549	वेलेंटाइन मैरीटाइम गल्फ एलएलसी	29-09-2021 11:04	संयुक्त अरब अमीरात
31	6603084	5214918	अरबी एनरटेक केएससी	05-10-2021 11:09	कुवैत
32	6610841	5333055	असील यूनिवर्सल गारमेंट्स मैन्युफैक्चरिंग कंपनी.	21-10-2021 13:27	जॉर्डन
33	6642191	5218493	मेसर्स गल्फ इंजीनियरिंग कंपनी	07-12-2021 17:22	कुवैत
34	6694131	5487419	रेस्तरां प्रबंधन के लिए जेममेज़ेह	23-02-2022 13:33	कुवैत
35	6840417	5758579	मेसर्स रास अल खैमा सिरेमिक्स	23-09-2022 12:59	सूडान
36	6842239	5465629	अल जलावी फैक्ट्री मैनेजमेंट कंपनी	26-09-2022 11:12	कुवैत
37	6842241	5569720	क्यू8 प्लस एल्युमीनियम	26-09-2022 11:14	कुवैत
38	6842244	5533737	ब्लू गार्डन जनरल ट्रेडिंग कंपनी लिमिटेड	26-09-2022 11:15	कुवैत

39	6842247	5322562	अल ग़रीब राष्ट्रीय सामान्य परंपरा और निरंतर कंपनी	26-09-2022 11:17	कुवैट
40	6842248	5614788	क्वीन प्लस इलेक्ट्रिकल और इलेक्ट्रॉनिक मरम्मत कंपनी	26-09-2022 11:19	कुवैत
41	7015506	5766463	प्राइम केयर	17-02-2023 16:05	कतर
42	7029682	5738551	विश्व संसाधन कंपनी लिमिटेड	01-03-2023 15:01	सऊदी अरब
43	7049286	5718011	तुरूक अल तमायूज कॉन्ट्रैक्टिंग कंपनी	16-03-2023 18:31	सऊदी अरब
44	7057217	5778856	क्यूइमाम नज्द क.लि. एक व्यक्ति कंपनी है	23-03-2023 17:22	सऊदी अरब
45	7057232	5722501	क़िमाम नज्द कंपनी लिमिटेड	23-03-2023 17:29	सऊदी अरब
46	7118198	5706858	यूनाइटेड वेट कॉन्ट्रैक्टिंग कंपनी	23-05-2023 18:55	सऊदी अरब
47	7134835	5680840	एनएएस भर्ती कंपनी शाखा	02-06-2023 17:40	सऊदी अरब
48	7134839	5697223	ऑपरेशन और मेंटेनेंस के लिए अलहलम अल मोमाज़िया क.	02-06-2023 17:42	सऊदी अरब
49	7134941	5768181	मॉडर्न स्ट्रक्चर कंपनी लिमिटेड	02-06-2023 18:19	सऊदी अरब
50	7134948	5708674	आधुनिक निर्माण कंपनी	02-06-2023 18:22	सऊदी अरब
51	7135013	5241819	अब्दुल्लातिफ अल अरफज एंड ब्रदर्स होल्डिंग कंपनी की सऊदी एयरकॉन ब्रांच।	02-06-2023 18:41	सऊदी अरब
52	7190142	5720864	केबा संचालन और रखरखाव कंपनी	23-07-2023 13:21	सऊदी अरब
53	7264582	5716097	औसुर अल किमा लिलमुक़वालत कंपनी	21-09-2023 13:25	सऊदी अरब
54	7318365	5603438	फौर्थ डायमेंशन	02-11-2023 14:49	इराक
55	7327806	5391054	लामैक प्लस जनरल ट्रेडिंग एंड कंट कंपनी	10-11-2023 10:52	कुवैत
56	7367022	5811944	उपभोक्ता वस्तुओं की डिलीवरी के लिए जेड टेक क.	14-12-2023 12:16	कुवैत
57	7395615	5672629	असील यूनिवर्सल गारमेंट्स मैन्युफैक्चरिंग कंपनी,	09-01-2024 18:32	जॉर्डन
58	8776259	5226161	3बी जनरल ट्रेडिंग एंड कॉन्ट्रैक्टिंग कंपनी डब्ल्यूएलएल	03-07-2025 14:31	कुवैत

विवरण-II

विभिन्न देशों के साथ हस्ताक्षरित समझौता ज्ञापनों/करारों की सूची

खाड़ी क्षेत्र

क्र. सं.	देश का नाम	समझौता ज्ञापन/समझौते का नाम	हस्ताक्षर की तिथि और वैधता
1	कतर (एलडब्ल्यूए)	भारतीय जनशक्ति के रोजगार के विनियमन पर समझौता	11-04-1985 4 साल, ऑटोमैटिक रिन्यूअल (अतिरिक्त प्रोटोकॉल) 20-11-2007
2	कुवैत (एलडब्ल्यूए)	1. श्रम, रोजगार और जनशक्ति विकास पर समझौता ज्ञापन	10-04-2007 4 साल, ऑटोमैटिक रिन्यूअल
		2. घरेलू कामगारों की भर्ती में सहयोग पर समझौता ज्ञापन	10-06-2021 5 साल, ऑटोमैटिक रिन्यूअल
3	ओमान (एलडब्ल्यूए)	जनशक्ति के क्षेत्र में समझौता ज्ञापन	08-11-2008 5 साल, ऑटोमैटिक रिन्यूअल
4	बहरीन (एलडब्ल्यूए)	श्रम और जनशक्ति विकास पर समझौता ज्ञापन	17-6-2009 4 वर्ष, स्वतः नवीनीकरण
5	सऊदी अरब (एलडब्ल्यूए)	1. घरेलू सेवा कर्मचारियों की भर्ती के लिए श्रम सहयोग पर समझौता	02-01-2014 5 साल, ऑटोमैटिक रिन्यूअल
		2. जनरल कैटेगरी वर्कर्स की भर्ती के लिए लेबर कोऑपरेशन पर एग्रीमेंट	03-04-2016 5 साल, ऑटोमैटिक रिन्यूअल
6	संयुक्त अरब अमीरात (एलडब्ल्यूए)	जनशक्ति के क्षेत्र में सहयोग पर समझौता ज्ञापन	11-02-2018 4 साल, ऑटोमैटिक रिन्यूअल
7	जॉर्डन (एलडब्ल्यूए)	जनशक्ति के क्षेत्र में सहयोग पर समझौता ज्ञापन	01.03.2018 5 साल, ऑटोमैटिक रिन्यूअल

यूरोप

8	डेनमार्क	1. लेबर मोबिलिटी पार्टनरशिप (एलएमए) पर समझौता ज्ञापन	29.09.2009 5 साल, ऑटोमैटिक रिन्यूअल
		2. मोबिलिटी और माइग्रेशन पार्टनरशिप पर समझौता (एमएमपीए)	22.02.2024 7 वर्ष स्वचालित नवीनीकरण
9	फ्रांस (एमएमपीए)	प्रवासन और गतिशीलता साझेदारी समझौता	10.03.2018, 7 साल, ऑटोमैटिक रिन्यूअल
10	यूनाइटेड किंगडम (एमएमपीए)	प्रवासन और गतिशीलता भागीदारी पर समझौता ज्ञापन	04.05.2021 7 साल, ऑटोमैटिक रिन्यूअल
11	पुर्तगाल (एलएमए)	भारतीय कामगारों की भर्ती पर समझौता	21.09.2021 5 साल, दोनों पार्टियों की सहमति से रिन्यू किया जाएगा
12	जर्मनी (एमएमपीए)	व्यापक प्रवासन और गतिशीलता साझेदारी पर समझौता	05.12.2022 7 साल, ऑटोमैटिक रिन्यूअल
13	ऑस्ट्रिया (एमएमपीए)	व्यापक प्रवासन और गतिशीलता साझेदारी पर समझौता	13.05.2023 अनिश्चित समय के लिए
14	इटली (एमएमपीए)	प्रवासन और गतिशीलता पर समझौता	02.11.2023 5 साल, ऑटोमैटिक रिन्यूअल
15	रूस (एलएमए)	1. एक राज्य के नागरिकों की दूसरे राज्य के इलाके में टेम्परेरी लेबर एक्टिविटी पर एग्रीमेंट	04.12.2025 5 साल, ऑटोमैटिक रिन्यूअल
		2. अनियमित प्रवासन से निपटने में सहयोग पर समझौता	04.12.2025 5 साल, ऑटोमैटिक रिन्यूअल
16	यूरोपीय संघ	1. मोबिलिटी पर सहयोग के एक	27/01/2026

	(ईयू) (एमएमपीए)	व्यापक फ्रेमवर्क पर ईयू और भारत के बीच समझौता ज्ञापन का मसौदा	7 साल, ऑटोमैटिक रिन्यूअल
17	फिनलैंड (एमएमपीए)	प्रवासन और गतिशीलता भागीदारी पर समझौता ज्ञापन	05/03/2026 4 वर्ष
18	नीदरलैंड (एमएमपीए)	प्रवासन और गतिशीलता पर समझौता ज्ञापन	13/05/2026 अनिश्चित काल के लिए
19	स्लोवाकिया (एमएमपीए)	श्रम प्रवास के क्षेत्र में सहयोग पर समझौता ज्ञापन	15/06/2026 अनिश्चित काल के लिए

ओशिनिया/दक्षिण पूर्व एशिया

20	जापान (एलएमए)	"स्पेसिफाइड स्किल्ड वर्कर" से जुड़े सिस्टम के सही ऑपरेशन के लिए पार्टनरशिप के बेसिक फ्रेमवर्क पर MoC	18-01-2021 10 साल, ऑटोमैटिक रिन्यूअल
21	ऑस्ट्रेलिया (एमएमपीए)	प्रवासन और गतिशीलता साझेदारी पर व्यवस्था	23.05.2023 4 साल, ऑटोमैटिक रिन्यूअल
22	ताइवान (एलएमए)	भारतीय कामगारों के रोजगार की सुविधा पर समझौता ज्ञापन	16.02.2024 5 साल
23	मलेशिया (एलएमए)	श्रमिकों की भर्ती, रोजगार और स्वदेश वापसी पर समझौता ज्ञापन	20.08.2024 5 साल

हिंद महासागर क्षेत्र

24	मॉरीशस (एलएमए)	भारत से कामगारों के रोजगार के संबंध में समझौता ज्ञापन	10.05.2023 10 साल, ऑटोमैटिक रिन्यूअल

पश्चिम एशिया उत्तरी अफ्रीका (वाना)

25	इज़राइल (एलएमए)	1. इज़राइल राज्य में विशेष लेबर मार्केट सेक्टर में भारतीय कामगारों को अस्थायी रोज़गार देने में मदद के लिए करार	03.11.2023 3 साल. ऑटोमैटिक रिन्यूअल.
		2. कार्यान्वयन प्रोटोकॉल-क (निर्माण क्षेत्र)	03.11.2023 यह तब तक वैध है जब तक करार लागू है।
		3. इम्प्लीमेंटेशन प्रोटोकॉल- बी (होम-बेस्ड केयरगिवर सेक्टर)	03.11.2023 यह तब तक वैध है जब तक करार लागू है।
		4. कार्यान्वयन प्रोटोकॉल- ग (वाणिज्य और सेवा क्षेत्र)	26.02.2026 यह तब तक वैध है जब तक करार लागू है।
		5. कार्यान्वयन प्रोटोकॉल-घ (रेस्तरां क्षेत्र)	26.02.2026 यह तब तक वैध है जब तक करार लागू है।
		6. कार्यान्वयन प्रोटोकॉल- ग (विनिर्माण क्षेत्र)	26.02.2026 यह तब तक वैध है जब तक करार लागू है।

SHORTAGE OF ANTI-RABIES VACCINE

***82. ADV. ADOOR PRAKASH:**

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

(a) whether the Government is aware of the shortage of anti-rabies vaccines being reported from many States in the country, if so, the details thereof;

(b) whether the Government has reviewed the situation and taken measures to ensure the availability of anti-rabies vaccines, if so, the details thereof;

(c) the details of support and assistance provided to the States and UTs under National Rabies Control Programme (NRCP) during the last five years and the current year;

(d) the details of measures taken by the Government to achieve the goal of eliminating dog-mediated human rabies by 2030;

(e) the number of persons who have received anti rabies vaccine in the country during the said period, State/UT-wise; and

(f) the details of human deaths reported in the country due to rabies during the said period, State/UT-wise?

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

(a) and (b): Health is a State subject. The primary responsibility for procurement, distribution and ensuring uninterrupted availability of Anti-Rabies Vaccine (ARV) and Rabies Immunoglobulin (RIG) in public health facilities rests with the respective State/UT Governments.

The Government of India has not received reports indicating any

nationwide shortage of Anti-Rabies Vaccine. However, temporary local shortages may occur in some health facilities due to increased demand, procurement delays or supply chain issues. Such situations are addressed by the concerned State/UT Governments through redistribution of available stocks, emergency procurement and strengthening of supply chain management.

The Government continuously reviews the implementation of the National Rabies Control Programme (NRCP) through periodic review meetings with States/UTs.

Further, advisories are issued from time to time to all States/UTs to maintain uninterrupted supply of ARV and RIG through funds allocated under National Free Drug Initiative (NFDI).

(c): Under National Health Mission (NHM), the Government provides technical and financial support to States/UTs for strengthening their healthcare systems based on the proposals submitted by them in their Program Implementation Plans, subject to norms and availability of resources. Under the NRCP funds have been allocated through NHM to States/UTs under NFDI for purchase of RIG and ARV. Procurement of RIG and ARV is decentralized.

Support under NRCP includes procurement of ARV and RIG, establishment and strengthening of Anti-Rabies Clinics and wound-washing facilities strengthening rabies diagnostic laboratories, training of medical officers and healthcare workers on rabies case management, strengthening surveillance and reporting of human rabies, Information, Education and

Communication/Behaviour Change Communication activities and programme monitoring and review. State/UT-wise details of financial approvals/releases during the last five years and current year may be seen at the link: (https: //nhm.gov.in/index1.php?lang=1andlevel=1andsublinkid=1377andlid=744)

(d): Under the NRCP, the National Action Plan for Dog-Mediated Rabies Elimination by 2030 was conceptualized and jointly launched by the Ministry of Health and Family Welfare in collaboration with the Department of Animal Husbandry, and Dairying.

The measures taken under NRCP to control human rabies are at **Statement**.

(e): The data on the number of persons who have received anti rabies vaccine is not maintained centrally.

(f): The States/UTs have been advised to notify Rabies as a notifiable disease and report rabies cases and deaths on the Integrated Disease Surveillance Program-Integrated Health Information Platform from time to time. However, state wise human rabies death data is not maintained centrally.

STATEMENT

Measures taken under the National Rabies Control Programme (NRCP):

Central Level Activities:

- Launch of the National Action Plan for Dog-Mediated Rabies Elimination by 2030 (NAPRE-2030) jointly by Ministry of Health and Family Welfare and Department of Animal Husbandry, and Dairying.

- Financial support to States/UTs under NHM for procurement of ARV and ARS, establishment of Model Anti-Rabies Clinics, Wound Washing Facilities, surveillance, monitoring, IEC activities and capacity building.
- Strengthening of 14 rabies diagnostic laboratories.
- Advisories to States/UTs for notifying rabies as a notifiable disease, strengthening surveillance and ensuring uninterrupted availability of ARV and ARS.
- Constitution of National Joint Steering Committee for Rabies Elimination.
- Development and dissemination of national guidelines, SOPs and training modules.
- Community awareness campaigns, IEC materials, observance of World Rabies Day, and launch of a dedicated NRCP website.
- Launch of the Rabies Helpline (15400) in five States-Delhi, Andhra Pradesh, Madhya Pradesh, Assam, and Puducherry.

State Level Activities:

- Development of State Action Plans for Rabies Elimination (SAPRE) through regional workshops. Till date 7 states have developed their respective SAPRE-Puducherry, Rajasthan, Meghalaya, Nagaland, Mizoram, Tamil Nadu, Karnataka.
- Establishment of 284 Model Anti-Rabies Clinics.
- Constitution of State and District Joint Steering Committees for Rabies

Elimination.

- Training of about 1.66 lakh healthcare professionals on animal bite management and rabies post-exposure prophylaxis.
- Community awareness campaigns, IEC materials, observance of World Rabies Day.
- Implementation of the Rabies-Free City Initiative in 15 cities across six States with planned expansion to 114 cities.

ESTABLISHMENT OF IPHLS UNDER PM-ABHIM

***83. ADV. GOWAAL KAGADA PADAVI:**

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

(a) whether it is a fact that the establishment of District Integrated Public Health Laboratories (IPHLs) in every district of the country is one of the major components of the PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and if so, the details thereof;

(b) whether the Government has sanctioned additional IPHLs due to administrative reorganisation and increasing healthcare requirements in various States of the country and if so, the details of funds allocated and laboratories approved, State-wise particularly in Maharashtra; and

(c) whether the Government has any proposal to establish/operationalise IPHLs in tribal and underserved districts of Maharashtra including Nandurbar to strengthen disease surveillance, testing and public healthcare

infrastructure and if so, the details thereof?

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

(a) to (c): Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with certain Central Sector (CS) components, has been implemented to strengthen India's public health system through reforms that integrate health service delivery, public health action and health research, thereby enhancing the capacity of public health systems to effectively respond to pandemics and other public health emergencies. One of the major components of the CSS component under PM-ABHIM is the establishment of Integrated Public Health Laboratories (IPHLs) in districts to strengthen diagnostic capabilities and disease surveillance.

Under CSS component of the scheme, a total of 730 Integrated Public Health Laboratories (IPHLs) were initially provisioned across the States/UTs. However, in view of administrative reorganisation and based on proposals received from the States to address emerging healthcare requirements, additional IPHLs have been approved in certain States. Administrative approvals have so far been accorded for the construction/strengthening of 744 IPHLs, including 168 IPHLs in Tribal Districts, under PM-ABHIM. The State/UT-wise details of units approved and budget approved under the IPHL component of PM-ABHIM are placed at **Statement**.

Under the CSS component of the scheme, administrative approval has been accorded to the State of Maharashtra for construction/strengthening of 36

Integrated Public Health Laboratories (IPHLs), with one IPHL approved in each of the 36 districts, including Nandurbar, based on the proposal submitted by the State.

As per the information provided by the State Government, the approved IPHLs in Maharashtra include four Aspirational Districts, namely Nandurbar, Washim, Gadchiroli and Dharashiv, and five Tribal Districts, namely Nandurbar, Palghar, Gadchiroli, Nashik and Amravati.

STATEMENT

State/UT-wise Details of Units Approved and Budget Approved under IPHL component under PM-ABHIM

S. No.	State/UT	Units Approved	Budget Approved (Rs. in Crore)
1	A and N Islands	3	4.88
2	Andhra Pradesh	26	41.32
3	Arunachal Pradesh	22	43.19
4	Assam	33	47.62
5	Bihar	38	65.65
6	Chandigarh	1	1.25
7	Chhattisgarh	28	58.54
8	Delhi	11	3.75
9	DNH and DD	3	17.18
10	Goa	2	2.50
11	Gujarat	33	55.95
12	Haryana	22	36.32
13	Himachal Pradesh	12	23.21
14	Jammu and Kashmir	20	38.73
15	Jharkhand	24	47.66
16	Karnataka	31	56.41

17	Kerala	14	28.28
18	Ladakh	2	2.50
19	Lakshadweep	1	1.25
20	Madhya Pradesh	55	80.03
21	**Maharashtra**	**36**	**71.49**
22	Manipur	15	31.50
23	Meghalaya	10	20.34
24	Mizoram	10	20.35
25	Nagaland	11	21.59
26	Odisha	30	60.66
27	Puducherry	4	7.94
28	Punjab	22	36.33
29	Rajasthan	33	65.99
30	Sikkim	3	5.22
31	Tamil Nadu	38	74.44
32	Telangana	33	67.74
33	Tripura	7	11.98
34	Uttar Pradesh	75	157.26
35	Uttarakhand	13	19.19
36	West Bengal	23	28.75
Total		**744**	**1,356.98**

MEDICAL RESEARCH AND INNOVATION IN MAHARASHTRA

***84. SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:**

SHRIMATI SUPRIYA SULE:

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

(a) whether the Union Government has assessed the contribution of private hospitals and medical institutions in Maharashtra towards clinical research, medical innovation and translational research and if so, the details thereof;

(b) the details of research projects, clinical trials, patents, publications and other innovations undertaken by private hospitals and medical institutions in the State during the last three years and the current year;

(c) the steps taken by the Union Government to promote clinical research, translational research and collaborations between private hospitals, academic institutions, industry and startups in the State;

(d) whether the Union Government provides incentives, grants or financial assistance to encourage research activities, innovation and publication output in private healthcare institutions in the State, if so, the details thereof; and

(e) the amount of funds allocated and utilised for research and innovation by eligible private medical institutions in the State during the said period, along with the outcomes achieved thereof?

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

(a) to (e): The Union Government, through the Indian Council of Medical Research (ICMR) supports biomedical and health research through two broad **intramural** and **extramural research grants**. ICMR has informed that a total of 2543 research projects were granted during the last three years.

Over the past three years, through its extramural programme, ICMR has supported 73 bio-medical research projects, including clinical trials, in private medical colleges and hospitals in Maharashtra, with a total approximate grant of ₹107.96 crore. This research support has resulted in 104 publications, 11 patents and 4 contributions to clinical care/public health guidelines.

ICMR has further informed that a total of 1,037 clinical trials (2023–2026) have been registered on the Clinical Trials Registry – India (CTRI) with Principal Investigators (PIs) affiliated to private institutions and hospitals in Maharashtra. Their details are as below:

Duration	**Number of Clinical Trials**
Jan-Dec 2023	82
Jan-Dec 2024	257
Jan-Dec 2025	352
Jan - 21st July 2026	346

The Union Government has undertaken several measures to promote clinical and translational research, foster collaborations among private hospitals, academic institutions, industry and startups, and provide financial incentives to encourage research and publication output, including in private healthcare institutions in Maharashtra. The details are as under:

1. The Government has undertaken measures to broaden and strengthen the health-research funding ecosystem. ICMR has rationalised and expanded its intramural and extramural grant architecture so that funding support is calibrated to the scale, maturity, risk and translational stage of a research proposal. ICMR has also initiated new follow-up grants to build upon leads generated from initial research grants. These funding opportunities are open to both public and private research institutions, and details are regularly published on the ICMR ePMS portal.

Programme	Funding Support per project
Small / ANVESHAN Grants	Up to ₹2 crore
Intermediate / NISCHAYAK ANVESHAN Grants	₹2 crore to ₹8 crore
First-in-the-World Challenge	Stage-linked support up to ₹8 crore
Centres for Advanced Research	Up to ₹15 crore

These instruments support investigator-initiated research, proof-of-concept studies, validation of interventions, high-risk high-reward innovation, multidisciplinary research, and advanced research programmes — thereby encouraging collaboration between private hospitals, academic institutions, industry and startups.

2. ICMR's initiatives of MedTech Mitra and Biomedical Innovations Patent Mitra to support the regulation compliant translation research are open to all innovators including those of private medical colleges and Hospitals. Also, ICMR's research institutes located in Maharashtra viz National Institute for Research on Women's Health (ICMR-NIRWoH) Mumbai, National Institute for Research on Blood and Immune Disorders (ICMR-NIRBID), Mumbai; National Institute of Virology (ICMR-NIV) Pune and National Institute of Translational Virology and AIDS Research (ICMR-NITVAR), Pune actively collaborate with private hospitals, academic institutions, and research bodies across the State.

3. Department of Health Research (DHR) has Multi-Disciplinary Research Units (MRUs) scheme for Medical Colleges across the country that was

recently extended to Private Medical Colleges. Out of 5 MRUs supported in private medical colleges, one is from Maharashtra viz. Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra. A grant of Rs 1.25 Crores has already been released to this MRU for civil construction and equipment.

4. Datta Meghe Institute of Higher Education and Research (DMIHER), Wardha, Maharashtra a private institute in Maharashtra is designated as Technical Resource Hub (TRH) of Centre for Evidence based Guidelines, DHR in February 2025. An annual budget of upto ₹ 70 Lakhs is disbursed every year to the TRH for evidence-based guideline development, capacity building in systematic reviews and manpower support.

5. Grants in Aid (GIA) Scheme for inter-sectoral convergence and coordination in Health Research of DHR provides support for carrying out research studies to identify the existing knowledge gap and to translate the existing health leads into deliverable products, especially for interdisciplinary and joint projects. Collaborations are also done with private institutions for projects undertaken in the scheme. The details of projects primarily undertaken in private Institutes in Maharashtra under GIA scheme are given in **Statement**.

6. DHR also support capacity building in health research through different programs of its Human Resource Development Scheme. The details of capacity building projects undertaken in Maharashtra in last three years under this scheme are as below:

A. Short Term Studentship (STS) program for MBBS, BDS students

Total ₹ **113.83 L**acs has been sanctioned to 48 students in Government institutions and 91 students in Private institute/Medical colleges in Maharashtra

B. Post Graduate Thesis Support Program for MD/MS/DNB students

Total ₹94.25 Lacs has been sanctioned to 37 students in Government institutions and 155 students in Private institute/Medical colleges in Maharashtra

C. Women Scientist Program

Total ₹ 93.26 Lacs has been sanctioned to 02 women researchers in Government institutions and 02 in Private institute/Medical colleges in Maharashtra

D. Support to Institute (STI) for training in health research

Total ₹ 215.08 Lacs has been sanctioned to 07 training programs in Government institutions and 18 others in Private institute/Medical colleges in Maharashtra

E. Start Up Grant (SUG) for induction research

Total ₹ 79.74 Lacs has been sanctioned to 05 faculty researches Government institutions and 05 others Private institute/Medical colleges in Maharashtra.

STATEMENT

Details of research projects primarily undertaken in private Institutes in Maharashtra under Grants in Aid (GIA) Scheme of DHR in last 3 years

S. No.	Host Institute	Project Title	Date of Start	Funds approved for 3 Years
1	KRISHNA INSTITUTE OF MEDICAL SCIENCE Karad (Dist.Satara)	"Effectiveness of weekly specialist outreach visit to PHCs on adoption and utilization of mental health services: an interventional study at Satara district of Maharashtra"	28.2.2023	₹ **20,05,600** (₹18,59,339 Released till date, ₹16, 66,676 Utilised in first two years)
	56 Mental Health Awareness trainings conducted in the above project, attended by approximately 1825 People.			
2	MGM Medical College, Kamothe, Navi Mumbai	Pharmacogenetic and related factors affecting glycemic control and its application for developing Glycemic prediction and Personalized Counselling tool for Type 2 Diabetes Mellitus	17.08.2023	₹ **19,16,250** (₹18,59,989 Released till date) ₹14,39,464 Utilised in first two years)
3	D. Y. Patil Vidyapeeth, Pune, Tathawade, Pune-411033	A study to generate proof of concept on metabopsy of discarded milk teeth and nail clippings for the diagnosis of inherited metabolic disorders (IMD)	24.08.2023	₹ **35,09,436** (₹30,54,284 Released till date ₹20,64,453 Utilised in first two years)

	Outcomes - 1. Publications: Two i. Challenges in Metabolite Biomarkers as Avenues of Diagnosis and Prognosis of Cancer. J Cancer Prev. 2024. SCOPUS/PUBMED/SCI Indexed SCI-IF-3.1. ii. Non-invasive milk teeth metabopsy tool for the detection of inherited metabolic disorders: A Proof of Concept. Scientific Reports. 2025. Accepted. SCOPUS/PUBMED/SCI Indexed (IF: 5.0). 2. PhD/ MD Thesis/ Post-doctoral work: Three (3) 3. Human resource training: (UG Thesis/Traning/Internships): Six (6) 4. Patents filed - Three (3) i. A method and process for the milk teeth metabolite profiling (metabopsy) for the detection of inherited metabolic disorders ii. Methods and processes for 96-well plate based determination of free tyrosine in biological samples. iii. Methods and processes for 96-well plate colorimetric assay of organic acids for detection of IMDs and cancer.

STRENGTHENING ANGANWADI SERVICES IN SASARAM

***85. SHRI MANOJ KUMAR:**

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

(a) whether the Government is aware that several villages in the Sasaram Lok Sabha Constituency face shortages of Anganwadi centres, inadequate infrastructure and vacancies of Anganwadi workers, affecting the delivery of nutrition and early childhood care services, if so, the corrective steps taken by the Government in this regard;

(b) the details of Anganwadi centres sanctioned, operational and under construction in the said constituency, district and block-wise during the last five years;

(c) whether the Government proposes to sanction new Anganwadi centres and upgrade existing centres with improved infrastructure and basic facilities, if so, the details thereof;

(d) the steps taken to reduce malnutrition and anaemia among children, pregnant women and lactating mothers in the constituency; and

(e) whether the Government proposes to strengthen the implementation of nutrition and child development programmes in the constituency, if so, the details thereof?

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

(a) to (e): Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. Under the Mission, a package of six services i.e Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition and Health Education, Immunization, Health Check-up, and Referral Services are provided to the eligible beneficiaries through Anganwadi Centres. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) and Public Health Infrastructure. These services are provided to the eligible registered beneficiaries i.e children up to the age of 6 years, Pregnant Women and Lactating Mothers across the country and Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts of States and all districts of North Eastern Region by through the platform of Anganwadi Centre.

Under Mission Saksham Anganwadi and Poshan 2.0, there is a

provision of construction of AWC building in convergence with the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS).

Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

Under PM-JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan), a total of 2,500 Anganwadi Centres (AWCs) have been sanctioned for construction in PVTG (Particularly Vulnerable Tribal Groups) areas out of which 59 AWCs has been sanctioned for construction in the state of Bihar.

Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJGUA) launched by the Ministry of Tribal Affairs (MoTA) focusses on convergence, outreach and saturation in approximately, 63,843 villages. Under DAGJUA, 875 AWCs have been sanctioned for construction out of which 45 AWCs has been sanctioned for construction in the state of Bihar.

Directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available. Guidelines for Co-locating Anganwadi Centres within Government Primary Schools have been issued jointly with Ministry of Education.

Also, in order to improve the infrastructure facilities at AWCs, funds

@Rs.17,000/- for providing drinking water facilities and @Rs.36,000/- for construction of toilets are provided to States and UTs. A total of 1,58,966 AWCs including 12,767 AWCs to the State of Bihar have been approved for providing drinking water facilities and 1,42,522 AWCs including 18,758 AWCs to the State of Bihar have been approved for construction of toilets across the country.

Under Mission Saksham Anganwadi and Poshan 2.0, two lakh Anganwadi Centres (AWCs) located in Government buildings have been sanctioned as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education in the 15th Finance Commission cycle. Saksham Anganwadis are provided with infrastructure such as LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BALA) paintings. Out of the sanctioned 2 Lakh AWCs, 11,529 AWCs have been approved for upgradation as Saksham Anganwadis for the State of Bihar.

Sasaram Parliamentary Constituency have two Districts namely Kaimur and Rohtas. The district wise number of Anganwadi Centres (AWCs) along with AWCs operational in owned buildings, infrastructure and field functionaries for the State of Bihar is available at the link: https://www.poshantracker.in/statistics.

The implementation of the scheme falls under the ambit of State Governments and UTs administration. The matter regarding vacancies and infrastructure is regularly taken up with them through sustained engagements

and video conferences so as to ensure uninterrupted delivery of services to the beneficiaries.

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.

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 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.

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 behavioral change. State and UTs are conducting and reporting regular sensitization 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. A total of 10.8 crore CBEs have been conducted from 2018 to June 2026 and more than 156 crore Jan Andolan activities have been conducted since 2018 through 16 Jan Andolans.

The ‘Poshan Tracker’ App 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.

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.

IMPLEMENTATION OF DISHA 2.0 SCHEME

***86. SHRI G. M. HARISH BALAYOGI:**

SHRI DINESHBHAI MAKWANA:

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

(a) the implementation framework, financial outlay and objectives of various components of the Designing Innovative Solutions for Holistic Access to Justice (DISHA) 2.0 scheme for the period 2026-27 to 2030-31, State-wise, including Andhra Pradesh;

(b) the targets set for the newly launched VIDHI-Sanjeevani component during 2026-27 which features a Centralized Digital Platform, State-wise including Andhra Pradesh;

(c) the roadmap of the Government for implementation of Artificial Intelligence (AI)-based Nyaya Setu chatbot under the said scheme;

(d) the number of Common Service Centres, Pro-Bono Advocates and Pro-Bono Clubs in Andhra Pradesh particularly in Konaseema and Palnadu districts; and

(e) the monitoring mechanism adopted to assess the outcomes of the DISHA 2.0 scheme and ensure last mile access to justice?

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

(a) and (b): Designing Innovative Solutions for Holistic Access to Justice (DISHA) 2.0, Scheme is a Central Sector Scheme with an approved financial outlay of Rs. 255 crore for the period 2026-31 for pan India implementation, including Andhra Pradesh. DISHA 2.0 aims at leveraging technology to develop and enhance the outreach of citizen friendly solution platforms for legal services. It includes four components viz. Tele-Law: Reaching the Unreached (free pre litigation advice to all); Nyaya Bandhu (Pro Bono legal Services) Programme; Legal Literacy and Legal Awareness Programme and VIDHI (Vision for Integrated Delivery of Harmonized Legal Initiatives)-Sanjeevani.

The Tele-Law connects people with panel lawyers through mobile-app and Toll-Free No. 14454 for rendering pre-litigation legal advice and through use of video/tele conferencing facilities available at the Common Service Centres (CSCs)/Village Level Entrepreneurs (VLEs) at the panchayat level. Nyaya Sahayaks, who are active community based legal facilitators, have been engaged in the Aspirational Blocks to strengthen service delivery.

Under Nyaya Bandhu (Pro-Bono Legal Services) Programme, advocates voluntarily provide legal assistance to marginalized and disadvantaged sections of society covered under Section 12 of the Legal Services Authorities Act, 1987. To strengthen institutional coordination, Pro-Bono panels have been constituted in 23 High Couts across the country. In order to instil culture of community led pro-bono services amongst law students, Pro-Bono Clubs are functional in the Law Schools/Colleges pan

India.

The Legal Literacy and Legal Awareness Programme (LLLAP) envisages engaging with institutions and building partnerships across stakeholder Ministries/Departments, to build capacity of the grassroot workers, legally empower them and spread legal awareness through workshops, webinars, IEC materials, collaboration with Prasar Bharati and others.

VIDHI (Vision for Integrated Delivery of Harmonized Legal Initiatives) - Sanjeevani is envisaged as a key component under DISHA 2.0 to enhance the monitoring mechanism of the scheme through development and operationalization of a centralized Integrated Dashboard. The dashboard aims to provide a unified interface integrating real-time data streams from multiple sources to facilitate monitoring of the programme performance, service delivery and implementation progress. It envisages integration with the Nyaya Setu AI Chatbot to facilitate technology-enabled service support and improve user interaction through AI-driven assistance mechanisms. VIDHI Sanjeevani envisages overall outreach to 50 lakh beneficiaries over a period of five years i.e., 2026-31 and has no state-specific targets.

(c): The Generative AI powered multilingual and multi-model Nyaya Setu chatbot platform was launched on 29th March, 2026. It helps people understand legal processes, rights, and next steps through simple voice and text interactions across 22 Indian languages through voice-first interface. It utilizes a Hybrid Retrieval-Augmented Generation (RAG) architecture to

ensure response are grounded in statutory legal texts, thereby reducing the risk of AI hallucination.

(d): The number of Common Service Centres, Pro-Bono Advocates and Pro-Bono Clubs in Andhra Pradesh, including Konaseema and Palnadu districts, are as under:

Particulars	Andhra Pradesh	Konaseema	Palnadu
Common Service Centres (CSCs)	13,361	385	527
Pro-Bono Advocates	742	District-wise data is not maintained.	
Pro-Bono Clubs	1. K.L.E.F. College of Law, Guntur, Andhra Pradesh 2. Damodaram Sanjivayya National Law University, Vishakhapatnam, Andhra Pradesh 3. Vignan Institute of Law, Guntur, Andhra Pradesh	-	-

Source: https://www.tele-law.in/ and https://probono-doj.in/home/index

(e): The Monitoring of the outcome of the Scheme is envisaged through VIDHI- Sanjeevani, a Centralized Integrated Dashboard apart from regular review meetings, field visits, and direct feedback by way of regional workshops and through a dedicated Programme Management Unit (PMU).

DIRECT BENEFIT TRANSFER SYSTEM

***87. SHRI MADHAVANENI RAGHUNANDAN RAO:**

SHRI NABA CHARAN MAJHI:

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

(a) whether the Government has implemented the Direct Benefit Transfer (DBT) system in the fertilizer sector in Telangana;

(b) if so, the details of its implementation and coverage, including the number of functional and non-functional Point of Sale (PoS) devices deployed at fertilizer retail outlets across the country, State/district-wise including Telangana, Maharashtra, Andhra Pradesh, Rajasthan and Odisha;

(c) the manner in which the DBT system has helped in curbing diversion and unauthorized use of subsidised fertilizers and ensuring timely availability of fertilizers to genuine farmers; and

(d) whether the Government proposes to further strengthen the digital fertilizer distribution ecosystem through technological interventions and real-time monitoring mechanisms and if so, the details thereof, State/district-wise?

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

(a)**:** Yes. The Department of Fertilizers has implemented the Direct Benefit Transfer (DBT) in fertilizers at pan India level including the State of Telangana wherein the subsidized fertilizers is sold to the beneficiary via Aadhaar based authentication, at an affordable price.

(b)**:** Under the implementation of DBT in Fertilizers, during 2025-26 a total of 746.57 Lakh Metric Ton (LMT) have been sold across the nation through the pan India network of retailers of approximately 2.87 Lakh active retailers to 8.4 Crores beneficiary farmers for which Rs. 2.17 Lakh Crores of subsidy have been paid by the Union Government. The State wise-district wise list of

functional and non-functional (reserved) Point of Sale (PoS) devices in Telangana, Maharashtra, Andhra Pradesh, Rajasthan and Odisha are enclosed at **Statement-I**.

(c): Under DBT system for sale in Fertilizers, the sale of subsidized fertilizers is done by 100% Aadhaar based authentication of the beneficiary. Additionally, a monthly ceiling of 50 bags per buyer per month is placed for equitable distribution of fertilizers except for Telangana having the ceiling of 2 Bags per Acre (for Urea only) per buyer and Jammu and Kashmir having the ceiling of 60 bags per buyer per season.

Based on the purchase, various reports are made available in the iFMS Dashboards for monitoring by respective State Officials. Additionally, under the 'Framework for Fertilizer Sale' in 40 identified districts of 20 States, the fertilizer is being sold to the identified farmer only as per the requirement based on land area and crop sown. Ceiling of bags is different in the Pilot districts under the 'Framework for Fertilizer Sale' as decided by the respective states.

(d): Department of Fertilizers, Government of India, and Department of Agriculture and Farmers Welfare, Government of India have jointly developed and launch a new digital system namely 'Framework for Fertilizer Sale' with consent of States, in a staggered pilot manner, with the objective of making the fertilizer distribution system more transparent, organized, farmer centric, land and crop data integrated and demand driven. Under the proposed arrangement, farmers or their authorized representatives will register through a mobile application and enter land and crop-related details for advance booking

(pre-booking) of fertilizer requirements. Upon successful booking of fertilizers, a QR code-based token shall be generated. This QR code shall be scanned by fertilizer retailers through PoS machines, and fertilizer shall be distributed following Aadhaar-based biometric authentication, as per the existing procedure. The Pilot of this initiative has been implemented so far in 40 districts of 20 States in a phased manner. The State and District-wise details of the Pilot are enclosed at **Statement-II**.

Furthermore, Integrated Fertilizer Management System (iFMS) is an online platform developed for real-time monitoring and management of fertilizer movement across the country. Under the system, real-time monitoring of fertilizer dispatches, allocation, rake placement, stock position and state-wise supply status is done by respective States and stakeholders.

STATEMENT-I

Functional and Non-Functional PoS

S.No	State Name	District Name	Functional PoS Devices (at least one sale executed)	Non-Functional PoS Devices (registered but no sale)
1	Andaman and Nicobar Islands	Nicobars	2	0
2	Andaman and Nicobar Islands	North And Middle Andaman	29	0
3	Andaman and Nicobar Islands	South Andamans	18	0
4	Andhra Pradesh	Alluri Sitharama Raju	91	16

5	Andhra Pradesh	Anakapalli	372	109
6	Andhra Pradesh	Anantapur	730	184
7	Andhra Pradesh	Annamayya	562	155
8	Andhra Pradesh	Bapatla	667	207
9	Andhra Pradesh	Chittoor	486	152
10	Andhra Pradesh	East Godavari	382	39
11	Andhra Pradesh	Eluru	568	46
12	Andhra Pradesh	Guntur	415	79
13	Andhra Pradesh	Kakinada	627	204
14	Andhra Pradesh	Konaseema	489	112
15	Andhra Pradesh	Krishna	474	237
16	Andhra Pradesh	Kurnool	861	244
17	Andhra Pradesh	Nandyal	712	152
18	Andhra Pradesh	NTR	331	31
19	Andhra Pradesh	Palnadu	911	107
20	Andhra Pradesh	Parvathipuram Manyam	358	164
21	Andhra Pradesh	Prakasam	902	192
22	Andhra Pradesh	Spsr Nellore	800	121
23	Andhra Pradesh	Srikakulam	554	177
24	Andhra Pradesh	Sri Sathya Sai	540	117
25	Andhra Pradesh	Tirupati	535	113
26	Andhra Pradesh	Visakhapatanam	41	15
27	Andhra Pradesh	Vizianagaram	564	211
28	Andhra Pradesh	West Godavari	465	45
29	Andhra Pradesh	Y.S.R.	569	186
30	Arunachal Pradesh	East Siang	2	0
31	Arunachal Pradesh	Lohit	1	0
32	Arunachal Pradesh	Lower Dibang Valley	1	0
33	Arunachal Pradesh	Namsai	1	0
34	Arunachal Pradesh	Papum Pare	1	0
35	Arunachal Pradesh	West Kameng	3	0
36	Assam	Baksa	194	23
37	Assam	Barpeta	662	65
38	Assam	BISWANATH	0	1
39	Assam	Bongaigaon	257	57
40	Assam	Cachar	110	6
41	Assam	CHARAIDEO	52	6

42	Assam	Chirang	121	13
43	Assam	Darrang	455	12
44	Assam	Dhemaji	58	3
45	Assam	Dhubri	505	40
46	Assam	Dibrugarh	125	9
47	Assam	Goalpara	397	61
48	Assam	Golaghat	115	5
49	Assam	Hailakandi	97	8
50	Assam	HOJAI	123	14
51	Assam	Jorhat	73	3
52	Assam	Kamrup	317	45
53	Assam	Kamrup Metro	25	1
54	Assam	Karbi Anglong	57	14
55	Assam	Karimganj	78	7
56	Assam	Kokrajhar	108	12
57	Assam	Lakhimpur	64	6
58	Assam	MAJULI	10	1
59	Assam	Marigaon	385	36
60	Assam	Nagaon	420	42
61	Assam	Nalbari	172	37
62	Assam	Sivasagar	70	2
63	Assam	Sonitpur	296	30
64	Assam	South-Salmara-Mankachar	99	32
65	Assam	Tinsukia	102	9
66	Assam	Udalguri	225	21
67	Assam	WEST KARBI-ALONG	0	1
68	Bihar	Araria	1364	126
69	Bihar	Arwal	156	29
70	Bihar	Aurangabad	575	83
71	Bihar	Banka	452	50
72	Bihar	Begusarai	701	41
73	Bihar	Bhagalpur	659	50
74	Bihar	Bhojpur	995	112
75	Bihar	Buxar	718	76
76	Bihar	Darbhanga	929	155
77	Bihar	Gaya	1000	101

78	Bihar	Gopalganj	532	67
79	Bihar	Jamui	352	46
80	Bihar	Jehanabad	254	26
81	Bihar	Kaimur (Bhabua)	454	45
82	Bihar	Katihar	943	89
83	Bihar	Khagaria	912	81
84	Bihar	Kishanganj	605	66
85	Bihar	Lakhisarai	260	26
86	Bihar	Madhepura	978	105
87	Bihar	Madhubani	872	79
88	Bihar	Munger	230	15
89	Bihar	Muzaffarpur	1225	123
90	Bihar	Nalanda	778	73
91	Bihar	Nawada	447	74
92	Bihar	Pashchim Champaran	1477	139
93	Bihar	Patna	851	117
94	Bihar	Purbi Champaran	1900	165
95	Bihar	Purnia	1800	103
96	Bihar	Rohtas	908	88
97	Bihar	Saharsa	792	104
98	Bihar	Samastipur	1206	62
99	Bihar	Saran	1064	82
100	Bihar	Sheikhpura	165	23
101	Bihar	Sheohar	198	29
102	Bihar	Sitamarhi	907	89
103	Bihar	Siwan	707	78
104	Bihar	Supaul	1074	134
105	Bihar	Vaishali	736	113
106	Chhattisgarh	Balod	233	19
107	Chhattisgarh	Baloda Bazar	325	44
108	Chhattisgarh	Balrampur	229	28
109	Chhattisgarh	Bastar	148	17
110	Chhattisgarh	Bemetara	289	36
111	Chhattisgarh	Bijapur	22	1
112	Chhattisgarh	Bilaspur	314	34
113	Chhattisgarh	Dhamtari	327	40
114	Chhattisgarh	Durg	200	27

115	Chhattisgarh	Gariyaband	173	24
116	Chhattisgarh	Gaurela Pendra Marwahi	35	8
117	Chhattisgarh	Janjgir-Champa	264	43
118	Chhattisgarh	Jashpur	93	13
119	Chhattisgarh	Kabirdham	267	70
120	Chhattisgarh	Khairagarh Chhuikhadan Gandhi	121	12
121	Chhattisgarh	Kondagaon	224	34
122	Chhattisgarh	Korba	129	20
123	Chhattisgarh	Korea	42	7
124	Chhattisgarh	Mahasamund	308	36
125	Chhattisgarh	MCB	24	5
126	Chhattisgarh	Mohla Manpur Ambagarh Chouki	49	16
127	Chhattisgarh	Mungeli	261	38
128	Chhattisgarh	Narayanpur	15	3
129	Chhattisgarh	Raigarh	147	25
130	Chhattisgarh	Raipur	278	19
131	Chhattisgarh	Rajnandgaon	226	33
132	Chhattisgarh	Sakti	150	30
133	Chhattisgarh	Sarangarh Bilaigarh	169	16
134	Chhattisgarh	Sukma	19	3
135	Chhattisgarh	Surajpur	191	22
136	Chhattisgarh	Surguja	155	22
137	Chhattisgarh	Uttar Bastar Kanker	261	28
138	Dadra and Nagar Haveli	Dadra And Nagar Haveli	2	0
139	Delhi	East Delhi	1	0
140	Delhi	North Delhi	21	1
141	Delhi	North-East Delhi	1	0
142	Delhi	North West Delhi	9	1
143	Delhi	South-West Delhi	18	0
144	Goa	North Goa	15	1
145	Goa	South Goa	17	0
146	Gujarat	Ahmadabad	244	25
147	Gujarat	Amreli	297	30
148	Gujarat	Anand	357	50
149	Gujarat	Arvalli	338	12

150	Gujarat	Banas Kantha	1039	156
151	Gujarat	Bharuch	147	8
152	Gujarat	Bhavnagar	335	30
153	Gujarat	Botad	141	17
154	Gujarat	Chhotaudepur	153	12
155	Gujarat	Devbhumi Dwarka	97	10
156	Gujarat	Dohad	246	48
157	Gujarat	Gandhinagar	196	14
158	Gujarat	Gir Somnath	151	12
159	Gujarat	Jamnagar	202	20
160	Gujarat	Junagadh	273	22
161	Gujarat	Kachchh	229	14
162	Gujarat	Kheda	324	44
163	Gujarat	Mahesana	432	29
164	Gujarat	Mahisagar	224	17
165	Gujarat	Morbi	268	30
166	Gujarat	Narmada	91	11
167	Gujarat	Navsari	205	16
168	Gujarat	Panch Mahals	274	38
169	Gujarat	Patan	323	30
170	Gujarat	Porbandar	55	8
171	Gujarat	Rajkot	496	7
172	Gujarat	Sabar Kantha	435	27
173	Gujarat	Surat	228	20
174	Gujarat	Surendranagar	332	20
175	Gujarat	Tapi	168	22
176	Gujarat	Vadodara	217	28
177	Gujarat	Valsad	212	23
178	Haryana	Ambala	387	18
179	Haryana	Bhiwani	467	53
180	Haryana	Charkhi Dadri	196	18
181	Haryana	Faridabad	68	7
182	Haryana	Fatehabad	402	24
183	Haryana	Gurgaon	82	9
184	Haryana	Hisar	611	58
185	Haryana	Jhajjar	253	11
186	Haryana	Jind	606	56

187	Haryana	Kaithal	519	35
188	Haryana	Karnal	716	65
189	Haryana	Kurukshetra	436	22
190	Haryana	Mahendragarh	320	20
191	Haryana	Mewat	152	28
192	Haryana	Palwal	253	20
193	Haryana	Panchkula	93	4
194	Haryana	Panipat	305	19
195	Haryana	Rewari	260	26
196	Haryana	Rohtak	369	28
197	Haryana	Sirsa	649	66
198	Haryana	Sonipat	418	44
199	Haryana	Yamunanagar	529	45
200	Himachal Pradesh	Bilaspur	70	6
201	Himachal Pradesh	Chamba	87	8
202	Himachal Pradesh	Hamirpur	178	10
203	Himachal Pradesh	Kangra	341	22
204	Himachal Pradesh	Kinnaur	10	3
205	Himachal Pradesh	Kullu	96	12
206	Himachal Pradesh	Lahul And Spiti	6	0
207	Himachal Pradesh	Mandi	208	29
208	Himachal Pradesh	Shimla	107	18
209	Himachal Pradesh	Sirmaur	111	18
210	Himachal Pradesh	Solan	98	9
211	Himachal Pradesh	Una	207	14
212	Jammu and Kashmir	Anantnag	620	77
213	Jammu and Kashmir	Badgam	348	56
214	Jammu and Kashmir	Bandipora	130	14
215	Jammu and Kashmir	Baramulla	404	70
216	Jammu and Kashmir	Doda	92	32
217	Jammu and Kashmir	Ganderbal	113	14
218	Jammu and Kashmir	Jammu	344	54
219	Jammu and Kashmir	Kathua	202	45
220	Jammu and Kashmir	Kishtwar	12	9
221	Jammu and Kashmir	Kulgam	364	35
222	Jammu and Kashmir	Kupwara	320	41
223	Jammu and Kashmir	Poonch	114	31

224	Jammu and Kashmir	Pulwama	416	54
225	Jammu and Kashmir	Rajauri	219	67
226	Jammu and Kashmir	Ramban	25	8
227	Jammu and Kashmir	Reasi	56	7
228	Jammu and Kashmir	Samba	107	18
229	Jammu and Kashmir	Shopian	223	33
230	Jammu and Kashmir	Srinagar	45	4
231	Jammu and Kashmir	Udhampur	85	17
232	Jharkhand	Bokaro	106	3
233	Jharkhand	Chatra	210	27
234	Jharkhand	Deoghar	223	15
235	Jharkhand	Dhanbad	49	2
236	Jharkhand	Dumka	203	34
237	Jharkhand	East Singhbum	96	8
238	Jharkhand	Garhwa	338	57
239	Jharkhand	Giridih	158	12
240	Jharkhand	Godda	252	35
241	Jharkhand	Gumla	251	24
242	Jharkhand	Hazaribagh	369	28
243	Jharkhand	Jamtara	62	7
244	Jharkhand	Khunti	149	10
245	Jharkhand	Koderma	80	3
246	Jharkhand	Latehar	170	16
247	Jharkhand	Lohardaga	166	16
248	Jharkhand	Pakur	110	16
249	Jharkhand	Palamu	374	52
250	Jharkhand	Ramgarh	157	13
251	Jharkhand	Ranchi	478	46
252	Jharkhand	Sahebganj	230	35
253	Jharkhand	Saraikela Kharsawan	55	5
254	Jharkhand	Simdega	111	11
255	Jharkhand	West Singhbhum	65	3
256	Karnataka	Bagalkot	592	52
257	Karnataka	Bangalore Rural	124	9
258	Karnataka	Belgaum	1474	128
259	Karnataka	Bellary	399	28
260	Karnataka	Bengaluru Urban	72	6

261	Karnataka	Bidar	228	55
262	Karnataka	Bijapur	574	114
263	Karnataka	Chamarajanagar	212	11
264	Karnataka	Chikballapur	239	24
265	Karnataka	Chikmagalur	331	18
266	Karnataka	Chitradurga	320	42
267	Karnataka	Dakshin Kannad	194	6
268	Karnataka	Davangere	563	41
269	Karnataka	Dharwad	262	29
270	Karnataka	Gadag	290	25
271	Karnataka	Gulbarga	373	57
272	Karnataka	Hassan	554	61
273	Karnataka	Haveri	570	58
274	Karnataka	Kodagu	138	5
275	Karnataka	Kolar	215	14
276	Karnataka	Koppal	473	49
277	Karnataka	Mandya	479	25
278	Karnataka	Mysore	569	57
279	Karnataka	Raichur	628	74
280	Karnataka	Ramanagara	199	21
281	Karnataka	Shimoga	476	39
282	Karnataka	Tumkur	446	34
283	Karnataka	Udupi	113	2
284	Karnataka	Uttar Kannad	156	12
285	Karnataka	Vijayanagara	424	46
286	Karnataka	Yadgir	413	49
287	Kerala	Alappuzha	131	8
288	Kerala	Ernakulam	210	6
289	Kerala	Idukki	199	13
290	Kerala	Kannur	188	10
291	Kerala	Kasaragod	112	2
292	Kerala	Kollam	207	9
293	Kerala	Kottayam	192	11
294	Kerala	Kozhikode	139	10
295	Kerala	Malappuram	225	11
296	Kerala	Palakkad	302	7
297	Kerala	Pathanamthitta	104	5

298	Kerala	Thiruvananthapuram	195	12
299	Kerala	Thrissur	226	8
300	Kerala	Wayanad	107	5
301	Madhya Pradesh	AGAR MALWA	157	13
302	Madhya Pradesh	Alirajpur	118	12
303	Madhya Pradesh	Anuppur	39	0
304	Madhya Pradesh	Ashoknagar	145	26
305	Madhya Pradesh	Balaghat	301	30
306	Madhya Pradesh	Barwani	210	28
307	Madhya Pradesh	Betul	339	51
308	Madhya Pradesh	Bhind	291	33
309	Madhya Pradesh	Bhopal	157	21
310	Madhya Pradesh	Burhanpur	150	11
311	Madhya Pradesh	Chhatarpur	268	43
312	Madhya Pradesh	Chhindwara	587	116
313	Madhya Pradesh	Damoh	195	25
314	Madhya Pradesh	Datia	220	25
315	Madhya Pradesh	Dewas	355	18
316	Madhya Pradesh	Dhar	369	37
317	Madhya Pradesh	Dindori	54	9
318	Madhya Pradesh	East Nimar	315	33
319	Madhya Pradesh	Guna	270	49
320	Madhya Pradesh	Gwalior	259	47
321	Madhya Pradesh	Harda	139	10
322	Madhya Pradesh	Hoshangabad	281	22
323	Madhya Pradesh	Indore	278	15
324	Madhya Pradesh	Jabalpur	313	63
325	Madhya Pradesh	Jhabua	155	31
326	Madhya Pradesh	Katni	310	33
327	Madhya Pradesh	Khargone	360	36
328	Madhya Pradesh	Maihar	0	7
329	Madhya Pradesh	Mandla	114	23
330	Madhya Pradesh	Mandsaur	332	22
331	Madhya Pradesh	Morena	225	40
332	Madhya Pradesh	Narsinghpur	263	32
333	Madhya Pradesh	Neemuch	215	14
334	Madhya Pradesh	Niwari	58	7

335	Madhya Pradesh	Panna	148	18
336	Madhya Pradesh	Raisen	222	18
337	Madhya Pradesh	Rajgarh	335	37
338	Madhya Pradesh	Ratlam	330	22
339	Madhya Pradesh	Rewa	447	58
340	Madhya Pradesh	Sagar	340	47
341	Madhya Pradesh	Satna	449	63
342	Madhya Pradesh	Sehore	319	46
343	Madhya Pradesh	Seoni	383	70
344	Madhya Pradesh	Shahdol	91	8
345	Madhya Pradesh	Shajapur	210	20
346	Madhya Pradesh	Sheopur	105	12
347	Madhya Pradesh	Shivpuri	331	56
348	Madhya Pradesh	Sidhi	114	13
349	Madhya Pradesh	Singrauli	134	13
350	Madhya Pradesh	Tikamgarh	150	21
351	Madhya Pradesh	Ujjain	435	19
352	Madhya Pradesh	Umaria	96	18
353	Madhya Pradesh	Vidisha	302	40
354	Maharashtra	Ahilyanagar	2004	195
355	Maharashtra	Akola	447	63
356	Maharashtra	Amravati	905	97
357	Maharashtra	Beed	1321	142
358	Maharashtra	Bhandara	673	60
359	Maharashtra	Buldhana	737	81
360	Maharashtra	Chandrapur	827	75
361	Maharashtra	Chhatrapati Sambhajinagar	798	83
362	Maharashtra	Dharashiv	792	82
363	Maharashtra	Dhule	563	60
364	Maharashtra	Gadchiroli	385	55
365	Maharashtra	Gondia	759	88
366	Maharashtra	Hingoli	564	75
367	Maharashtra	Jalgaon	1107	72
368	Maharashtra	Jalna	915	109
369	Maharashtra	Kolhapur	887	95
370	Maharashtra	Latur	782	73

371	Maharashtra	Nagpur	990	95
372	Maharashtra	Nanded	917	122
373	Maharashtra	Nandurbar	268	34
374	Maharashtra	Nashik	1441	131
375	Maharashtra	Palghar	177	19
376	Maharashtra	Parbhani	658	105
377	Maharashtra	Pune	1397	105
378	Maharashtra	Raigarh	166	12
379	Maharashtra	Ratnagiri	164	15
380	Maharashtra	Sangli	1375	83
381	Maharashtra	Satara	1440	106
382	Maharashtra	Sindhudurg	160	10
383	Maharashtra	Solapur	1908	165
384	Maharashtra	Thane	114	13
385	Maharashtra	Wardha	786	73
386	Maharashtra	Washim	462	78
387	Maharashtra	Yavatmal	1208	96
388	Manipur	Bishnupur	4	0
389	Manipur	Imphal East	10	0
390	Manipur	Imphal West	9	0
391	Manipur	Senapati	1	0
392	Manipur	Thoubal	9	1
393	Meghalaya	East Khasi Hills	41	1
394	Meghalaya	Jaintia Hills	1	0
395	Meghalaya	Ri Bhoi	3	0
396	Meghalaya	South West Garo Hills	1	0
397	Meghalaya	South West Khasi Hills	1	0
398	Meghalaya	West Khasi Hills	2	0
399	Mizoram	Aizawl	5	2
400	Mizoram	Lunglei	1	0
401	Mizoram	Saiha	1	0
402	Mizoram	Saitual	0	2
403	Nagaland	Dimapur	3	0
404	Nagaland	Mon	1	0
405	Odisha	Anugul	189	35
406	Odisha	Balangir	669	98
407	Odisha	Baleshwar	647	130

408	Odisha	Bargarh	340	30
409	Odisha	Bhadrak	332	101
410	Odisha	Boudh	120	15
411	Odisha	Cuttack	386	63
412	Odisha	Debagarh	74	4
413	Odisha	Dhenkanal	187	39
414	Odisha	Gajapati	59	30
415	Odisha	Ganjam	540	187
416	Odisha	Jagatsinghapur	123	47
417	Odisha	Jajapur	276	54
418	Odisha	Jharsuguda	71	12
419	Odisha	Kalahandi	723	101
420	Odisha	Kandhamal	54	6
421	Odisha	Kendrapara	204	61
422	Odisha	Kendujhar	410	60
423	Odisha	Khordha	172	68
424	Odisha	Koraput	238	17
425	Odisha	Malkangiri	102	13
426	Odisha	Mayurbhanj	547	73
427	Odisha	Nabarangpur	304	38
428	Odisha	Nayagarh	186	58
429	Odisha	Nuapada	213	22
430	Odisha	Puri	346	115
431	Odisha	Rayagada	111	20
432	Odisha	Sambalpur	141	13
433	Odisha	Subarnapur	209	37
434	Odisha	Sundargarh	182	45
435	Puducherry	Karaikal	12	2
436	Puducherry	Pondicherry	51	5
437	Puducherry	Yanam	1	0
438	Punjab	Amritsar	534	28
439	Punjab	Barnala	246	25
440	Punjab	Bathinda	586	36
441	Punjab	Faridkot	211	9
442	Punjab	Fatehgarh Sahib	194	10
443	Punjab	Fazilka	571	37
444	Punjab	Firozepur	383	44

445	Punjab	Gurdaspur	649	47
446	Punjab	Hoshiarpur	399	27
447	Punjab	Jalandhar	420	17
448	Punjab	Kapurthala	255	16
449	Punjab	Ludhiana	579	37
450	Punjab	Mansa	430	28
451	Punjab	Moga	372	21
452	Punjab	Muktsar	447	37
453	Punjab	Nawanshahr	196	11
454	Punjab	Pathankot	146	13
455	Punjab	Patiala	590	39
456	Punjab	Rupnagar	196	15
457	Punjab	Sangrur	747	82
458	Punjab	S.A.S Nagar	117	6
459	Punjab	Tarn Taran	445	52
460	Rajasthan	Ajmer	244	30
461	Rajasthan	Alwar	908	121
462	Rajasthan	Banswara	341	51
463	Rajasthan	Baran	559	50
464	Rajasthan	Barmer	249	39
465	Rajasthan	Bharatpur	483	43
466	Rajasthan	Bhilwara	538	56
467	Rajasthan	Bikaner	411	62
468	Rajasthan	Bundi	453	32
469	Rajasthan	Chittorgarh	612	66
470	Rajasthan	Churu	219	29
471	Rajasthan	Dausa	440	71
472	Rajasthan	Deeg	191	31
473	Rajasthan	Dholpur	291	36
474	Rajasthan	Didwana-Kuchaman	0	1
475	Rajasthan	Dungarpur	87	17
476	Rajasthan	Ganganagar	827	73
477	Rajasthan	Hanumangarh	736	52
478	Rajasthan	Jaipur	845	69
479	Rajasthan	Jaisalmer	175	13
480	Rajasthan	Jalore	448	46
481	Rajasthan	Jhalawar	512	52

482	Rajasthan	Jhunjhunu	407	49
483	Rajasthan	Jodhpur	591	69
484	Rajasthan	Karauli	448	27
485	Rajasthan	Khairthal-Tijara	1	2
486	Rajasthan	Kota	437	37
487	Rajasthan	Kotputli-Behror	190	17
488	Rajasthan	Nagaur	416	47
489	Rajasthan	Pali	263	28
490	Rajasthan	Phalodi	0	2
491	Rajasthan	Pratapgarh	263	55
492	Rajasthan	Rajsamand	138	13
493	Rajasthan	Salumbar	3	1
494	Rajasthan	Sawai Madhopur	408	60
495	Rajasthan	Sikar	502	46
496	Rajasthan	Sirohi	175	26
497	Rajasthan	Tonk	469	40
498	Rajasthan	Udaipur	329	40
499	Tamil Nadu	Ariyalur	193	11
500	Tamil Nadu	Chengalpattu	211	20
501	Tamil Nadu	Coimbatore	272	13
502	Tamil Nadu	Cuddalore	462	21
503	Tamil Nadu	Dharmapuri	442	32
504	Tamil Nadu	Dindigul	490	28
505	Tamil Nadu	Erode	550	16
506	Tamil Nadu	Kallakurichi	390	22
507	Tamil Nadu	Kanchipuram	129	2
508	Tamil Nadu	Kanniyakumari	246	4
509	Tamil Nadu	Karur	189	3
510	Tamil Nadu	Krishnagiri	507	35
511	Tamil Nadu	Madurai	334	16
512	Tamil Nadu	Mayiladuthurai	185	11
513	Tamil Nadu	Nagapattinam	147	3
514	Tamil Nadu	Namakkal	357	9
515	Tamil Nadu	Perambalur	215	8
516	Tamil Nadu	Pudukkottai	426	13
517	Tamil Nadu	Ramanathapuram	300	23
518	Tamil Nadu	Ranipet	247	20

519	Tamil Nadu	Salem	600	38
520	Tamil Nadu	Sivaganga	251	5
521	Tamil Nadu	TENKASI	358	15
522	Tamil Nadu	Thanjavur	614	37
523	Tamil Nadu	Theni	250	15
524	Tamil Nadu	The Nilgiris	136	8
525	Tamil Nadu	Thiruvallur	255	22
526	Tamil Nadu	Thiruvarur	412	23
527	Tamil Nadu	Thoothukkudi	302	35
528	Tamil Nadu	Tiruchirappalli	416	18
529	Tamil Nadu	Tirunelveli	249	15
530	Tamil Nadu	TIRUPATHUR	173	6
531	Tamil Nadu	Tiruppur	386	17
532	Tamil Nadu	Tiruvannamalai	786	36
533	Tamil Nadu	Vellore	147	5
534	Tamil Nadu	Villupuram	447	22
535	Tamil Nadu	Virudhunagar	324	24
536	Telangana	Adilabad	229	30
537	Telangana	Bhadradri	393	20
538	Telangana	Hanamkonda	326	44
539	Telangana	Hyderabad	7	0
540	Telangana	Jagitial	449	54
541	Telangana	Jangoan	298	22
542	Telangana	Jayashankar	350	35
543	Telangana	Jogulamba	368	31
544	Telangana	Kamareddy	363	30
545	Telangana	Karimnagar	458	25
546	Telangana	Khammam	583	49
547	Telangana	Komaram Bheem Asifabad	352	63
548	Telangana	Mahabubabad	481	53
549	Telangana	Mahbubnagar	230	18
550	Telangana	Mancherial	343	36
551	Telangana	Medak	255	29
552	Telangana	Medchal	26	1
553	Telangana	MULUGU	204	24
554	Telangana	Nagarkurnool	336	29

555	Telangana	Nalgonda	952	114
556	Telangana	Narayanpet	229	15
557	Telangana	Nirmal	437	61
558	Telangana	Nizamabad	397	47
559	Telangana	Peddapalli	343	24
560	Telangana	Rajanna	242	22
561	Telangana	Rangareddy	189	30
562	Telangana	Sangareddy	429	46
563	Telangana	Siddipet	596	59
564	Telangana	Suryapet	525	44
565	Telangana	Vikarabad	266	33
566	Telangana	Wanaparthy	272	34
567	Telangana	Warangal	347	39
568	Telangana	Yadadri	250	27
569	Tripura	Dhalai	42	2
570	Tripura	Gomati	76	4
571	Tripura	Khowai	64	6
572	Tripura	North Tripura	36	3
573	Tripura	Sepahijala	117	20
574	Tripura	South Tripura	115	5
575	Tripura	Unakoti	38	4
576	Tripura	West Tripura	115	7
577	Uttarakhand	Almora	26	3
578	Uttarakhand	Bageshwar	15	0
579	Uttarakhand	Chamoli	21	0
580	Uttarakhand	Champawat	9	2
581	Uttarakhand	Dehradun	62	2
582	Uttarakhand	Haridwar	327	20
583	Uttarakhand	Nainital	66	6
584	Uttarakhand	Pauri Garhwal	12	0
585	Uttarakhand	Pithoragarh	30	2
586	Uttarakhand	Tehri Garhwal	10	2
587	Uttarakhand	Udam Singh Nagar	490	53
588	Uttarakhand	Uttar Kashi	18	1
589	Uttar Pradesh	Agra	975	131
590	Uttar Pradesh	Aligarh	1440	152
591	Uttar Pradesh	Ambedkar Nagar	1027	63

592	Uttar Pradesh	Amethi	658	78
593	Uttar Pradesh	Amroha	761	96
594	Uttar Pradesh	Auraiya	640	64
595	Uttar Pradesh	Ayodhya	936	86
596	Uttar Pradesh	Azamgarh	1814	126
597	Uttar Pradesh	Baghpat	301	25
598	Uttar Pradesh	Bahraich	1487	172
599	Uttar Pradesh	Ballia	1047	177
600	Uttar Pradesh	Balrampur	955	82
601	Uttar Pradesh	Banda	375	75
602	Uttar Pradesh	Barabanki	1741	190
603	Uttar Pradesh	Bareilly	1426	177
604	Uttar Pradesh	Basti	1365	109
605	Uttar Pradesh	Bhadohi	332	15
606	Uttar Pradesh	Bijnor	931	126
607	Uttar Pradesh	Budaun	1567	228
608	Uttar Pradesh	Bulandshahr	1200	130
609	Uttar Pradesh	Chandauli	492	43
610	Uttar Pradesh	Chitrakoot	226	34
611	Uttar Pradesh	Deoria	1228	105
612	Uttar Pradesh	Etah	977	189
613	Uttar Pradesh	Etawah	771	100
614	Uttar Pradesh	Farrukhabad	1074	75
615	Uttar Pradesh	Fatehpur	1229	133
616	Uttar Pradesh	Firozabad	894	86
617	Uttar Pradesh	Gautam Buddha Nagar	145	16
618	Uttar Pradesh	Ghaziabad	138	11
619	Uttar Pradesh	Ghazipur	1370	182
620	Uttar Pradesh	Gonda	1744	181
621	Uttar Pradesh	Gorakhpur	1247	108
622	Uttar Pradesh	Hamirpur	219	29
623	Uttar Pradesh	Hapur	282	32
624	Uttar Pradesh	Hardoi	1851	197
625	Uttar Pradesh	Hathras	641	72
626	Uttar Pradesh	Jalaun	328	28
627	Uttar Pradesh	Jaunpur	1394	140
628	Uttar Pradesh	Jhansi	307	52

629	Uttar Pradesh	Kannauj	931	93
630	Uttar Pradesh	Kanpur Dehat	825	81
631	Uttar Pradesh	Kanpur Nagar	639	47
632	Uttar Pradesh	Kasganj	694	85
633	Uttar Pradesh	Kaushambi	565	57
634	Uttar Pradesh	Kheri	1782	172
635	Uttar Pradesh	Kushi Nagar	1406	143
636	Uttar Pradesh	Lalitpur	275	49
637	Uttar Pradesh	Lucknow	518	57
638	Uttar Pradesh	Maharajganj	1026	86
639	Uttar Pradesh	Mahoba	136	26
640	Uttar Pradesh	Mainpuri	1483	179
641	Uttar Pradesh	Mathura	850	112
642	Uttar Pradesh	Mau	648	77
643	Uttar Pradesh	Meerut	689	61
644	Uttar Pradesh	Mirzapur	498	44
645	Uttar Pradesh	Moradabad	1009	138
646	Uttar Pradesh	Muzaffarnagar	686	63
647	Uttar Pradesh	Pilibhit	1456	175
648	Uttar Pradesh	Pratapgarh	936	177
649	Uttar Pradesh	Prayagraj	1313	239
650	Uttar Pradesh	Rae Bareli	994	141
651	Uttar Pradesh	Rampur	959	95
652	Uttar Pradesh	Saharanpur	769	100
653	Uttar Pradesh	Sambhal	983	89
654	Uttar Pradesh	Sant Kabeer Nagar	620	28
655	Uttar Pradesh	Shahjahanpur	1508	185
656	Uttar Pradesh	Shamli	312	33
657	Uttar Pradesh	Shravasti	671	104
658	Uttar Pradesh	Siddharth Nagar	1299	192
659	Uttar Pradesh	Sitapur	1899	322
660	Uttar Pradesh	Sonbhadra	441	22
661	Uttar Pradesh	Sultanpur	910	74
662	Uttar Pradesh	Unnao	1147	213
663	Uttar Pradesh	Varanasi	598	41
664	West Bengal	24 Paraganas North	1493	147
665	West Bengal	24 Paraganas South	1365	109

666	West Bengal	Alipurduar	306	11
667	West Bengal	Bankura	1100	74
668	West Bengal	Bardhaman	1512	135
669	West Bengal	Birbhum	664	69
670	West Bengal	Coochbehar	1447	103
671	West Bengal	Dinajpur Dakshin	985	42
672	West Bengal	Dinajpur Uttar	1511	157
673	West Bengal	Hooghly	1333	79
674	West Bengal	Howrah	346	17
675	West Bengal	Jalpaiguri	701	33
676	West Bengal	Jhargram	248	10
677	West Bengal	Maldah	1284	76
678	West Bengal	Medinipur East	853	89
679	West Bengal	Medinipur West	1696	120
680	West Bengal	Murshidabad	1577	72
681	West Bengal	Nadia	2303	93
682	West Bengal	Paschim Bardhaman	86	4
683	West Bengal	Purulia	301	27
		GRAND TOTAL	**285708**	**31576**

S.No	State Name	Functional PoS Devices	Non-Functional PoS Devices
1	Andaman and Nicobar Islands	49	0
2	Andhra Pradesh	14006	3415
3	Arunachal Pradesh	9	0
4	Assam	5772	622
5	Bihar	30176	3064
6	Chhattisgarh	5688	773
7	Dadra and Nagar Haveli	2	0
8	Delhi	50	2
9	Goa	32	1
10	Gujarat	8729	850
11	Haryana	8091	676
12	Himachal Pradesh	1519	149
13	Jammu and kashmir	4239	686

14	Jharkhand	4462	478
15	Karnataka	12100	1191
16	Kerala	2537	117
17	Madhya Pradesh	12783	1581
18	Maharashtra	28097	2767
19	Manipur	33	1
20	Meghalaya	49	1
21	Mizoram	7	4
22	Nagaland	4	0
23	Odisha	8155	1592
24	Puducherry	64	7
25	Punjab	8713	637
26	Rajasthan	14609	1599
27	Tamil Nadu	12398	651
28	Telangana	11525	1188
29	Tripura	603	51
30	Uttar Pradesh	69010	7915
31	Uttarakhand	1086	91
32	West Bengal	21111	1467
	GRAND TOTAL	**285708**	**31576**

STATEMENT-II

List of Rollout States of FFS				
S.No	**State**	**Pilot District 1**	**Pilot District 2**	**Go-Live Date**
1	Telangana	Medchal	Rangareddy	04.06.2026
2	Maharashtra	Kolhapur	Chhatrapati Sambhaji Nagar	05.06.2026
3	Andhra Pradesh	Kakinada	Krishna	12.06.2026
4	Assam	BONGAIGAON	NALBARI	15.06.2026
5	Gujarat	NAVSARI	SABARKANTHA	15.06.2026
6	Uttar Pradesh	RAMPUR	SITAPUR	15.06.2026
7	Bihar	Vaishali	Sheikhpura	18.06.2026
8	Uttarakhand	Champawat	Uttarkashi	23.06.2026
9	Tripura	West Tripura	Gomati	23.06.2026
10	Karnataka	Chitradurga	Tumkur	25.06.2026
11	Rajasthan	Rajsamand	Sirohi	25.06.2026

12	Kerala	Palakkad	Alappuzha	30.06.2026
13	Himachal Pradesh	Bilaspur	Kullu	02.07.2026
14	Mizoram	Aizawl	Kolasib	02.07.2026
15	Odisha	Jharsuguda	Kandhamal	06.07.2026
16	Manipur	Imphal East	Thoubal	07.07.2026
17	Meghalaya	East Khasi Hills	Ri Bhoi	07.07.2026
18	Chhattisgarh	Bijapur	Gariyaband	07.07.2026
19	Andaman and Nicobar Islands	South Andaman	North and Middle Andaman	10.07.2026
20	Goa	South Goa	North Goa	14.07.2026

MEDICAL SEATS/COLLEGES

88. SHRI HASMUKHBHAI SOMABHAI PATEL:

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

(a) whether the Government has framed any strategy to utilise the increased medical colleges and MBBS seats effectively across the country and if so, the details thereof;

(b) whether the Government has assessed the impact of Ayushman Arogya Mandirs (AAMs) on primary healthcare delivery in the country; and

(c) if so, the key findings of such assessment and steps taken by the Government to improve service delivery based on those assessments?

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

(a) to (c): The government has increased number of Medical Colleges, Under

Graduate (UG) and Post Graduate (PG) seats. The number of Medical Colleges have increased from 387 to 844; UG seats from 51,348 to 1,39,489 and PG seats from 31,185 to 86,360 from 2014 to as on date. The opening up of new medical colleges in the remote and underserved areas of the country coupled with increase in MBBS seats will enhance the availability of doctors and further improve healthcare delivery. Also, the Family Adoption Programme (FAP) has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages, and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron and Folic Acid (IFA) supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. Further, the District Residency Programme (DRP) notified by the National Medical Commission (NMC) provides for a compulsory three months posting cum training of PG medical students at District Hospitals as a part of the course curriculum. DRP benefits the public by strengthening healthcare delivery in rural and underserved areas.

NITI Aayog commissioned evaluation of Ayushman Arogya Mandirs (AAMs) programme assessing its implementation and impact. The study highlights several encouraging outcomes, including significant improvements in infrastructure and increased community footfall because of wider access to Comprehensive Primary Health Care services—especially for NCD management, general Out-Patient Department (OPD) care, free medicines and

diagnostics. The introduction of Community Health Officers has strengthened frontline service delivery and digital tools such as e-Sanjeevani have expanded access to specialist care.

Under National Health Mission (NHM), the performance of various health programmes is also regularly monitored in all the States/UTs through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery and rewarding achievements etc. Also, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

The Ministry of Health and Family Welfare (MoHFW) has undertaken several strategic initiatives to address the observations emerging from the findings and to improve service delivery and utilization. These include the development of integrated training modules and strengthened collaboration with regional training institutes to enhance skill-based capacity building; the launch of Swasth Bharat Portal as an integrated portal to improve digital interoperability; optimal utilization of the Drugs and Vaccine Distribution Management System (DVDMS) to strengthen drug inventory and supply chain management. In addition, the Ministry has issued revised guidelines for Village Health, Sanitation and Nutrition Committees (VHSNCs) and Jan Arogya Samiti (JAS) to promote greater community participation and has developed standardized IEC materials to facilitate beneficiary-centric communication. Furthermore, incentive mechanisms are functional at AAM to strengthen the

retention of human resources.

POSHAN 2.0 AND SAKSHAM ANGANWADI

***89. SHRI ANUP SANJAY DHOTRE:**

SHRI BIDYUT BARAN MAHATO:

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

(a) whether the Government has reviewed the progress of implementation of Saksham Anganwadi and POSHAN 2.0 during the last two years, if so, the major findings and outcomes thereof;

(b) the status of modernization and upgradation of Anganwadi Centres into Saksham Anganwadis, including the number of such centres sanctioned, completed and functional, State and district-wise;

(c) whether Government has undertaken a review of the coverage, beneficiary verification and data quality under the Poshan Tracker platform, if so, the details thereof and steps taken to address the gaps identified;

(d) the corrective measures taken by the Government to strengthen real-time monitoring, improve data accuracy and ensure effective delivery of nutrition services through the Poshan Tracker; and

(e) whether the Government proposes to establish additional Saksham Anganwadi Centres and further strengthen nutrition, digital monitoring system, infrastructure and early childhood care services in underserved areas, if so, the details thereof, State/district-wise?

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

(a) to (e): The Ministry of Women and Child Development (MoWCD) is implementing Mission Saksham Anganwadi and Poshan 2.0 since 2021 which addresses the issue of malnutrition in a holistic manner. The Mission subsumed erstwhile scheme for Anganwadi services (ICDS), Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region). It is a Centrally Sponsored Mission, where the responsibility for implementation of various activities lies with the States and UTs.

Under Mission Saksham Anganwadi and Poshan 2.0, two lakh Anganwadi Centres (AWCs) located in Government buildings have been approved to be upgraded as Saksham Anganwadis for delivery of improved nutrition and for ECCE activities. These AWCs are equipped with better infrastructure such as LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BaLA) paintings. The State/UT-wise and district-wise status of AWCs approved for upgradation into Saksham Anganwadis has been placed at **Statement.**

Under this Mission, various steps have been undertaken to improve the infrastructure facilities at Anganwadi Centres (AWCs). During 15th Finance Commission cycle, 40,000 Anganwadi Centres have been sanctioned for construction in convergence with MGNREGS. Various other initiatives have

been undertaken for construction of AWCs under PM JANMAN and Dharti Aaba Janjatiya Gram Utkarsh Abhiyan for the targeted development of Tribal population and VVP (Vibrant Village Programme) - Phase I, focusing on Northern border areas. Also, in order to improve the infrastructure facilities at AWCs, funds @Rs.17,000/- for providing drinking water facilities and @Rs.36,000/- for construction of toilets are provided to States and UTs. A total of 1,58,966 AWCs have been approved for providing drinking water facilities and 1,42,522 AWCs for construction of toilets across the country.

To review the progress of the Mission digitally, the MoWCD has introduced 'Poshan Tracker' application as an ICT based Governance tool. It provides facility for monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on various indicators. It also facilitates near real time data collection for Anganwadi Services such as, opening of AWCs, daily attendance of children, Early Childhood Care and Education (ECCE) activities, Growth Monitoring of children, distribution of Hot Cooked Meal (HCM) and Take-Home Ration (THR) etc. Poshan Tracker helps in generating data as required, providing feedback to the implementing authorities and documenting the impact of scheme to make effective and timely interventions and facilitating continuous evaluation of the programme. The details of coverage of beneficiaries and status of implementation of Mission Poshan 2.0 in all the States and UTs is available at Poshan Tracker dashboard: https://www.poshantracker.in/statistics.

In order to ensure more transparency and accountability, all

beneficiaries under the Mission are Aadhaar verified. As per Poshan tracker data of June 2026, 99.88% beneficiaries are Aadhaar verified. For last mile tracking of Service Delivery, Facial Recognition System (FRS) in Poshan Tracker Application has been introduced for distribution of THR. This technology-based beneficiary verification is implemented to ensure that benefit is given only to the eligible beneficiary registered in the application. Further, Nominee Module has also been introduced in the Poshan Tracker application to ensure uninterrupted delivery of THR to the beneficiaries; Pregnant Women, Lactating Mothers, and Adolescent Girls. If due to any reason, the registered beneficiary is unable to visit the AWC to receive their THR through FRS, she can nominate a person on her behalf to receive her THR.

Data quality and accuracy is further improved through Supportive Supervision module which has been developed as a dedicated digital platform in the Poshan Tracker Application. This feature is specifically designed to enhance effective real time monitoring at all administrative levels (Supervisor, CDPO, and DPO), to improve overall effectiveness of the program. The module enables to monitor key indicators including AWC opening status, attendance, supplementary nutrition distribution, ECCE activities, home visits, growth monitoring, and identification of SAM and underweight children, thereby improving accountability, service quality, and timely corrective action across AWCs.

Continuous training and hand-holding support to AWWs to ensure their capacity building for effective use of the Poshan Tracker application through

the following mechanisms:

- Learning videos and awareness documents: In the Resource section of the Poshan Tracker application, learning videos and awareness documents are available for AWWs which can be accessed by them at any point of time for effective delivery of their routine tasks.
- Under the Poshan Bhi Padhai Bhi (PBPB) initiative, training is imparted by Savitri Bai Phule National Institute of Women and Child Development (SPNIWCD) to all the officials and field functionaries in the States and UTs through a cascading model of training, wherein Master Trainers (District Officers, Block Coordinators and Supervisors) are trained, and the master trainers further train all Anganwadi Workers in the field. Training is imparted on different modules of Poshan Tracker, viz. Facial Recognition System (FRS), Geo-Tagging, Home Visit Scheduler etc. Block and District coordinators provide on-ground handholding support to AWWs and supervisors for effective usage of the Poshan Tracker Application and resolution of technical glitches.
- Training on Release of New Versions: Further, whenever new applications are launched on Poshan Tracker, field level trainings/ workshops are conducted for AWWs regarding queries/doubts/use of application by Digital India Corporation (DIC), National e-Governance Division (NeGD).

A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and has found its relevance to be

satisfactory for tackling malnutrition in the country. An outcome-based evaluation study of Mission Saksham Anganwadi and Poshan 2.0 was conducted again by Development Monitoring and Evaluation Office (DMEO), NITI Aayog (2025). As per study, evidence from institutional assessments and household surveys indicates that digitalization through Poshan Tracker Application has a multi-dimensional impact on nutrition monitoring, ECCE, beneficiary authentication, and service delivery efficiency. Evidence indicated that in its current form, Mission Poshan 2.0 represents the Government's latest effort to holistically combat malnutrition and promote child development, by building on past programs with a converged and strengthened approach.

STATEMENT

THE STATE AND UT-WISE AND DISTRICT-WISE STATUS OF AWCS APPROVED FOR UPGRADATION INTO SAKSHAM ANGANWADIS IS AS UNDER:

S.No	State/Uts	District	AWCs approved for upgradation			
			F.Y 2022-23	F.Y 2023-24	F.Y 2024-25	Total
1	Maharashtra	Ahmednagar	0	0	495	495
2		Akola	0	0	64	64
3		Amravati	0	21	312	333
4		Beed	0	13	198	211
5		Bhandara	0	0	214	214
6		Buldana	0	0	101	101
7		Chandrapur	0	12	342	354
8		Chhatrapati Sambhajinagar	0	0	29	29
9		Dharashiv	400	0	121	521

10		Dhule	0	0	130	130
11		Gadchiroli	350	39	413	802
12		Gondia	0	0	185	185
13		Hingoli	0	0	156	156
14		Jalgaon	0	0	145	145
15		Jalna	0	0	62	62
16		Kolhapur	0	0	526	526
17		Latur	0	0	719	719
18		Mumbai Suburban	0	0	1	1
19		Nagpur	0	0	834	834
20		Nanded	0	0	80	80
21		Nandurbar	100	0	90	190
22		Nashik	0	16	477	493
23		Palghar	0	461	156	617
24		Parbhani	0	0	53	53
25		Pune	0	0	1511	1511
26		Raigad	0	0	759	759
27		Ratnagiri	0	0	701	701
28		Sangli	0	0	350	350
29		Satara	0	0	1482	1482
30		Sindhudurg	0	0	399	399
31		Solapur	0	0	415	415
32		Thane	0	0	209	209
33		Wardha	0	0	755	755
34		Washim	300	0	89	389
35		Yavatmal	0	27	433	460
		Total	**1150**	**589**	**13006**	
36		Anantapur	0	0	185	185
37		Anakapalli	204	0	0	204
38		Alluri Sitarama Raju (ASR)	154	181	0	335
39	**Andhra**	Annamayya	122	174	0	296
40	**Pradesh**	Bapatla	0	0	261	261
41		Chittoor	0	0	814	814
42		East Godavari	0	0	704	704
43		Eluru	0	0	855	855
44		Guntur	0	0	204	204

45		Kakinada	0	0	488	488
46		Konaseema	0	0	340	340
47		Krishna	0	0	743	743
48		Kurnool	0	27	119	146
49		Nandyal	0	0	101	101
50		Ntr	0	63	377	440
51		Pvp Manyam	113	516	0	629
52		Palnadu	0	0	67	67
53		Prakasam	0	82	160	242
54		Spsr Nellore	0	0	401	401
55		Sri Sathya Sai	0	0	154	154
56		Srikakulam	0	0	153	153
57		Tirupati	0	0	475	475
58		West Godavari	0	0	489	489
59		Ysr Kadapa	0	720	0	720
60		Vishakhapatnam	42	0	0	42
61		Vizianagaram	287	0	0	287
62		Kadapa	183	0	0	183
		Total	**1105**	**1763**	**7090**	
63	**Assam**	Baksa	589	0	0	589
64		Barpeta	514	0	0	514
65		Darrang	151	0	0	151
66		Dhubri	191	0	0	191
67		Goalpara	552	0	0	552
68		Hailakandi	79	0	0	79
69		Udalguri	361	0	0	361
70		Biswanath	0	100	0	100
71		Bongaigaon	0	25	55	80
72		Cachar	0	66	0	66
73		Dibrugarh	0	149	25	174
74		Golaghat	0	50	160	210
75		Hojai	0	75	0	75
76		Karbi- Anglong	0	50	36	86
77		Lakhimpur	102	100	0	202
78		Majuli	0	25	66	91
79		Morigaon	0	50	82	132
80		Nagaon	0	125	0	125

81		Kamrup	0	0	104	104
82		Kamrup Metro	169	0	22	191
83		Nalbari	113	0	15	128
84		Sivasagar	23	0	29	52
85		West Karbi Anglong	0	0	35	35
86		Tinsukia	410	0	0	410
87		Jorhat	175	0	0	175
88		Charaideo	30	0	0	30
89		Sonitpura	326	0	0	326
90		South Salmara	138	0	0	138
91		Titabor	40	0	0	40
		Total	**3963**	**815**	**629**	
92		Namsai	100	0	3	103
93		Anjaw	0	0	1	1
94		Changlang	0	0	4	4
95		East Kameng	0	0	4	4
96		East Siang	0	0	3	3
97		Kamle	0	0	1	1
98		Kra Dadi	0	0	1	1
99		Kurung Kumey	0	0	2	2
100		Lepararada	0	0	1	1
101		Lohit	0	0	1	1
102		Longding	0	0	3	3
103	**Arunachal**	Lower Dibang Valley	0	0	2	2
104	**Pradesh**	Lower Siang	0	0	2	2
105		Lower Subansiri	0	0	2	2
106		Papum Pare	0	0	3	3
107		Shi Yomi	0	0	1	1
108		Siang	0	0	2	2
109		Tawang	0	0	3	3
110		Tirap	0	0	3	3
111		Upper Siang	0	0	2	2
112		Upper Subansiri	0	0	2	2
113		West Kameng	0	0	4	4
114		West Siang	0	0	2	2
		Total	**100**	**0**	**52**	
115	**Bihar**	Araria	204	40	35	279

116		Aurangabad	307	22	43	372
117		Banka	448	0	552	1000
118		Begusarai	98	85	108	291
119		Gaya	742	200	541	1483
120		Jamui	333	192	32	557
121		Katihar	299	126	1	426
122		Khagaria	104	36	47	187
123		Muzaffarpur	358	197	28	583
124		Nawada	299	287	430	1016
125		Purnia	173	93	92	358
126		Sheikhpura	97	43	0	140
127		Sitamarhi	104	103	20	227
128		Arwal	0	11	4	15
129		Bhagalpur	0	614	58	672
130		Bhojpur	0	47	28	75
131		Buxar	0	96	96	192
132		Darbhanga	0	221	76	297
133		East Champaran	0	6	84	90
134		Gopalganj	0	137	154	291
135		Jahanabad	0	119	142	261
136		Kishanganj	0	19	255	274
137		Lakhisarai	0	32	68	100
138		Madhepura	0	110	7	117
139		Muger	0	77	107	184
140		Nalanda	0	24	36	60
141		Rohtas	0	5	48	53
142		Saharsa	0	12	14	26
143		Samastipur	0	162	0	162
144		Saran	0	74	393	467
145		Sheohar	0	28	0	28
146		Siwan	0	239	472	711
147		Supaul	0	93	58	151
148		Vaishali	0	0	113	113
149		W.Champaran	0	0	125	125
150		Kaimur	0	0	146	146
		Total	**3566**	**3550**	**4413**	
151	**Chhattisgarh**	Bastar	600	14	0	614

152		Bijapur	200	0	0	200
153		Dantewada	300	11	0	311
154		Kanker	600	84	0	684
155		Kondagaon	500	23	0	523
156		Korba	700	77	0	777
157		Mahasamund	600	629	0	1229
158		Narayanpur	100	3	0	103
159		Rajnandgaon	450	0	0	450
160		Sukma	250	41	0	291
161		Korea	0	158	50	208
162		K.C.G	200	0	0	200
163		Balrampur	0	11	350	361
164		Gaurela-Pendra-Marwahi (Gpm)	0	4	50	54
165		Kabirdham	0	130	0	130
166		Mohla Manpur Ambagarh Chowki	250	182	0	432
167		Surajpur	0	214	0	214
168		Surguja	0	21	250	271
169		Balod	0	0	350	350
170		Balodabazar-Bhatapara	0	0	350	350
171		Bemetara	0	0	250	250
172		Bilaspur	0	0	450	450
173		Dhamtari	0	0	250	250
174		Durg	0	0	250	250
175		Gariyaband	0	138	300	438
176		Janjgir-Champa	0	0	250	250
177		Jashpur	0	0	500	500
178		Manendragarh-Chirimiri-Bharatpur	0	0	150	150
179		Mungeli	0	0	250	250
180		Raigarh	0	0	500	500
181		Raipur	0	0	250	250
182		Sakti	0	0	50	50
		Sarangarh-Bilaigarh	0	0	150	150
		Total	**4750**	**1740**	**5000**	
183	**Gujarat**	Dahod	950	0	620	1570

184		Narmada	300	0	211	511
185		Ahmadabad	0	0	525	525
186		Ahmadabad Urban	0	0	412	412
187		Amreli	0	0	219	219
188		Anand	0	0	332	332
189		Aravalli	0	0	411	411
190		Banaskantha	0	0	718	718
191		Bharuch	0	0	480	480
192		Bhavnagar	0	0	537	537
193		Chhota Udepur	0	0	565	565
194		Dangs	0	0	252	252
195		Devbhumi Dwarka	0	0	263	263
196		Gandhinagar	0	0	596	596
197		Gandhinagar Urban	0	0	49	49
198		Jamnagar	0	0	36	36
199		Jamnagar Urban	0	0	59	59
200		Kachchh	0	0	119	119
201		Kheda	0	0	437	437
202		Mahesana	0	0	512	512
203		Mahisagar	0	0	166	166
204		Morbi	0	0	51	51
205		Panchmahals	0	0	693	693
206		Patan	0	0	235	235
207		Rajkot	0	0	20	20
208		Rajkot Urban	0	0	89	89
209		Sabarkantha	0	0	996	996
210		Surat	0	0	226	226
211		Surat Urban	0	0	360	360
212		Surendranagar	0	0	298	298
213		Tapi	0	0	482	482
214		Vadodara	0	0	226	226
215		Vadodara Urban	0	0	73	73
216		Valsad	0	0	629	629
		Total	**1250**	**0**	**11897**	
217	**Haryana**	Ambala	0	0	159	159
218		Ateli	0	0	1	1
219		Bhiwani	0	0	200	200

220		Ch. Dadri	0	0	63	63
221		Faridabad	0	0	40	40
222		Fatehabad	0	0	217	217
223		Gurugram	0	0	118	118
224		Hisar	0	0	172	172
225		Jhajjar	0	0	112	112
226		Jind	0	0	167	167
227		Kaithal	0	0	122	122
228		Kaithal R	0	0	8	8
229		Kanina	0	0	13	13
230		Karnal	0	0	181	181
231		Kurukshetra	0	0	141	141
232		Mahendragarh	0	0	146	146
233		Nuh	0	0	20	20
234		Nnl-R	0	0	4	4
235		Palwal	0	0	35	35
236		Panchkula	0	0	74	74
237		Panipat	0	0	58	58
238		Rewari	0	0	173	173
239		Rewari(Jatusana)	0	0	7	7
240		Rohtak	0	0	123	123
241		Sirsa	0	0	167	167
242		Sonipat	0	0	141	141
243		Ynr	0	0	132	132
244		Mewat	10	0	0	10
		Total	**10**	**0**	**2794**	
245	**Himachal Pradesh**	Chamba	100	0	0	100
246		Bilaspur	0	0	59	59
247		Hamirpur	0	0	91	91
248		Kangra	0	0	37	37
249		Kullu	0	11	50	61
250		Lahaul and Spiti	0	0	5	5
251		Mandi	0	0	150	150
252		Shimla	0	13	80	93
253		Sirmaur	0	0	233	233
254		Solan	0	0	134	134
255		Una	0	0	66	66

256		Kinnaur	0	1	0	1
		Total	**100**	**25**	**905**	
257	**Jammu and Kashmir**	Baramulla	36	0	7	43
258		Kupwara	50	50	0	100
259		Anantnag	0	0	62	62
260		Bandipora	0	0	1	1
261		Budgam	0	0	35	35
262		Ganderbal	0	0	10	10
263		Kulgam	0	0	1	1
264		Poonch	0	0	45	45
265		Pulwama	0	0	1	1
266		Rajouri	0	0	20	20
267		Ramban	0	0	1	1
268		Reasi	0	0	1	1
269		Udhampur	0	0	18	18
		Total	**86**	**50**	**202**	
270	**Jharkhand**	Bokaro	400	0	321	721
271		Chatra	350	0	238	588
272		Dumka	400	0	804	1204
273		East Singhbum	300	0	408	708
274		Garhwa	200	0	80	280
275		Giridih	600	0	737	1337
276		Godda	500	0	303	803
277		Gumla	450	0	929	1379
278		Hazaribagh	400	0	516	916
279		Khunti	200	0	276	476
280		Latehar	300	0	328	628
281		Lohardaga	250	0	274	524
282		Pakur	300	0	99	399
283		Palamu	300	0	456	756
284		Ramgarh	150	0	368	518
285		Ranchi	600	0	167	767
286		Sahebganj	250	0	888	1138
287		Simdega	300	0	39	339
288		West Singhbhum	600	0	416	1016
289		Deoghar	0	0	582	582
290		Dhanbad	0	0	958	958

291		Jamtara	0	0	149	149
292		Koderma	0	0	289	289
293		Seraikella-Kharsawan	0	0	300	300
		Total	**6850**	**0**	**9925**	
294		Raichur	50	51	119	220
295		Yadgir	50	13	108	171
296		Bellari	0	12	329	341
297		Bidar	0	39	83	122
298		Uttarakannada	0	48	208	256
299		Vijayapur	0	15	708	723
300		Bagalkote	0	0	340	340
301		Bangalore Rural	0	0	938	938
302		Belagavi	0	0	795	795
303		Bengaluru Urban	0	0	226	226
304		Chamarajanagara	0	0	290	290
305		Chikkaballapura	0	0	516	516
306		Chikkamagaluru	0	0	266	266
307		Chitradurga	0	0	240	240
308		Dakshina Kannada	0	0	1384	1384
309		Davanagere	0	0	637	637
310	**Karnataka**	Dharwad	0	0	71	71
311		Gadag	0	0	808	808
312		Hassan	0	0	701	701
313		Haveri	0	0	1483	1483
314		Kalburgi	0	0	542	542
315		Kodagu	0	0	73	73
316		Kolar	0	0	655	655
317		Koppal	0	0	276	276
318		Mandya	0	0	515	515
319		Mysore	0	0	2458	2458
320		Ramanagara	0	0	477	477
321		Shimoga	0	0	997	997
322		Tumkur	0	0	338	338
323		Udupi	0	0	135	135
324		Vijayanagara	0	0	738	738
		Total	**100**	**178**	**17454**	
325	**Kerala**	Wayanad	250	435	0	685

326		Idukki	0	321	87	408
327		Kasaragod	0	212	45	257
328		Palakkad	0	310	192	502
329		Alappuzha	0	51	138	189
330		Ernakulam	0	39	207	246
331		Kannur	0	39	185	224
332		Kollam	0	42	127	169
333		Kottayam	0	41	160	201
334		Kozhikode	0	39	190	229
335		Malappuram	0	41	231	272
336		Pathanamthitta	0	40	123	163
337		Thiruvananthapuram	0	61	272	333
338		Thrissur	0	39	235	274
		Total	**250**	**1710**	**2192**	
339	**Madhya Pradesh**	Barwani	400	1119	219	1738
340		Chhatarpur	300	200	126	626
341		Damoh	200	200	123	523
342		East Nimar	300	0	0	300
343		Guna	170	158	130	458
344		Rajgarh	300	361	199	860
345		Singrauli	350	350	0	700
346		Vidisha	200	169	109	478
347		Agar Malwa	0	45	115	160
348		Alirajpur	0	97	174	271
349		Anuppur	0	180	0	180
350		Ashok Nagar	0	258	30	288
351		Balaghat	0	369	501	870
352		Betul	0	170	450	620
353		Bhind	0	293	153	446
354		Bhopal	0	80	339	419
355		Burhanpur	0	60	437	497
356		Chindwada	0	165	0	165
357		Datia	0	100	242	342
358		Dindori	0	300	185	485
359		Harda	0	60	182	242
360		Indore	0	170	370	540
361		Jabalpur	0	51	308	359

362		Jhabua	0	294	153	447
363		Katni	0	106	424	530
364		Khargone	0	176	256	432
365		Mandla	0	153	483	636
366		Mandsaur	0	138	418	556
367		Morena	0	111	242	353
368		Naramdapuram	0	90	0	90
369		Narsinghpur	0	80	248	328
370		Neemuch	0	58	268	326
371		Niwari	0	55	0	55
372		Raisen	0	100	194	294
373		Ratlam	0	189	317	506
374		Rewa	0	398	140	538
375		Sagar	0	196	251	447
376		Sehore	0	72	391	463
377		Seoni	0	176	411	587
378		Shahdol	0	623	170	793
379		Shajapur	0	60	182	242
380		Shivpuri	0	247	237	484
381		Sidhi	0	120	293	413
382		Tikamgarh	0	162	153	315
383		Ujjain	0	212	384	596
384		Umaria	0	116	85	201
385		Gwalior	0	128	126	254
386		Sheopur	0	70	122	192
387		Satna	0	40	254	294
388		Panna	0	23	116	139
389		Dhar	0	50	381	431
390		Khandwa	0	288	191	479
391		Anooppur	0	0	230	230
392		Chindwara	0	0	414	414
393		Dewas	0	0	273	273
394		Maihar	0	0	112	112
395		Mauganj	0	0	56	56
396		Narmadapuram	0	0	386	386
397		Niwadi	0	0	40	40
398		Padurna	0	0	103	103

399		Singhroli	0	0	60	60
		Total	**2220**	**9486**	**12956**	
400	**Manipur**	Chandel	30	0	0	30
		Total	30	0	0	
401	**Meghalaya**	Ri Bhoi	100	7	9	116
402		North Goro Hills	0	1	0	1
403		West Jaintia Hills	0	0	4	4
		Total	**100**	**8**	**13**	
404	**Mizoram**	Mamit	100	133	51	284
405		Lunglei	0	172	72	244
406		Saitual	0	108	13	121
407		Aizawl	0	176	99	275
408		Champhai	0	120	30	150
409		Khawzawl	0	6	12	18
410		Kolasib	0	51	87	138
411		Lawngtlai	0	142	10	152
412		Serchhip	0	50	47	97
413		Siaha	0	30	34	64
414		Hnahthial	0	0	30	30
415		Khawzawl District	0	0	26	26
416		Ngopa	0	0	1	1
		Total	**100**	**988**	**512**	
417	**Nagaland**	Kiphire	100	7	0	107
418		Zunheboto	0	25	0	25
419		Noklak	0	17	0	17
		Total	**100**	**49**	**0**	
420	**Odisha**	Balangir	710	19	0	729
421		Dhenkanal	714	79	0	793
422		Gajapati	522	106	97	725
423		Kalahandi	645	31	163	839
424		Kandhamal	545	100	215	860
425		Koraput	966	13	123	1102
426		Malkangiri	391	36	53	480
427		Nabarangpur	636	152	73	861
428		Nuapada	367	47	146	560
429		Rayagada	504	81	92	677
430		Bargarh	0	71	224	295

431		Keonjhar	0	53	0	53
432		Mayurbhanj	0	103	0	103
433		Nayagarh	0	117	138	255
434		Sambalpur	0	52	0	52
435		Sundargarh	0	24	0	24
436		Angul	0	0	53	53
437		Bhadak	0	0	25	25
438		Bhadrak	0	0	475	475
439		Bolangir	0	0	76	76
440		Cuttack	0	0	528	528
441		Ganjam	0	0	745	745
442		Jagatsinghpur	0	0	507	507
443		Jharsuguda	0	0	367	367
444		Khordha	0	0	484	484
445		Puri	0	0	374	374
446		Subarnapur	0	0	98	98
		Total	**6000**	**1084**	**5056**	
447	**Punjab**	Firozepur	50	0	9	59
448		Moga	50	0	0	50
449		Amritsar	0	0	6	6
450		Gurdaspur	0	0	197	197
451		Jalandhar	0	0	7	7
452		Kapurthala	0	0	9	9
453		Sangrur	0	0	25	25
		Total	**100**	**0**	**253**	
454	**Rajasthan**	Baran	198	104	0	302
455		Dholpur	10	0	45	55
456		Karauli	5	0	1	6
457		Udaipur	0	14	92	106
458		Jodhpur	0	13	14	27
459		Churu	0	29	313	342
460		Pratapgarh	0	103	0	103
461		Jhunjhunu	0	77	0	77
462		Ajmer	0	0	37	37
463		Alwar	0	0	24	24
464		Anupgarh	0	0	23	23
465		Balotara	0	0	74	74

466		Banswara	0	0	49	49
467		Barmer	0	0	161	161
468		Beawar	0	0	55	55
469		Bharatpur	0	0	27	27
470		Bhilwara	0	0	41	41
471		Bikaner	0	0	120	120
472		Bundi	0	0	62	62
473		Chittorgarh	0	0	186	186
474		Dausa	0	0	41	41
475		Deeg	0	0	71	71
476		Didwana-Kuchaman	0	0	220	220
477		Dungarpur	0	0	234	234
478		Gangangar	0	0	20	20
479		Gangapur City	0	0	2	2
480		Hanumangarh	0	0	126	126
481		Jhalawar	0	0	210	210
482		Khairthal Tijara	0	0	7	7
483		Kota	0	0	23	23
484		Kotputli-Behror	0	0	28	28
485		Nagaur	0	0	63	63
486		Neemkathana	0	0	76	76
487		Pali	0	0	60	60
488		Phalodi	0	0	3	3
489		Salumbar	0	0	21	21
490		Sawai Madhopur	0	0	13	13
491		Sikar	0	0	88	88
492		Sirohi	0	0	86	86
493		Tonk	0	0	121	121
494		Rajsamand	0	0	124	124
		Total	**213**	**340**	**2961**	
495	**Sikkim**	West District	100	0	0	100
496		Soreng	0	25	0	25
497		Gangtok	0	106	0	106
498		Gyalshing	0	15	0	15
499		Mangan	0	75	0	75
500		Namchi	0	78	0	78
501		Pakyong	0	36	0	36

		Total	**100**	**335**	**0**	
502		Ramanathapuram	400	173	42	615
503		Virudhunagar	400	90	95	585
504		Ariyalur	0	168	178	346
505		Karur	0	172	76	248
506		Perambalur	0	111	32	143
507		Kallakurichi	0	100	123	223
508		Pudukkottai	0	246	64	310
509		Ranipet	0	36	52	88
510		Sivagangai	0	124	127	251
511		Tenkasi	0	61	103	164
512		Thrichirapalli	0	150	0	150
513		Tirunelveli	0	175	0	175
514		Thiruvannamalai	0	368	147	515
515		Vellore	0	119	105	224
516		Villupuram	0	154	65	219
517		Chengalpattu	0	123	0	123
518		Chennai	0	160	202	362
519	**Tamil Nadu**	Coimbatore	0	204	153	357
520		Cuddalore	0	140	503	643
521		Dharmapuri	0	51	156	207
522		Dindigul	0	601	0	601
523		Erode	0	18	148	166
524		Kanniyakumari	0	22	233	255
525		Krishnagiri	0	107	210	317
526		Madurai	0	84	137	221
527		Nagapattinam	0	103	37	140
528		Namakkal	0	280	129	409
529		Salem	0	218	215	433
530		Thanjavur	0	145	153	298
531		The Nilgiris	0	113	120	233
532		Theni	0	122	91	213
533		Tirupathur	0	26	0	26
534		Thiruppur	0	161	0	161
535		Thiruvallur	0	83	459	542
536		Thiruvarur	0	146	276	422
537		Thoothukudi	0	213	67	280

538		Chengalpet	0	0	186	186
539		Dindugal	0	0	319	319
540		Kancheepuram	0	223	28	251
541		Mayiladuthurai	0	0	24	24
542		Thirunelveli	0	0	84	84
543		Thirupattur	0	0	206	206
544		Tiruppur	0	0	101	101
545		Trichy	0	0	136	136
		Total	**800**	**5590**	**5582**	
546	**Telangana**	Jayashankar Bhupalapally	50	0	0	50
547		Bhadradri Kothagudem/Khammam	350	115	44	509
548		Komarambheem Asifabad	100	5	0	105
549		Adilabad	0	24	5	29
550		Bayyaram	0	47	0	47
551		Hanumakonda	0	61	4	65
552		Hyderabad	0	9	1	10
553		Jagityal	0	89	18	107
554		Jangaon	0	226	52	278
555		Jogulamba Gadwal	0	13	2	15
556		Kamareddy	0	208	18	226
557		Karimnagar	0	257	108	365
558		Mahabubnagar	0	116	14	130
559		Medak	0	92	38	130
560		Medchal Malkajgiri	0	754	194	948
561		Mulugu	0	17	0	17
562		Nagarkurnool	0	42	9	51
563		Nalgonda	0	122	34	156
564		Narayanpet	0	203	29	232
565		Peddapally	0	46	20	66
566		Rajanna Siricilla	0	146	25	171
567		Rangareddy	0	140	36	176
568		Sangareddy	0	218	80	298
569		Siddipet	0	180	58	238
570		Suryapet	0	145	35	180
571		Vikarabad	0	84	6	90
572		Wanaparthy	0	112	41	153

573		Warangal	0	46	8	54
574		Yadadri Bhuvanagiri	0	12	6	18
575		Mahabubabad	0	0	3	3
576		Mancherial	0	0	2	2
577		Nirmal	0	0	9	9
578		Nizamabad	0	0	80	80
		Total	**500**	**3529**	**979**	
579	**Tripura**	Dhalai	200	0	0	200
580		Gomati	0	14	0	14
581		Khowai	0	17	0	17
582		Sepahijala	0	8	1	9
583		South Tripura	0	11	10	21
584		Unakoti	0	33	6	39
585		West Tripura	0	162	12	174
		Total	**200**	**245**	**29**	
586	**Uttar Pradesh**	Bahraich	550	175	143	868
587		Balrampur	249	92	16	357
588		Chandauli	300	159	39	498
589		Chitrakoot	100	66	37	203
590		Fatehpur	600	52	20	672
591		Shravasti	150	279	0	429
592		Siddharth Nagar	100	158	0	258
593		Sonbhadra	300	63	0	363
594		Ambedkar Nagar	0	144	506	650
595		Amroha	0	338	70	408
596		Azamgarh	0	236	475	711
597		Aligarh	0	191	48	239
598		Auraiya	0	299	0	299
599		Ayodhya	0	351	66	417
600		Agra	0	183	29	212
601		Amethi	0	166	58	224
602		Baghpat	0	194	0	194
603		Ballia	0	234	35	269
604		Banda	0	148	0	148
605		Barabanki	0	534	5	539
606		Bareilly	0	66	384	450
607		Basti	0	390	199	589

608		Bhadohi	0	50	0	50
609		Bijnor	0	622	460	1082
610		Bulandshahr	0	347	94	441
611		Buadaun	0	48	0	48
612		Deoria	0	194	30	224
613		Etawah	0	47	294	341
614		Etah	0	105	40	145
615		Farrukhabad	0	129	13	142
616		Ghaziabad	0	175	31	206
617		Ghazipur	0	207	46	253
618		Gonda	0	210	118	328
619		Gorakhpur	0	283	90	373
620		Hamirpur	0	226	19	245
621		Hapur	0	149	8	157
622		Hardoi	0	554	0	554
623		Hathras	0	33	0	33
624		Jalaun	0	255	0	255
625		Jhansi	0	352	0	352
626		Jaunpur	0	505	0	505
627		Kasganj	0	9	0	9
628		Kannauj	0	78	0	78
629		Kanpur Dehat	0	161	0	161
630		Kanpur Nagar	0	293	0	293
631		Kaushambi	0	519	0	519
632		Kheri	0	613	0	613
633		Kushinagar	0	133	0	133
634		Lucknow	0	310	0	310
635		Lalitpur	0	330	0	330
636		Maharajganj	0	398	0	398
637		Mainpuri	0	209	0	209
638		Mathura	0	43	0	43
639		Mau	0	173	0	173
640		Meerut	0	577	0	577
641		Mahoba	0	360	0	360
642		Moradabad	0	203	0	203
643		Muzaffarnagar	0	24	0	24
644		Mirzapur	0	82	0	82

645		Pilibhit	0	790	0	790
646		Prayagraj	0	346	0	346
647		Pratapgarh	0	128	0	128
648		Raibareli	0	343	0	343
649		Rampur	0	412	0	412
650		Sambhal	0	435	0	435
651		Sanr Kabir Nagar	0	114	0	114
652		Saharanpur	0	96	0	96
653		Sitapur	0	141	0	141
654		Shahjanpur	0	533	0	533
655		Shamli	0	241	0	241
656		Unnao	0	324	0	324
657		Varanasi	0	418	0	418
658		Ferozabad	0	0	47	47
659		G.B Nagar	0	0	83	83
		Total	**2349**	**17845**	**3503**	
660	**Uttarakhand**	Haridwar	150	139	5	294
661		Udam Singh Nagar	5	70	0	75
662		Bageshwar	0	4	137	141
663		Almora	0	0	34	34
664		Dehradun	0	0	25	25
665		Pauri Garhwal	0	0	1	1
666		Pithoragarah	0	0	20	20
667		Rudraprayag	0	0	1	1
668		T.G	0	0	5	5
669		U.S Nagar	195	0	36	231
		Total	**350**	**213**	**264**	
670	**West Bengal**	Birbhum	1300	0	0	1300
671		Dinajpur Dakshin	700	0	0	700
672		Maldah	650	0	0	650
673		Murshidabad	1500	1	0	1501
674		Nadia	600	0	0	600
675		Bankura	0	47	0	47
676		Uttar Dinajpur	0	9	0	9
677		Jhargram	0	2	0	2
678		Purulia	0	4	0	4
679		Cooch Behar	0	98	0	98

680		Darjeeling	0	1	0	1
681		Hooghly	0	30	0	30
682		Howrah	0	23	0	23
683		North 24 Parganas	0	30	0	30
684		Paschim Bardhaman	0	102	0	102
685		Paschim Medinipur	0	17	0	17
686		Purba Burdwan	0	104	0	104
687		Purba Medinipur	0	118	0	118
688		South 24 Parganas	0	23	0	23
		Total	**4750**	**609**	**0**	
689	**Andaman and Nicobar**	N/M Andaman	0	37	21	58
690		Nicobar	0	23	10	33
691		South Andaman	0	26	23	49
		Total	0	86	54	
692	**Goa**	North Goa	0	10	0	10
693		South Goa	0	14	0	14
		Total	**0**	**24**	**0**	
694	**Puducherry**	Puducherry	0	48	70	118
695		Karaikal	0	17	0	17
		Total	**0**	**65**	**70**	
696	**Chandigarh**	Chandigarh	0	0	69	69
		Total	0	0	69	
697	**Ladakh**	Kargil	0	0	12	12
698		Leh	0	0	2	2
		Total	**0**	**0**	**14**	
699	**Lakshadweep**	Lakshadweep	0	0	18	18
Total			**41,192**	**50,916**	**1,07,892**	**2,00,000**

प्रदेश में स्वास्थ्य सेवाओं का सुदृढ़ीकरण

***90. श्री राम शिरोमणि वर्मा:**

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

(क) क्या सरकार को इस बात की जानकारी है कि मानसून के दौरान प्रदेश के श्रावस्ती और बलरामपुर जैसे बाढ़-प्रभावित जिलों में जापानी इंसेफलाइटिस, एक्यूट इंसेफेलाइटिस सिंड्रोम,

डेंगू, मलेरिया और जल-जनित रोगों का खतरा बढ़ जाता है और यदि हां, इन रोगों के प्रभावी नियंत्रण और रोकथाम के लिए क्या उपाय किए गए हैं;

(ख) क्या इन जिलों में जिला अस्पतालों, सामुदायिक स्वास्थ्य केन्द्रों और प्राथमिक स्वास्थ्य केन्द्रों में विशेषज्ञ चिकित्सकों, जीवन रक्षक दवाओं, आधुनिक उपकरणों और नैदानिक सुविधाओं की उपलब्धता सुनिश्चित करने के लिए कोई विशेष योजना कार्यान्वित की जा रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने ऐसे जिलों में इन रोगों के नियंत्रण के लिए टीकाकरण, जन-जागरूकता, सचल चिकित्सा इकाइयों और आपातकालीन स्वास्थ्य सेवाओं के विस्तार के लिए कोई विशेष कार्य-योजना बनाई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार का विचार उक्त जिलों सहित आकांक्षी और बाढ़-प्रभावित जिलों में स्वास्थ्य सेवाओं को सुदृढ करने के लिए कोई विशेष पैकेज या समयबद्ध कार्य-योजना लागू करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ग): जन स्वास्थ्य राज्य का विषय है तथा स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ बनाने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। तथापि, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के आधार पर, उनकी समग्र संसाधन सीमा के अंतर्गत स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार वित्तीय एवं तकनीकी सहायता उपलब्ध कराता है।

जापानी इंसेफेलाइटिस (जेई), एक्यूट इंसेफेलाइटिस सिंड्रोम, डेंगू, मलेरिया तथा मानसून के दौरान होने वाले जलजनित रोगों जैसे तीव्र डायरिया, हैजा, पेचिश, हेपेटाइटिस-ए एवं ई तथा लेप्टोस्पायरोसिस के बढ़ते जोखिम को देखते हुए भारत सरकार मानसून आरम्भ होने से पूर्व ही आवश्यक तैयारियाँ प्रारम्भ कर देती है। एकीकृत रोग निगरानी कार्यक्रम (आईडीएसपी) के अंतर्गत

राष्ट्रीय निगरानी नेटवर्क के माध्यम से बाढ़-प्रवण जिलों में मानसून के दौरान इन रोगों की निरंतर निगरानी की जाती है।

प्रदेश सहित देश में इन रोगों की रोकथाम एवं नियंत्रण हेतु निम्नलिखित उपाय किए गए हैं—

- रोग-प्रबंधन में सक्रिय, निष्क्रिय एवं सेंटीनेल निगरानी के माध्यम से शीघ्र रोग पहचान, समुचित एवं प्रभावी उपचार, रेफरल सेवाओं का सुदृढ़ीकरण, महामारी के प्रति तैयारी तथा त्वरित अनुक्रिया सुनिश्चित की जाती है।
- एकीकृत वाहक प्रबंधन के अंतर्गत चयनित उच्च जोखिम वाले क्षेत्रों में इनडोर रेजिडुअल स्प्रे, लार्वा खाने वाली मछलियों का उपयोग, शहरी क्षेत्रों में जैव-लार्वीसाइड सहित लार्वा नियंत्रण उपाय तथा मच्छरों के प्रजनन स्रोतों को कम करने हेतु लघु पर्यावरणीय अभियांत्रिकी उपाय लागू किए जाते हैं।
- संबद्ध मंत्रालयों के साथ उच्च स्तरीय समन्वय, मानव संसाधन विकास हेतु क्षमता निर्माण तथा नीतिगत बदलाव के माध्यम से विभिन्न सेक्टरों के बीच बेहतर तालमेल को बढ़ावा दिया जाता है।
- सूचना, शिक्षा एवं संचार तथा व्यवहार परिवर्तन संचार के माध्यम से जन-जागरूकता बढ़ाने और सोशल मीडिया, रेडियो, समाचार-पत्र एवं इलेक्ट्रॉनिक मीडिया सहित विभिन्न माध्यमों से जनस्वास्थ्य संबंधी संदेशों का व्यापक प्रसार किया जाता है।
- तत्समय निगरानी हेतु राज्यों को एकीकृत स्वास्थ्य सूचना पोर्टल पर आंकड़े दर्ज करने के लिए प्रशिक्षित किया जाता है।
- मलेरिया एवं अन्य वाहक जनित रोगों की रोकथाम एवं नियंत्रण हेतु भारत सरकार राज्य स्वास्थ्य विभागों एवं शहरी स्थानीय निकायों के साथ मिलकर स्वच्छता में सुधार, मच्छर नियंत्रण उपायों को सुदृढ़ करने तथा जन-जागरूकता बढ़ाने के लिए सक्रिय सहयोग कर रही है।

- पंचायती राज संस्थाओं (पीआरआई), स्वयं सहायता समूहों (एसएचजी), सार्वजनिक वितरण प्रणाली (पीडीएस) के सदस्यों तथा धार्मिक एवं सामुदायिक नेतृत्व कर्ताओं की भागीदारी के माध्यम से समुदाय को लामबंद करने और निवारक उपायों को बढ़ावा देने हेतु अंतर-विभागीय समन्वय स्थापित किया गया है।
- राज्यों को रोग प्रबंधन, रोकथाम एवं नियंत्रण के प्रभावी क्रियान्वयन हेतु आवश्यक तकनीकी दिशा-निर्देश उपलब्ध कराए गए हैं।
- डेंगू की निगरानी एवं निःशुल्क जांच हेतु देशभर में 887 सेंटीनेल सर्विलांस अस्पताल (एसएसएच) तथा 27 एपेक्स रेफरल प्रयोगशालाएँ (एआरएल) चिन्हित हैं। इनमें से प्रदेश में 86 सेंटीनेल सर्विलांस अस्पताल तथा 3 एपेक्स रेफरल प्रयोगशालाएँ स्थापित हैं। श्रावस्ती एवं बलरामपुर जिलों में एक-एक सेंटीनेल सर्विलांस अस्पताल स्थापित किया गया है। भारत सरकार राष्ट्रीय विषाणु विज्ञान संस्थान (एनआईवी), पुणे के माध्यम से सभी अभिज्ञात प्रयोगशालाओं को आईजीएम परीक्षण किट उपलब्ध कराती है।
- जमीनी स्तर पर जन-जागरूकता बढ़ाने के लिए प्रशिक्षकों, सामुदायिक नेतृत्व कर्ताओं तथा अग्रिम पंक्ति के स्वास्थ्य कर्मियों का क्षमता निर्माण एवं प्रशिक्षण आयोजित किया जाता है।
- मलेरिया के प्रकोप से प्रभावी ढंग से निपटने एवं उसके प्रसार को रोकने हेतु देशभर के स्वास्थ्य केन्द्रों एवं अस्पतालों में आवश्यक मात्रा में नैदानिक परीक्षण किटों तथा मलेरिया-रोधी औषधियों की उपलब्धता सुनिश्चित की गई है।
- प्रकोप नियंत्रण सहित रोग नियंत्रण, रोकथाम, उपचार संबंधी उपायों को जारी रखने के लिए प्रदेश सहित अन्य राज्यों एवं संघ राज्य क्षेत्रों के लिए नियमित रूप से परामर्शियाँ जारी की जाती हैं।
- "स्टॉप डायरिया अभियान" पाँच वर्ष से कम आयु के बच्चों में डायरिया से होने वाली बीमारी एवं मृत्यु-दर में कमी लाने हेतु संचालित किया जाता है। यह अभियान सुरक्षा, रोकथाम एवं

उपचार कार्यनीति पर आधारित है तथा ओरल रिहाइड्रेशन सॉल्यूशन (ओआरए) एवं जिंक अनुपूरण के माध्यम से डायरिया के शीघ्र उपचार को प्रोत्साहित करता है।

(ख) और (घ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत ग्रामीण एवं दुर्गम क्षेत्रों में विशेषज्ञ चिकित्सकों की उपलब्धता बढ़ाने तथा स्वास्थ्यकर्मियों की कमी दूर करने के उद्देश्य से निम्नलिखित प्रोत्साहन एवं मानदेय प्रदान किए जाते हैं—

- ग्रामीण एवं दुर्गम क्षेत्रों में कार्यरत विशेषज्ञ चिकित्सकों को दुर्गम क्षेत्र भत्ता दिया जाता है।
- एनएचएम के अंतर्गत विशेषज्ञ चिकित्सकों की कमी को दूर करने तथा स्वास्थ्य परिणामों में सुधार हेतु चिकित्सकों के बहु-कौशल को प्रोत्साहित किया जाता है।
- निःशुल्क नैदानिक सेवा पहल के अंतर्गत भारत सरकार राज्यों एवं संघ राज्य क्षेत्रों को जन स्वास्थ्य संस्थानों के सभी स्तरों पर निःशुल्क पैथोलॉजी एवं रेडियोलॉजी के लिए उप-स्वास्थ्य केन्द्रों में 14, प्राथमिक स्वास्थ्य केन्द्रों में 63, सामुदायिक स्वास्थ्य केन्द्रों में 97, उप-जिला अस्पतालों में 111 तथा जिला अस्पतालों में 134 प्रकार की जांच सेवाएँ उपलब्ध कराने हेतु वित्तीय सहायता प्रदान करती है।
- जन स्वास्थ्य संस्थानों में आने वाले रोगियों के जेबी खर्च को कम करने तथा आवश्यक औषधियों की उपलब्धता सुनिश्चित करने के उद्देश्य से भारत सरकार ने राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत निःशुल्क औषधि सेवा पहल की शुरुआत की है। इसके अंतर्गत राज्यों/संघ राज्य क्षेत्रों को आयुष्मान आरोग्य मंदिर-उप स्वास्थ्य केन्द्रों में 113, आयुष्मान आरोग्य मंदिर-प्राथमिक स्वास्थ्य केन्द्रों में 179, सामुदायिक स्वास्थ्य केन्द्रों में 301, उप-जिला अस्पतालों में 318 तथा जिला अस्पतालों में 381 आवश्यक औषधियों की उपलब्धता हेतु वित्तीय सहायता प्रदान की जाती है।
- राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत प्रदेश सहित देशभर में रोगियों के परिवहन एवं आपातकालीन उपचार सेवाओं के लिए एडवांस्ड लाइफ सपोर्ट, बेसिक लाइफ सपोर्ट एम्बुलेंस, रोगी परिवहन वाहन, नौका एम्बुलेंस, बाइक आपातकालीन अनुक्रिया वाहन तथा

मोबाइल मेडिकल यूनिट्स आदि की सहायता प्रदान की जाती है।

निजी चिकित्सकों द्वारा मनमाने ढंग से लिया जाने वाला परामर्श शुल्क

***91. श्री सुधाकर सिंहः**

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

(क) क्या सरकार को इस बात की जानकारी है कि देश में निजी चिकित्सक रोगियों से जो परामर्श शुल्क वसूलते हैं उसमें अल्पावधि के भीतर अनुवर्ती परामर्श के लिए अलग शुल्क भी शामिल होता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या केन्द्र सरकार ने निजी चिकित्सकों द्वारा अनुवर्ती परामर्श के लिए ली जाने वाली फीस के संबंध में कोई दिशा-निर्देश जारी किए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) यदि नहीं, तो क्या सरकार का विचार रोगियों के हित में कोई नीति या दिशा-निर्देश बनाने का है ताकि कम-से-कम 30 दिनों के भीतर अनुवर्ती परामर्श पर निजी चिकित्सकों को कोई शुल्क लिए जाने से रोका जा सके जिससे प्रभावित रोगियों को राहत मिल सके;

(घ) क्या सरकार का विचार इस संबंध में कोई विनियामक तंत्र अथवा मानक नीति बनाने का है; और

(ङ.) यदि हां, तो इसकी समय-सीमा क्या है?

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

(क) से (ङ): भारत के संविधान की सातवीं अनुसूची के अनुसार, जन स्वास्थ्य और अस्पतालों का विनियमन मुख्य रूप से राज्य के विषय हैं। तदनुसार, निजी अस्पतालों, निदान केंद्रों और निजी चिकित्सा प्रैक्टिशनर्स द्वारा लिए जाने वाले शुल्कों का विनियमन, जिसमें परामर्श शुल्क और अनुवर्ती परामर्श शुल्क शामिल हैं, संबंधित राज्य सरकारों और संघ राज्य क्षेत्र प्रशासनों के अधिकार क्षेत्र में आता है।

इसके अतिरिक्त, नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम, 2010 (सीई अधिनियम) और अधिसूचित नैदानिक स्थापन (केंद्र सरकार) नियमावली, 2012, जिनमें 2018 और 2020 में संशोधन किया गया, मान्यता प्राप्त चिकित्सा प्रणालियों से संबंधित सरकारी (सशस्त्र बलों के अधीन नैदानिक स्थापनों को छोड़कर) तथा निजी नैदानिक स्थापनों के रजिस्ट्रीकरण और विनियमन का प्रावधान करते हैं। सीई अधिनियम के अनुसार, नैदानिक स्थापनों को उनके द्वारा प्रदत्त प्रत्येक प्रकार की सेवा के लिए न्यूनतम मानकों की शर्तें पूरी करना अनिवार्य हैं। सीई अधिनियम को 19 राज्यों/संघ राज्य क्षेत्रों द्वारा (12 राज्यों, अर्थात्, अरुणाचल प्रदेश, असम, बिहार, झारखंड, हरियाणा, हिमाचल प्रदेश, मिजोरम, राजस्थान, सिक्किम, तेलंगाना, उत्तराखंड और प्रदेश तथा 7 संघ राज्य क्षेत्र, अर्थात् अंडमान और निकोबार द्वीप समूह, चंडीगढ़, दादरा और नगर हवेली तथा दमन और दीव, जम्मू और कश्मीर, लद्दाख, लक्षद्वीप और पुदुच्चेरी) अंगीकृत किया गया है।

नैदानिक स्थापनों के रजिस्ट्रीकरण के लिए सीई नियमों में, अन्य बातों के साथ, यह प्रावधान किया गया है कि प्रत्येक नैदानिक स्थापन रोगियों के हित में प्रदान की जाने वाली प्रत्येक प्रकार की सेवा के लिए निर्धारित शुल्क तथा उपलब्ध सुविधाओं का विवरण स्थानीय एवं अंग्रेजी भाषा में किसी प्रमुख स्थान पर प्रदर्शित करेंगे तथा प्रत्येक प्रकार की प्रक्रिया एवं सेवाओं के लिए निर्धारित दरों की सीमा के भीतर ही शुल्क लेंगे। दरों की सीमा निर्धारित करने का मामला वर्तमान में भारत के माननीय सर्वोच्च न्यायालय में विचाराधीन है।

इसके अतिरिक्त, पूर्ववर्ती भारतीय चिकित्सा परिषद् (वर्तमान में राष्ट्रीय चिकित्सा आयोग) द्वारा बनाए गए भारतीय चिकित्सा परिषद् (व्यावसायिक आचरण, शिष्टाचार एवं नैतिकता) विनियम, 2002 की धारा 1.8 में यह उपबंध किया गया है कि चिकित्सा व्यवसाय करने वाला प्रत्येक चिकित्सक रोगियों के हितों को प्राथमिकता देगा तथा चिकित्सक के व्यक्तिगत वित्तीय हित और रोगियों के चिकित्सीय हितों के बीच टकराव की स्थिति उत्पन्न न हो।

विनियमों में यह भी प्रावधान किया गया है कि चिकित्सक सेवाएं प्रदान करने से पूर्व अपने

फीस के संबंध में रोगी को अवगत कराएगा तथा ऐसी सेवाओं के लिए प्राप्त पारिश्रमिक उसी स्वरूप एवं राशि के अनुसार होगा, जिसकी पूर्व सूचना सेवा प्रदान किए जाने के समय रोगी को दी गई हो।

निःशुल्क चिकित्सा शिविरों को बढ़ावा देना

***92. श्री बंटी विवेक साहू:**

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

(क) क्या सरकार का विचार मध्य प्रदेश के छिंदवाड़ा जैसे प्रभावित क्षेत्रों से गंभीर रोग सिकल सेल एनीमिया का पूर्ण उन्मूलन करने के उद्देश्य से होम्योपैथी वेलफेयर एसोसिएशन द्वारा आयोजित निःशुल्क चिकित्सा शिविरों को बढ़ावा देने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार ऐसे शिविरों में पूर्ण सहयोग प्रदान करने और सिकल सेल एनीमिया के रोगियों का बेहतर ढंग से पता लगाया जाना सुनिश्चित करने के लिए स्थानीय प्रशासन और मुख्य चिकित्सा अधिकारियों को कोई विशेष निदेश जारी कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) क्या सरकार द्वारा रोगियों की नियमित निगरानी और उनके अनुवर्ती चिकित्सा परामर्श को सुकर बनाने के लिए किसी विशेष ऑनलाइन ऐप या डिजिटल प्लेटफार्म का उपयोग किया जा रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): 'जन स्वास्थ्य' और 'अस्पताल' राज्य के विषय हैं। यह मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर मध्य प्रदेश सहित अन्य राज्यों/संघ राज्य क्षेत्रों को सिकल सेल एनीमिया की जांच और दवाओं की खरीद हेतु तकनीकी एवं वित्तीय सहायता प्रदान करता है।

राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन (एनएससीएईएम) के अंतर्गत, मध्य प्रदेश सहित अन्य प्रभावित 17 जनजातीय राज्यों में सिकल सेल रोग (एससीडी) के निदान के लिए

जिला अस्पताल (डीएच) से आयुष्मान आरोग्य मंदिर (एएएम) स्तर तक सभी स्वास्थ्य सुविधाकेंद्रों में 0-40 वर्ष के लक्षित आयु वर्ग की जांच की जाती है।

एनएचएम के तहत, आयुष्मान आरोग्य शिविर (नि:शुल्क स्वास्थ्य शिविर) ग्रामीण और शहरी क्षेत्रों में एएएम-उप स्वास्थ्य केंद्रों (एसएचसी) और एएएम-प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) तथा सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में मासिक रूप से आयोजित किए जाते हैं, जहाँ पीएचसी और सीएचसी में विशेषज्ञ सेवाएं और एसएचसी में चिकित्सा अधिकारी उपलब्ध रहते हैं। उक्त शिविरों में विभिन्न रोगों की जांच की जाती है, जिसमें एससीडी (सिकल सेल प्रभावित क्षेत्रों में) भी शामिल है।

(ग): स्वास्थ्य और परिवार कल्याण मंत्रालय ने एक राष्ट्रीय सिकल सेल पोर्टल https://sickle.nhm.gov.in शुरू किया है, जहाँ जांच के परिणामों को देखा जा सकता है।

जैसा कि राज्यों द्वारा पोर्टल पर रिपोर्ट किया गया है, देश के जनजाति बहुल क्षेत्रों में 7.24 करोड़ से अधिक जांचे की जा चुकी हैं, जिनमें मध्य प्रदेश राज्य में 1.33 करोड़ और छिंदवाड़ा जिले में 7.98 लाख जांचें शामिल हैं।

IMPORT DEPENDENCY ON FERTILIZERS

***93. SHRI VISHALDADA PRAKASHBAPU PATIL:**

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

(a) whether the Government has conducted a comprehensive assessment of structural dependence of the country on imported fertilizer inputs, especially natural gas for urea and imports of phosphatic and potassic fertilizers and if so, the details thereof;

(b) whether the Government has evaluated the operational efficiency and productivity of aging urea plants and the manner in which their condition

affects domestic fertilizer output and costs and if so, the details thereof;

(c) whether import dependence, aging urea plants and global supply chain volatility are creating long-term vulnerabilities for agricultural productivity and farmer incomes and if so, the details thereof;

(d) the steps taken to modernise and expand domestic fertilizer manufacturing capacity, including upgradation of old plants and new greenfield or brownfield projects; and

(e) the measures proposed to reduce import dependence, stabilise input costs and curb diversion and black marketing of subsidised fertilizers?

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

(a) to (e): The Government continuously monitors the availability of critical fertilizer inputs to ensure uninterrupted production and availability of fertilizers. Natural gas is the principal feedstock for urea production. As the availability of domestic natural gas is limited vis-à-vis the requirement of the fertilizer sector, the demand is met through a combination of domestic natural gas and imported Re-gasified Liquefied Natural Gas (RLNG). The Government has also implemented a gas pooling mechanism for the urea sector to facilitate a uniform pooled price of natural gas for gas-based urea plants.

The consumption of domestic natural gas and RLNG by the fertilizer sector during the relevant period is as under:

Consumption of Natural Gas in fertilizer sector (in MMSCM)			
Financial Year	**Domestic (MMSCM)**	**RLNG (MMSCM)**	**Total (MMSCM)**
2025–26	2,887	16,762	19,649
2026–27 (April–May 2026) (P)	428	2,562	2,990

Source: Petroleum Planning & Analysis Cell (PPAC).

The Government has taken several measures to strengthen domestic urea production, including revival of closed urea units, promotion of energy-efficient production, encouragement of new investments, and priority allocation of natural gas to the fertilizer sector. These measures are aimed at enhancing indigenous urea production and ensuring adequate availability of fertilizers to farmers.

The operational efficiency of urea plants is assessed from time to time on the basis of their energy consumption, which is governed under the provisions of the New Urea Policy-2015. The Government has also notified energy norms for urea units from time to time to encourage adoption of energy-efficient technologies and improve operational performance. Recently, the New Energy Norms (NEN) to be implemented w.e.f. 01.04.2025 has been approved by the Government for brining further energy-efficiency of the plants.

To enhance domestic urea production, the Government has undertaken measures including revival of closed urea units with modern and energy-efficient technology, and establishment of new gas-based urea plants.With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to

facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 269.42 LMTPA during 2026-27. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Further, setting up of a new Brownfield Ammonia-Urea Complex named as Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL) with an annual capacity of 12.7 Lakh Metric Tonne of Urea through Joint Venture within the existing premises of Brahmaputra Valley Fertilizer

Corporation Limited (BVFCL), Assam has been approved. These two projects are under execution phase.

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

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24. During 2025-26, 293.30 LMT of Urea was produced in the country.

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

The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, P&K Fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics.

To reduce dependence on imported Phosphatic fertilizers and make country self-reliant, the Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, P&K fertilizers are covered under Open

General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics. In addition to that, measures have been taken to encourage domestic production through guidelines 18.01.2024 on reasonableness of MRP, wherein importers/ manufacturers and integrated manufacturers are given reasonable profit of 8%, 10% and 12% respectively. Based on the requests, the new manufacturing units or increase in manufacturing capacity of existing units have been recognized / taken on record under the NBS Scheme. The number of P&K fertilizers covered under NBS Scheme has increased from 22 grades in 2021 to 28 grades. Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, is being provided since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil. Further, the rates of nutrients under NBS scheme are decided on biannual basis to ensure availability of fertilizers under the Scheme.

Following Steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country:

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

ii. On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

iii. The movement of all major subsidized fertilizers is monitored throughout the

country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).

iv. Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The distribution of fertilizers within the State is done by the respective State Government.

vi. The gap between demand and indigenous production of fertilizers is met through timely imports well in advance to ensure adequate and timely availability of fertilizers in the country.

Accordingly, the availability of fertilizers has remained adequate in the country during the ongoing Kharif 2026 season (from 01.04.2026 to 19.07.2026). The information regarding requirement, availability, sales and closing stocks of fertilizers in the country during the said period is placed at **Statement.**

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

in consultation with the State Governments, is regularly monitoring the enforcement action taken by States against the cases of Black marketing, Hoarding, Sub-standard and Diversion on weekly basis. In the country, from 01.04.2026 to 17.07.2026, 1,58,886 raids have been conducted with 8,262 show cause notices issued, 2,692 licenses suspended/cancelled and 247 FIRs registered against defaulters.

Further, The Government of India in consultation with the State Government is regularly monitoring the enforcement action taken by State Government against the cases of Black marketing, Hoarding, Sub-standard and Diversion on weekly basis. In the country, In 2025, 4,84,663 raids have been conducted with 17,392 show cause notices issued, 6,941 licenses suspended/cancelled and 847 FIRs registered against defaulters. Since April 2026, 1,43,095 raids have been conducted with 8,060 show cause notices issued, 2,636 licenses suspended/cancelled and 214 FIRs registered against defaulters in the Country. Ministry of Agriculture & Farmers Welfare regularly pursues with the State Government to strictly implement the enforcement action against the defaulters.

STATEMENT

AVAILABILITY OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 19.07.26)

ALL INDIA					
AVAILABILITY OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 19.07.26)					
					fig. in LMT
S.No	PRODUCT	Requirement	Availability	DBT Sales	Closing Stock as on 19.07.26
1	UREA	109.40	163.78	94.78	69.01
2	DAP	31.57	39.54	22.82	16.72
3	MOP	10.06	13.81	5.20	8.63
4	NPKS	48.48	84.57	39.36	45.21

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

SELF-SUFFICIENCY IN UREA PRODUCTION

***94. SHRI ALOK SHARMA:**

SHRIMATI ROOPKUMARI CHOUDHARY:

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

(a) the details of urea production in the country along with a comparison of the average annual production during 2004 to 2014 and thereafter till date, State and year-wise;

(b) whether initiatives undertaken since 2014 have significantly enhanced the self-reliance of the country in indigenous urea production and reduced dependency on imports as compared to the earlier period, if so, the details thereof, State/district/year-wise;

(c) the measures taken including revival of closed plants, capacity expansion of

existing units, adoption of energy-efficient technologies and establishment of new manufacturing facilities to augment domestic production since 2014, year-wise;

(d) whether increased domestic production and improved distribution system have ensured timely availability of urea to the farmers during peak sowing seasons, if so, the details thereof State/district-wise; and

(e) whether the Government proposes to further strengthen fertilizer availability, storage and distribution infrastructure in major agricultural districts of the country, if so, the details thereof, State/district-wise?

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

(a): The details of urea production in the country along with a comparison of the average annual production during 2004 to 2014 and thereafter till date, State and year-wise is placed at **Statement-I.**

(b) and (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. 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited

(HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. These units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 269.42 LMTPA during 2026-27. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Further, setting up of a new Brownfield Ammonia-Urea Complex named as Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL) with an annual capacity of 12.7 Lakh Metric Tonne of Urea through Joint Venture within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Assam has been approved. These two projects are under execution phase.

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

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24. During 2025-26, 293.30 LMT of Urea was produced in the country.

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

(d) and (e): Following Steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country:

i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (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. Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The distribution of fertilizers within the State is done by the respective State

Government.

Accordingly, the availability of fertilizers has remained adequate across the States/UTs during ongoing Kharif 2026 season (from 01.04.2026 to 19.07.2026). The information regarding requirement, availability and sales of fertilizers in the States/UTs during the said period is placed at **Statement-II**.

STATEMENT-I

State-wise Urea Production (Fig. in LMT)

Name of State	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Andhra Pradesh	13.92	13.79	13.24	13.54	13.78	14.80	16.56	15.62	15.65	14.27
Karnataka	3.36	4.00	3.70	3.80	3.79	3.80	3.79	3.79	3.80	3.79
Tamil Nadu	11.52	9.89	11.19	4.41	4.06	4.36	7.79	11.08	9.19	7.73
Goa	4.49	4.00	4.03	3.95	4.12	3.88	3.97	3.65	3.86	3.76
Madhya Pradesh	18.66	18.42	18.49	17.66	18.04	18.28	18.78	19.14	19.32	21.69
Maharashtra	17.90	16.84	18.61	18.32	19.03	20.89	21.25	21.09	23.36	23.46
Gujarat	33.01	33.07	31.54	31.95	31.32	32.64	33.29	30.21	37.89	38.29
Rajasthan	22.35	22.80	22.87	23.81	23.14	24.13	25.04	25.32	24.77	23.44
Assam	2.06	2.52	3.08	3.29	1.89	3.10	2.85	2.79	3.91	3.06
Haryana	5.31	5.04	5.09	5.12	4.89	5.13	4.70	5.00	4.14	5.11
Punjab	10.31	9.98	9.93	9.90	10.52	9.89	10.32	9.86	8.66	9.55
Uttar Pradesh	59.74	60.63	61.32	62.82	64.65	70.24	70.48	72.29	71.22	73.00
GRAND TOTAL	**202.63**	**200.99**	**203.08**	**198.57**	**199.22**	**211.12**	**218.80**	**219.84**	**225.75**	**227.15**

Average Production 2004-05 to 2013-14: 210.72 LMT

Name of State	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27 (upto June 2026)
Andhra Pradesh	9.31	13.43	14.98	15.90	5.85	6.93	7.43	9.14	11.21	13.10	2.17	0.00	0.00
Karnataka	2.51	3.80	3.80	4.20	3.50	3.80	3.54	4.29	3.32	4.35	4.43	4.35	1.21
Telangana						0.03	0.02	3.83	8.41	11.12	11.95	8.56	3.06
Tamil Nadu	8.21	10.29	10.31	10.78	10.46	8.95	11.01	11.24	12.79	9.55	12.50	12.12	3.23
Goa	3.63	4.00	4.65	4.73	4.09	2.33	4.66	4.34	4.25	3.47	4.17	4.05	0.87

Madhya Pradesh	20.88	21.37	21.97	21.32	21.61	20.37	20.93	19.96	22.37	21.66	21.35	19.73	5.40
Maharashtra	26.02	25.50	25.52	25.02	23.75	23.47	22.51	21.86	21.96	21.81	20.90	21.21	5.37
Gujarat	38.79	39.21	40.04	38.17	39.60	39.44	39.61	37.77	38.92	39.73	40.09	36.78	7.34
Rajasthan	22.49	25.26	23.95	25.03	28.93	36.53	37.48	37.05	37.44	37.93	38.69	37.73	7.50
Assam	3.59	3.23	3.11	2.70	2.86	1.56	1.32	1.70	2.23	1.80	1.87	2.35	0.46
West Bengal				0.11	0.00	0.00	0.00	6.29	10.52	14.99	14.71	14.47	3.87
Haryana	5.12	5.67	5.43	5.60	5.74	5.52	5.83	4.69	5.70	5.30	5.15	5.51	1.34
Punjab	10.39	10.95	10.70	11.05	11.25	11.37	11.24	10.61	11.27	9.93	10.64	11.17	2.64
Uttar Pradesh	74.92	82.06	77.55	75.63	81.35	84.28	80.47	77.96	91.07	97.35	97.02	89.44	22.72
Bihar								0.00	1.74	10.57	8.55	11.98	3.68
Jharkhand								0.00	1.74	11.44	12.47	13.83	2.86
GRAND TOTAL	**225.85**	**244.75**	**242.01**	**240.23**	**238.99**	**244.58**	**246.05**	**250.72**	**284.94**	**314.10**	**306.67**	**293.26**	**71.55**

Average Production 2014-15 to 2025-26: 261.01 LMT

STATEMENT-II

STATE WISE REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (19.07.26) Fig. in LMT																
		UREA				DAP				MOP				NPKs			
S.No	State	Requ ire-ment	Availa bility	DBT Sales	Closing Stock as on 19.07.26	Requir ement	Availa bility	DBT Sales	Closing Stock as on 19.07.26	Requir ement	Availa bility	DBT Sales	Closing Stock as on 19.07.26	Requir ement	Availa bility	DBT Sales	Closing Stock as on 19.07.26
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	3.28	6.31	2.44	3.88	0.66	1.53	0.72	0.81	0.35	0.70	0.29	0.41	1.83	6.37	2.45	3.93
3	Arunachal Pradesh	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	1.27	2.08	1.57	0.52	0.18	0.39	0.23	0.17	0.13	0.42	0.19	0.24	0.13	0.28	0.09	0.19
5	Bihar	4.02	7.46	2.90	4.56	1.43	2.19	0.80	1.38	0.75	0.80	0.11	0.69	1.71	3.19	0.64	2.55
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	5.59	7.27	4.83	2.44	2.39	1.88	1.32	0.55	0.60	0.82	0.50	0.32	1.90	2.24	1.51	0.73
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.02	0.09	0.08	0.01	0.00	0.03	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.01	0.00

12	Gujarat	5.63	8.01	5.17	2.84	2.45	2.19	1.53	0.66	0.29	0.41	0.19	0.22	3.31	4.15	2.17	1.98
13	Haryana	5.93	9.39	7.17	2.22	1.23	1.61	1.15	0.45	0.37	0.38	0.13	0.25	0.29	0.42	0.16	0.26
14	Himachal Pradesh	0.15	0.37	0.24	0.13	0.01	0.03	0.00	0.03	0.00	0.02	0.00	0.02	0.08	0.09	0.06	0.03
15	Jammu and kashmir	0.57	1.12	0.75	0.37	0.17	0.29	0.19	0.10	0.08	0.15	0.10	0.04	0.01	0.06	0.02	0.04
16	Jharkhand	1.35	2.05	0.91	1.14	0.41	0.38	0.21	0.17	0.04	0.06	0.01	0.05	0.51	0.58	0.24	0.34
17	Karnataka	6.04	8.26	4.35	3.91	2.61	3.07	2.23	0.84	1.25	1.58	0.74	0.85	7.12	11.95	6.60	5.36
18	Kerala	0.31	0.64	0.38	0.26	0.06	0.18	0.08	0.09	0.21	0.43	0.28	0.16	0.48	0.56	0.31	0.25
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	9.61	14.17	8.65	5.52	2.89	3.05	2.07	0.98	0.76	0.58	0.27	0.32	4.21	6.67	3.47	3.20
21	Maharashtra	9.50	13.87	8.42	5.46	3.22	3.57	2.50	1.07	0.80	1.79	0.81	0.97	10.89	20.92	11.29	9.61
22	Manipur	0.10	0.18	0.10	0.08	0.02	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.01	0.02	0.00	0.01
23	Meghalaya	0.02	0.01	0.01	0.00	0.02	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.02	0.01	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	2.64	4.12	1.56	2.56	1.18	1.49	0.75	0.74	0.53	0.73	0.20	0.53	1.63	2.08	0.75	1.33
27	Puducherry	0.03	0.05	0.04	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.02	0.05	0.03	0.02
28	Punjab	11.53	14.80	11.53	3.27	1.48	2.31	1.28	1.03	0.56	0.64	0.21	0.44	0.48	0.48	0.18	0.30
29	Rajasthan	5.74	10.41	6.44	3.98	2.76	2.58	1.78	0.79	0.04	0.14	0.04	0.10	0.65	1.35	0.64	0.72
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

31	Tamil Nadu	2.51	4.47	2.84	1.63	0.74	0.98	0.55	0.43	0.57	0.69	0.39	0.31	2.53	3.77	1.94	1.83
32	Telangana	6.92	7.38	3.78	3.60	1.95	1.67	1.36	0.31	0.52	0.53	0.12	0.41	6.73	7.41	3.83	3.57
33	Tripura	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	Uttarakhand	0.66	0.92	0.68	0.24	0.14	0.30	0.14	0.16	0.04	0.05	0.01	0.05	0.11	0.04	0.02	0.02
35	Uttar Pradesh	22.71	32.90	16.69	16.21	4.78	8.45	3.33	5.12	1.39	1.36	0.22	1.14	1.89	6.23	1.25	4.99
36	West Bengal	3.19	7.24	3.18	4.06	0.77	1.33	0.53	0.80	0.74	1.47	0.38	1.09	1.91	5.63	1.70	3.93
	All India	109.40	163.78	94.78	69.01	31.57	39.54	22.82	16.72	10.06	13.81	5.20	8.63	48.48	84.57	39.36	45.21

1. Primary Indicator of comfortable availability: Availability > Requirement

2. Secondary Indicator of comfortable availability: Availability > Sales

JUDICIAL INFRASTRUCTURE IN SUBORDINATE COURTS

***95. DR. K. SUDHAKAR:**

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

(a) the present status of infrastructure in the district, subordinate courts in the States of Karnataka and Himachal Pradesh including the number of court halls, residential units for judicial officers, court complexes available vis-à-vis the sanctioned strength of judges;

(b) the details of new court halls, residential units, integrated court complexes and other judicial infrastructure projects sanctioned, under construction or completed in these States during the last five years;

(c) the details of funds allocated, sanctioned, released by the Union Government to Karnataka and Himachal Pradesh under the Centrally Sponsored Scheme for Development of Infrastructure Facilities for District and Subordinate Judiciary during the said period, year-wise and project-wise;

(d) whether any proposals for additional judicial infrastructure, including digital courtrooms, Advocate halls, record rooms and residential facilities have been received from these States; and

(e) the steps taken by the Government to strengthen judicial infrastructure in these States to address increasing case pendency and improve access to justice?

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

(a): The Central Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for the District and Subordinate Courts since 1993-94. The Scheme covers five components, namely Court Halls, Residential Units for Judicial Officers, Lawyers' Halls, Toilet Complexes and Digital Computer Rooms. As per information provided by the High Courts of Karnataka and Himachal Pradesh, the details of available Court Halls and Residential Units for Judicial Officers in the district and subordinate courts in these States vis-à-vis the sanctioned strength of judges as on 31.05.2026 is as under:

State	Sanctioned Strength	No. of available Court Halls	No. of available Residential Units
Karnataka	1398	1278	1199
Himachal Pradesh	192	180	161

Source : MIS Portal

(b): The details of Court Halls and Residential Units completed under the Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for District and Subordinate Courts during last five years and presently under construction (as on 31.05.2026) in respect of the States of Karnataka and Himachal Pradesh are as under:

State	No. of Court Halls completed	No. of Residential Units completed	No. of Court Halls under construction	No. of Residential Units under Construction
Karnataka	586	129	218	46
Himachal Pradesh	04	00	36	05

Source : MIS and Nyaya Vikas Portal

(c): The funds released to the States of Karnataka and Himachal Pradesh during last 5 years, year-wise are as under:

(Rs.in crore)

Financial Year	Central Funds released to the State of Karnataka	Central Funds released to the State of Himachal Pradesh
2021-22	27.00	0.00
2022-23	82.01	0.00
2023-24	133.16	6.00
2024-25	73.92	13.62
2025-26	34.09	12.25

(d) and (e): Under the CSS, projects are identified by the States/UTs and High Courts concerned. After receipt of the eligible proposals from the States/UTs, tentative allocation of funds to States/UTs is done and Mother Sanction is issued to States/UTs. The States/UTs can incur expenditure on the identified projects within the limit of Mother Sanction while adhering to the guidelines of CSS. For Financial Year 2026-27, Mother Sanctions of Rs 5.33 crore and 5.195 crore have been issued to the State of Karnataka and Himachal Pradesh respectively.

In respect of the digital infrastructure for courts, comprehensive digital ecosystem has been created under the eCourts Mission Mode Project to support the entire lifecycle of a case from filing to final adjudication. For digitalization of courts, funds amounting to Rs. 151.73 cr. and Rs. 20.66 cr.

have been released to the High Court of Karnataka and Himachal Pradesh respectively Under the Phase III of the eCourts Project.

SETTING UP OF AIIMS IN KERALA

***96. SHRI V. K. SREEKANDAN:**

SHRI KODIKUNNIL SURESH:

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

(a) whether in principle approval has been accorded for setting up AIIMS in Kerala in view of the rare viral diseases being reported from the State quite often, if so, the details thereof alongwith the present status and the reasons for delay, indicating the criteria adopted for sanctioning of new AIIMS;

(b) whether the Government is considering strengthening and upgrading of existing Government medical college hospitals instead of sanctioning a new AIIMS for Kerala, if so, the details thereof;

(c) whether the Government has received any suggestions about proposed locations for AIIMS from the State, if so, the details thereof alongwith criteria adopted for site selection;

(d) whether any feasibility study, technical appraisal or inter-ministerial consultation has been undertaken in this regard, if so, the details thereof; and

(e) whether the Government is considering expediting the setting up of AIIMS in the State without any further delay, if so, the steps taken and timeline proposed for approval and implementation?

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

(a): In-principle approval has not been accorded for setting up of an All India Institute of Medical Sciences (AIIMS) in Kerala. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims to correct regional imbalances in the availability of affordable and reliable tertiary healthcare services in different parts of the country and to augment facilities for quality medical education. The broad criteria include inadequacy of tertiary healthcare facilities, adverse health indicators, regional imbalance in tertiary care, shortage of medical colleges/apex referral institutions, State/UT's limited capacity to invest in tertiary healthcare and inadequate private sector participation in medical education and tertiary care.

The National Centre for Disease Control (NCDC) under the Central Sector Component of Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) has approved a state branch of NCDC at Kozhikode, Kerala to strengthen disease surveillance, outbreak investigation, public health laboratory support and epidemic preparedness in the State. This will strengthen the existing healthcare infrastructure and enhance Kerala's capacity to detect and respond to viral disease outbreaks.

(b): For strengthening and upgrading tertiary healthcare facilities in Kerala, under another component of PMSSY, upgradation of three Government Medical Colleges has been approved by way of construction of Super Speciality Blocks (SSBs) on Centre-State cost sharing basis, which have been

completed. These include; (i) Trivandrum Medical College, Trivandrum (ii) TD Medical College, Alappuzha and (iii) Kozhikode Medical College, Kozhikode. In addition, Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Trivandrum has also been approved for upgradation by way of construction of Super Speciality Block (SSB) on cost sharing basis between Ministry of Health and Family Welfare and Department of Science and Technology, Government of India.

(c) to (e): In 2014 and 2016, the State Government of Kerala identified and proposed four sites at following locations for establishment of AIIMS in the State: (i) Kinaloor in Kozhikode district, (ii) Kattakada Taluk in Thiruvananthapuram district, (iii) Kottayam district and (iv) Ernakulam district. In 2025, the State Government of Kerala has informed about identification of land in Kinaloor, Kozhikode district for establishment of AIIMS. However, the proposal for establishment of AIIMS in Kerala has not been approved under the scheme.

SETTING UP OF URBAN PHCS IN MAHARASHTRA

***97. DR. SHRIKANT EKNATH SHINDE:**

SHRI NARESH GANPAT MHASKE:

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

(a) the funds allocated by the Government to set up new Urban Primary Health Centres (PHCs) in Maharashtra and Madhya Pradesh keeping in view the rising population density;

(b) the steps being taken under the 'Ayushman Bharat Digital Mission' to create a centralized digital health record system for all major hospitals in the said States;

(c) the current status of creation of Ayushman Bharat Health Account IDs for the citizens of the said States and their linkage with the OPD services and medical records of local hospitals;

(d) whether the Government proposes to increase the number of Mobile Health Units under the 'National Urban Health Mission' for providing immediate primary healthcare/services to residents of urban slums of the said States, if so, the details thereof; and

(e) whether any specialized central technical support centre is proposed in the said States to utilize these digital records for data analytics to track and analyse future pandemic patterns, if so, the details thereof?

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

(a):The total amount of funds released by the Union Government under the National Health Mission (NHM) including National Urban Health Mission (NUHM) for the Financial Year (FY) 2025-26 for the States of Maharashtra and Madhya Pradesh is Rs. 2,496.92 crore and Rs. 3,047.35 crore respectively.

Further, under the Fifteenth Finance Commission (XV-FC) Health Grants for FY 2025–26, funds amounting to Rs. 1,539.71 crore and Rs. 778.41 crore have been released to the States of Maharashtra and Madhya Pradesh, respectively.

Furthermore, the Records of Proceedings (RoPs) comprising of approvals on State Programme Implementation Plans (SPIPs) submitted by States, under NHM for all States, including Maharashtra and Madhya Pradesh, are available on the NHM website and can be accessed as per the link below.

(https://nhm.gov.in/index1.php?lang=1andlevel=1andsublinkid=1377andlid=744).

(b):The steps taken by the Union Government under the Ayushman Bharat Digital Mission (ABDM) to create a centralized digital health record system for all major hospitals in Maharashtra and Madhya Pradesh are as follows:

- ABDM, launched on 27th September, 2021 and implemented by the National Health Authority (NHA), provides a standards-based, interoperable, secure and consent-driven digital health ecosystem.
- It is a Central Sector Scheme, under which States and Union Territories are provided funds for supporting human resources deployed, capacity building of various stakeholders and IEC (Information, Education and Communication).
- The Mission has established the Ayushman Bharat Health Account (ABHA), Health Facility Registry (HFR), Healthcare Professionals Registry (HPR) and Health Information Exchange and Consent Manager (HIE-CM) to enable secure and consent-based exchange of health records across hospitals, including those in Maharashtra and Madhya Pradesh.

(c): As of 16th July 2026, for the State of Maharashtra, a total of 7.3 crore ABHAs have been created and 2.5 crore health records have been linked with

ABHAs. 36,045 health facilities and 99,541 healthcare professionals have been registered on the HFR and the HPR respectively. Also, 16,053 public health facilities and 6,822 private health facilities use an ABDM enabled software.

Similarly, as of 16th July 2026, for the State of Madhya Pradesh, a total of 5.88 crore ABHAs have been created and 2.66 crore health records have been linked with ABHAs. 20,080 health facilities and 18,634 healthcare professionals have been registered on the HFR and the HPR respectively. Also, 8,984 public health facilities and 2,327 private health facilities use an ABDM enabled software.

(d): Under NHM, including the National Urban Health Mission (NUHM), States/UTs have the flexibility to deploy Mobile Medical Units (MMUs)/Mobile Medical Vans (MMVs) based on the healthcare needs identified in their respective SPIPs.

The deployment of additional MMUs is undertaken by States/UTs as per assessed needs and available resources. As of 31st March, 2026 a total number of 103 and 72 MMUs/MMVs are operational under NHM for the States of Maharashtra and Madhya Pradesh respectively.

(e): The Government of India has created National-Level institutional and digital platforms that provide technical support to all States and Union Territories, including Maharashtra and Madhya Pradesh for disease-surveillance, analytics and pandemic preparedness.

Integrated Disease Surveillance Programme (IDSP), through the

Integrated Health Information Platform (IHIP), provides realtime, case based digital surveillance system for reporting, analyzing and responding to epidemic-prone diseases across the country including the State of Maharashtra and Madhya Pradesh.

Further, the National Disease Modeling Consortium (NDMC), with Indian Institute of Technology (IIT) Bombay as the Anchor Institute, provides evidence-based disease modeling, forecasting and data analytics to support public health decision-making for priority diseases. The NDMC provides technical support at the National level for priority public health programmes like Tuberculosis (TB), Malaria, Vector Borne Diseases, Anti-Microbial Resistance and Non-Communicable Diseases.

INTEGRATION OF AYUSH SYSTEMS IN NATIONAL HEALTHCARE FRAMEWORK

***98. SHRI P. P. CHAUDHARY:**

SHRI PRATAP CHANDRA SARANGI:

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

(a) the steps taken by the Government for mainstreaming and integration of AYUSH systems into the national healthcare framework, including co-location in health and wellness centres and Government Hospitals in the country, State-wise and constituency-wise;

(b) the details of progress achieved in research, standardisation, quality control and pharmacovigilance of AYUSH medicines in the country, State-wise and

constituency-wise;

(c) the impact of AYUSH interventions on preventive healthcare, wellness and management of lifestyle diseases in the country, State-wise and constituency-wise;

(d) whether the Government is giving priority to research and healthcare system in tribal dominated areas in the country, if so, the details thereof, State-wise and district-wise; and

(e) whether the Government has any proposal to further strengthen AYUSH education, infrastructure and its contribution towards holistic healthcare in line with Viksit Bharat by 2047, if so, the details thereof, State-wise and constituency-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): Mainstreaming of Ayush is one of the core strategies under National Health Mission (NHM) which seeks to provide accessible, affordable and quality health care to the population. To promote traditional systems of medicine and wellness in the country, Government of India has adopted an integrated strategy of co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. As on 31.12.2025 (MIS-NHM), NHM supports co-location of AYUSH services in health facilities such as PHCs (6,302), CHCs (3,191), DHs

(475) and other health facilities (3,281) by allocating Ayush services in 13,249 health facilities. Also, a total of 25,322 Ayush doctors and 5,666 Ayush paramedics have been deployed in the States/UTs with NRHM funding support. The details of number of hospitals where Ayush services are co-located State/UT-wise is attached at **Statement-I.**

Further, the 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 the Directorate General of Health Services (DGHS), established by Ministry of Ayush and the Ministry of Health and Family Welfare (MoHandFW), serves as a dedicated institutional mechanism for planning, monitoring and supervising Ayush-specific public health programmes. This vertical provides technical support to both Ministries in developing strategies for public health, healthcare, Ayush education and training.
ii. The Ministry of Ayush and MoHandFW 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 established and is operational at Vardhman Mahavir Medical College and Safdarjung Hospital and Lady

Hardinge Medical College, New Delhi.

iii. The National Commission for Indian System of Medicine (NCISM) has developed the Ayush Module–Internship Electives for MBBS students in Ayurveda, Unani and Siddha. Further, under Regulation 10(7) of the National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Ayurveda Education) Regulations, 2022, modern advances may constitute up to 40 per cent of the Ayurveda teaching curriculum. The Homoeopathy Education Board under the National Commission for Homoeopathy (NCH) has also introduced several initiatives, including early clinical exposure, electives, faculty development programmes, foundation programmes, finishing programmes and new subjects such as Pharmacology and Psychology.

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

(b): Quality control of Ayush medicines is ensured through exclusive regulatory provisions under the Drugs and Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa-Rigpa, Unani, and Homoeopathy (ASSU andH) drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of land manufacturing units and medicines including proof of safety lance and effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T and Schedule M-1 of the Drugs Rules, 1945 for ASSUandH

drugs respectively and also to follow the quality standards of drugs as prescribed in the respective pharmacopoeia.

Drug Inspectors collect medicine samples regularly from manufacturing firms or sale shops within their jurisdiction and send them to Drug Testing Laboratory under Drug Control department for quality testing and if any sample is found to be 'Not of Standard Quality', appropriate action is initiated such as preventing the sale of the products from the market and appropriate legal actions as per Drugs and Cosmetics Act 1940 and Rules made thereunder.

The Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIMandH), a subordinate organization under the Ministry of Ayush, develops pharmacopeial standards and formulary specifications for ASSUandH drugs, which serve as the official compendia for determining their identity, purity, and strength. Compliance with these standards is mandatory under the Drugs and Cosmetics Act, 1940 and the Rules made thereunder. PCIMandH also functions as the Appellate Drug Testing Laboratory for ASSUandH drugs and conducts regular capacity-building programmes for Drug Regulatory Authorities. Drug Analysts, and other stakeholders on standardization, quality control, and testing methodologies to strengthen the quality assurance system for ASSUandH drugs.

Drug Testing Laboratories are recognized under Rule 160 A to J of the Drugs Rules, 1945 for carrying out such tests of identity, purity, quality and strength of ASSU. drugs. As on date. 118 private laboratories and 34 Drug

Testing Laboratories of State UTs are functional

Ministry of Ayush has implemented a Central Sector Scheme Ayush Oushadhi Gunavatta Evam Uttpadan Samvardhan Yojana (AOGUSY), under which support is provided for strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards. Further, under its second component. i.e. Pharmacovigilance of ASSUandH drugs including surveillance of misleading advertisements, the program keep vigilance over Ayush drugs and reduce the instances of Misleading Advertisements (MLAs)/Objectionable Advertisements (OAS) and report suspected Adverse Drug Reactions (ADRs) This program has established a three-tier network of pharmacovigilance centers distributed throughout the country with one National Pharmacovigilance Coordination Centre (NPVCC), 05-Intermediary Pharmacovigilarice Centers (IPvC) and 97 Peripheral Pharmacovigilance Centers (PPvC).

To strengthen the pharmacovigilance system for Ayush drugs, Ministry of Ayush has launched an IT enabled online portal "Ayush Suraksha" on 30th May 2025 to capture MLAs/OAs and report suspected Adverse Drug Reactions (ADRs) related to the Ayush medicine. Further, the Ministry of Ayush promotes the following quality certification initiatives for Ayush products:

- Ayush Vertical in CDSCO: Strengthens regulatory oversight through joint inspections with State/UT licensing authorities and facilitates issuance of WHO Certificate of Pharmaceutical Product (WHO-CoPP) for eligible

Ayush drugs.

- QCI Quality Certification Scheme: Provides Ayush Standard Mark and Ayush Premium Mark based on third- party evaluation of compliance with domestic and international quality standards.

Furthermore, Ministry of Ayush also launched the Ayush Quality Mark Programme on 19.12.2025 to strengthen quality assurance and enhance the global recognition of Ayush products and services.

With regard to research Ministry of Ayush, Government of India has set up Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Siddha (CCRS), Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Yoga and Naturopathy (CCRYN) and Central Council for Research in Unani Medicine (CCRUM). These institutes are autonomous organizations under Ministry of Ayush for research in Ayurveda, Siddha, Homoeopathy, Yoga and Naturopathy and Unani, respectively and conducting different research activities through their peripheral institutes available in different parts of the country and working towards the scientific validation in the concerned system of medicines through clinical research, drug research, medicinal plants research, fundamental research, literary research and documentation, extending healthcare services and promotion of Ayush system. Various research initiatives and clinical trials are being conducted by 05 Research Councils and 12 National Institutes under the aegis of Ministry of Ayush to validate the efficacy and safety of Ayush treatments for various health conditions and the details regarding the same are

available on Ayush Research Portal (https://ayushportal.nic.in.).

(c): The main objectives of operationalization of Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] are to establish a holistic wellness model based on Ayush principles and practices, to empower masses for self-care to reduce disease burden, out of pocket expenditure (OOPE) and to provide informed choice to the needy public in the rural areas of the country through different Ayush interventions. As reported by the States/UTs, beneficiary footfall has increased at Ayushman Arogya Mandirs (Ayush) following the upgradation of Ayush dispensaries, due to the availability of comprehensive Ayush healthcare services, including Prakriti assessment, Yoga, promotion of medicinal plants, healthy lifestyle practices, and basic OPD interventions. Under NAM, 12500 AAM (Ayush) have been supported for operationalisation in different parts of the Country for providing holistic healthcare to the community through different Ayush interventions. The State/UT-wise details of AAM (Ayush) are furnished at **Statement-III**.

(d): Public Health being a State subject, the primary responsibility for giving priority to research and healthcare system in tribal dominated areas in the country lies with respective State Government. However, under the Centrally Sponsored Scheme of the National Ayush Mission (NAM), the Ministry of Ayush supports the efforts of States/UTs for providing Ayush health care services throughout the country including tribal dominated areas by strengthening and improving Ayush health care services as per the proposals received in their State Annual Action Plans (SAAPs). The State /UT- wise

status of funds released under NAM from 2014-15 to 2025-26 is furnished at **Statement-IV**.

(e)**:** Ministry of Ayush has prepared the Ayush Policy Roadmap as a strategic framework for the development and integration of India's traditional systems of healthcare. It outlines key policy priorities to strengthen the Ayush sector as an integral part of the country's healthcare system and national development.

The roadmap outlines a comprehensive framework covering the entire Ayush ecosystem, including infrastructure, education, training and human resource development, health service delivery, research and development, the manufacturing sector and drug regulation, quality raw materials including medicinal plants, international cooperation and propagation, contribution to the economy, and policy reforms and its contribution towards holistic healthcare.

STATEMENT-I

Number of hospitals where Ayush services are co-located State/UT-wise

(As per MIS-NHM 31.12.2025)

Sl. No.	State/UTs	DH	CHC	Other than CHC at or above block level but below district level	PHC	Other health facilities above SC but below block level	Total
1	Bihar	36	0	0	0	1348	1384
2	Chhattisgarh	18	98	0	454	0	570
3	Himachal Pradesh	0	0	0	0	0	0
4	Jammu and Kashmir	13	14	0	373	571	971
5	Jharkhand	21	188	0	97	225	531

6	Madhya Pradesh	36	95	0	275	0	406
7	Odisha	0	351	0	886	0	1237
8	Rajasthan	2	56	4	127	1	190
9	Uttar Pradesh	91	691	0	687	31	1500
10	Uttarakhand	13	53	7	44	0	117
11	Arunachal Pradesh	16	34	0	50	5	105
12	Assam	18	7	4	71	500	600
13	Manipur	7	17	1	85	0	110
14	Meghalaya	11	25	0	54	0	90
15	Mizoram	12	9	1	10	38	70
16	Nagaland	9	20	0	9	0	38
17	Sikkim	4	1	0	4	0	9
18	Tripura	3	21	11	84	0	119
19	Andhra Pradesh	9	105	0	273	0	387
20	Goa	2	6	2	22	1	33
21	Gujarat	0	0	0	868	0	868
22	Haryana	22	102	0	106	5	235
23	Karnataka	20	190	139	163	0	512
24	Kerala	0	0	0	0	0	0
25	Maharashtra	23	238	0	20	0	281
26	Punjab	22	66	18	87	8	201
27	Tamil Nadu	37	388	0	475	0	900
28	Telangana	3	100	0	449	0	552
29	West Bengal	13	295	54	387	95	844
30	A and N Islands	3	4	0	20	0	27
31	Chandigarh	1	2	2	33	0	38
32	D and N Haveli/ Daman and Diu	2	1	1	14	1	19
33	Delhi	0	0	0	0	208	208
34	Ladakh	2	7	0	32	0	41
35	Lakshadweep	2	3	0	4	0	9

36	Puducherry	4	4	0	39	0	47
Total		**475**	**3191**	**244**	**6,302**	**3,037**	**13,249**

STATEMENT-II

Details of the initiatives taken by the Research Councils and National Institutes under the Ministry of Ayush for the integration of Ayush with the contemporary medical system

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 and 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 and 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

		under taken 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 and Hospital, New Delhi, Delhi Cantonment General Hospital, New Delhi, Clinical trial Unit, at BRD Medical College and Hospital, Gorakhpur, U.P, Civil Hospital, Aizawl, 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 and Childcare and Regenerative Medicine.
5.	Central Council for Research in Yoga and 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 and Homeopathy), Centre for Integrative Cancer Therapy,

		Centre for Integrative Dentistry, Centre for Integrative Critical Care and 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 and 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 a WHO Collaborating Centre for Medicine (Yoga) Traditional for 4th consecutive terms from 2013. MDNIY is running 4 Yoga Centres at Govt. Modern Medicine Hospital in Delhi and Preventive Health Care Unit of Yoga in 20 CGHS Wellness Centres in Delhi NCR.

STATEMENT-III

The State/UT-wise details of Ayushman Arogya Mandir AAM (Ayush)

Sl. No.	State/UT	No. of Units Approved
1	Andaman and Nicobar Island	6
2	Andhra Pradesh	126
3	Arunachal Pradesh	89
4	Assam	500
5	Bihar	294
6	Chandigarh	12
7	Chhattisgarh	400
8	Delhi	0
9	Dadra Nagar Haveli and Daman Diu	1
10	Goa	100
11	Gujarat	365
12	Haryana	538
13	Himachal Pradesh	761
14	Jammu and Kashmir	523
15	Jharkhand	745
16	Karnataka	376
17	Kerala	700
18	Ladakh	0
19	Lakshadweep	7
20	Madhya Pradesh	800
21	Maharashtra	390
22	Manipur	15
24	Meghalaya	24
24	Mizoram	41
25	Nagaland	49
26	Odisha	422
27	Puducherry	4
28	Punjab	158
29	Rajasthan	2019
30	Sikkim	18
31	Tamil Nadu	650
32	Telangana	421
33	Tripura	72

34	Uttar Pradesh	1034
35	Uttarakhand	300
36	West Bengal	540
TOTAL		**12500**

STATEMENT- IV

State /UT- wise status of funds released from 2014-15 to 2025-26 under NAM

Sl. No.	Name of States/UTs	Release (Rs. in lakhs)
1	Andaman and Nicobar Islands	3409.88
2	Andhra Pradesh	12257.56
3	Arunachal Pradesh	9890.96
4	Assam	26133.90
5	Bihar	8314.14
6	Chandigarh	2491.45
7	Chhattisgarh	16256.95
8	Dadra and Nagar Haveli and Daman and Diu	2765.32
9	Delhi	871.10
10	Goa	3738.91
11	Gujarat	18770.77
12	Haryana	16484.91
13	Himachal Pradesh	21112.90
14	Jammu and Kashmir	28857.50
15	Jharkhand	18371.71
16	Karnataka	28942.03
17	Kerala	40420.12
18	Lakshadweep	2088.33
19	Madhya Pradesh	47884.45
20	Maharashtra	15379.97
21	Manipur	9742.60
22	Mizoram	7520.62
23	Meghalaya	8753.69
24	Nagaland	10053.31

25	Odisha	11941.69
26	Puducherry	3224.56
27	Punjab	7207.76
28	Rajasthan	51051.27
29	Sikkim	5191.76
30	Tamil Nadu	30890.64
31	Telangana	14856.07
32	Tripura	6144.98
33	Uttar Pradesh	106421.56
34	Uttarakhand	22814.64
35	West Bengal	19736.14
36	Ladakh	705.11
	TOTAL	**640699.24**

ESTABLISHMENT OF NATIONAL TRIBUNAL COMMISSION

***99. SHRIMATI SAJDA AHMED:**

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

(a) whether the Government is aware of the Judgement of the Supreme Court striking down certain provisions of the Tribunal Reforms Act, 2021 relating to appointments, tenure and service conditions;

(b) whether the Government proposes to establish a National Tribunal Commission (NTC) as suggested by the Supreme Court;

(c) if so, the details and timeline thereof; and

(d) the steps taken by the Government to address concerns relating to the judicial independence and executive control over tribunals?

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 Hon'ble Supreme Court of India in its judgment dated 19.11.2025 in the matter of Madras Bar Association vs. UOI, W.P.(C) No.1018 of 2021, *inter-alia, vide* para-142 of the said judgement, has struck down certain provisions of the Tribunal Reforms Act, 2021.

(b) to (d): The various judgments of the Supreme Court including the above judgment apply to the appointments, tenure and service conditions of the members and Chairpersons of the tribunals.

Further, the statutory provisions as and when enacted, would *inter-alia* also holistically take into consideration the various judgments of the Hon'ble Supreme Court and the directions on the subject including the judicial independence of the tribunals.

FAST TRACK AND POCSO COURTS

***100. SHRI RAJKUMAR CHAHAR:**

SHRI JANARDAN MISHRA:

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

(a) the number of Fast Track Special Courts (FTSCs), including Exclusive POCSO Courts, functioning in the country, State/UT-wise;

(b) the number of cases instituted, disposed of and pending before these courts during the last three years;

(c) the funds released and utilised under the Scheme during the said period, State/UT- wise; and

(d) the measures taken to improve disposal rate of cases and address shortage

of vacancies and infrastructure gaps in FTSCs?

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): A Centrally Sponsored Scheme to set up Fast Track Special Courts (FTSCs), including exclusive POCSO (ePOCSO) courts was launched in October 2019, for the expeditious trial and disposal of pending cases related to rape and offences under the Protection of Children from Sexual Offences (POCSO) Act, 2012. The Scheme has been extended twice, with the last extension valid up to 31.03.2026 for establishment of 790 FTSCs. The Scheme has been temporarily extended upto 30th September, 2026. As per the information made available by the High Courts, as of 30.04.2026, 775 FTSCs, including 398 exclusive POCSO (e-POCSO) Courts were functional in 29 States/UTs. The State/UT-wise details are given at **Statement-I.**

(b): The number of cases registered, disposed of and pending before Fast Track Special Courts (FTSCs) including exclusive POCSO courts, during the last three years, are as under:

Year	Cases Registered	Cases Disposed	Cases Pending
2023	81,471	76,319	2,02,175
2024	88,902	85,595	2,04,122
2025	1,43,936	66,500	2,45.579

Pending as on 31st December of the respective years.

(c): The funds under the FTSC Scheme are released on the pattern of Centrally Sponsored Scheme (Central share: State share :: 60:40, 90:10) to cover the

salaries of one Judicial Officer along with 7 support Staff per FTSC and a Flexi Grant for meeting the day-to-day expenses. The funds are reimbursed to the States/UTs after receipt of the expenditure statements from them. The Department has released a sum of ₹1259.51 crore to the States/UTs since its inception to ensure the smooth functioning of the courts. The State/UT-wise details of central share of funds released during the last three years including FY 2026-27 are given at **Statement-II**.

(d): To strengthen the functioning of FTSCs, regular review meetings are held via Video Conferencing with the States/UTs and the High Courts. The Hon'ble Minister of Law and Justice has written to Hon'ble Chief Ministers and Chief Justices of the High Courts regarding need for timely action and strict compliance with timelines under the POCSO Act and Bharatiya Nagarik Suraksha Sanhita, 2023. In addition, the performance of FTSCs is a regular agenda item in the Inter-State Zonal Council meetings to improve inter-governmental coordination and expedite justice delivery.

As regards the recruitment of judges and staff in courts, filling up of vacant positions of the judicial officers in District and Subordinate courts including the FTSCs, is the responsibility of the State/UT Governments and the concerned High Courts. As per the Constitutional framework, in exercise of powers conferred under proviso to Article 309 read with Articles 233 and 234 of the Constitution, the State/UT Government in consultation with the respective High Court frames the rules regarding the recruitment and appointment of Judicial Officers.

The primary responsibility for the development of infrastructure facilities for District and Subordinate Courts in the States/UTs, rests with the State/UT Governments. However, to augment the resources of the State /UT Governments, the Union Government has been implementing a Centrally Sponsored Scheme for the Development of Infrastructure Facilities for District and Subordinate Courts by providing financial assistance to the State/UT Governments in the prescribed fund sharing between Center and States since 1993-94. At present, there are five components of the Scheme for which Central assistance is granted to the States/UTs viz (i) Court Halls (ii) Residential Units (iii) Lawyers' Halls (iv) Toilet Complexes and (v) Digital Computer Rooms. An amount of ₹4,519.47 crore has been provided as financial assistance to the States/UTs under the Centrally Sponsored Scheme for the Development of Infrastructure Facilities for Judiciary during the XV Finance Commission cycle.

STATEMENT -I

State/UT-wise functional FTSCs including e-POCSO courts as on 30.04.2026

Sl. No.	State/UT	Functional Courts -775	
		FTSCs including exclusive POCSO courts	exclusive POCSO courts
1.	Andhra Pradesh	16	16
2.	Assam	17	17
3.	Bihar	54	48
4.	Chandigarh	1	0

5.	Chhattisgarh	15	11
6.	Delhi	16	11
7.	Goa	1	0
8.	Gujarat	35	24
9.	Haryana	18	14
10.	Himachal Pradesh	6	3
11.	JandK	4	2
12.	Jharkhand	0	0
13.	Karnataka	30	16
14.	Kerala	55	14
15.	Madhya Pradesh	67	56
16.	Maharashtra	38	0
17.	Manipur	2	0
18.	Meghalaya	5	5
19.	Mizoram	3	1
20.	Nagaland	1	0
21.	Odisha	44	23
22.	Puducherry	1	1
23.	Punjab	12	3
24.	Rajasthan	45	30
25.	Tamil Nadu	20	20
26.	Telangana	36	0
27.	Tripura	3	1
28.	Uttarakhand	4	0
29.	Uttar Pradesh	218	74
30.	West Bengal	8	8
	TOTAL	**775**	**398**
The State of Jharkhand has decided to exit the FTSC Scheme vide letter dated 07.07.2025.			

STATEMENT -II

State/UT-wise details of Central Share of funds released under the Fast Track Special Courts Scheme during the last three years

(Rs. In crores)

Sl. No.	States/UTs	Amount Released in 2023-24	Amount Released in 2024-25	Amount Released in 2025-26
1.	Andhra Pradesh	0	0	0

2.	Assam	5.528655	10.975085	10.2883947
3.	Bihar	9.874035	11.35878	22.1617199
4.	Chandigarh	0	0	0
5.	Chhattisgarh	3.25215	3.70395	4.2178092
6.	Delhi	3.46896	1.97544	12.83992
7.	Goa	0.21681	0.49386	0.3473393
8.	Gujarat	7.58835	8.64255	2.1386089
9.	Haryana	3.46896	7.90176	7.00002
10.	Himachal Pradesh	1.95129	2.22237	5.2283322
11.	JandK	2.32086	1.48158	1.739494
12.	Jharkhand	4.76982	0	0
13.	Karnataka	7.45091	7.65483	8.0348025
14.	Kerala	25.39836	13.58115	26.2767511
15.	Madhya Pradesh	15.37627	16.54431	21.3280045
16.	Maharashtra	6.59259	1.23465	2.0772397
17.	Manipur	0.65043	0.74079	0.1367199
18.	Meghalaya	1.626075	1.851975	0.396
19.	Mizoram	0.975645	1.111185	2.0752012
20.	Nagaland	0.325215	0.370395	0.099556
21.	Odisha	9.52128	10.86492	22.7717099
22.	Puducherry	0.195975	0.24693	0.6008314
23.	Punjab	3.95972	5.92632	4.66668
24.	Rajasthan	21.1383	22.2237	19.4445
25.	Tamil Nadu	6.496035	6.91404	7.3159963
26.	Telangana	7.60671	4.44474	1.8395415
27.	Tripura	0.975645	1.111185	0.0356784
28.	Uttarakhand	1.30086	1.48158	2.3551831
29.	Uttar Pradesh	47.26458	53.83074	13.2926408
30.	West Bengal	0.70551	1.111185	1.2913255
	TOTAL	**200.00**	**200.00**	**200.00**

(ii) Unstarred Question Nos. 921 to 1150

SAGARMALA SCHEME IN KARNATAKA

921. SHRI KOTA SRINIVASA POOJARY:

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

(a) whether the Government has received any proposals from the Government of Karnataka under the Sagarmala Scheme relating to Operationalisation of Coastal Passenger Ferry Services between Mangalore and Karwar and Integrated Coastal Tourism and Marine Development at Kota Padukere, Udupi District;

(b) if so, whether the Government is aware that Karnataka's 320 km. Karavali coastline has immense potential for marine tourism, water sports and alternate transport for 40 lakh coastal population;

(c) if so, whether the Government proposes to examine and accord financial assistance to the said two proposals under the Sagarmala Scheme; and

(d) if so, the details thereof and the time by which the proposals are likely to be approved and funds are likely to be sanctioned?

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

(a) and (b): Yes, Government of Karnataka has submitted proposals enclosing therewith feasibility report for passenger ferry services between Mangaluru to Maravanthe and pre-feasibility study report on Integrated coastal tourism and marina development with ancillary infrastructure at Kota Padukere, Udupi

District for consideration of financial assistance under Sagarmala scheme. The said reports cover, inter-alia, potential for marine tourism, water sports and ferry services along the coastline of Karnataka.

(c) and (d): The said proposals could not be considered for financial assistance under the existing Sagarmala scheme due to unavailability of fiscal space.

SHORTAGE OF FERTILIZERS

922. SHRI T.M. SELVAGANAPATHI:

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

(a) whether it is a fact that the shortages of fertilizer had been reported during several cropping seasons even before recent geopolitical disruptions;

(b) whether it is also a fact that the fertilizer production had fallen to a five year low in March, 2026, registering a 24.6 per cent decline year-on-year, if so, the details thereof;

(c) whether it is also a fact that the Government could not diversify imports of fertilizers when restrictions were placed by China on specialized fertilizers and a halt in exports by Russia; and

(d) if so, the reasons therefor?

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

(a): The availability of fertilizers, namely Urea, DAP, MOP and NPKS, has remained adequate in the country during the Rabi 2025–26 and the ongoing Kharif 2026 season. The information regarding the requirement, availability,

sales and closing stock of these fertilizers during the aforesaid seasons is placed at **Statement.**

(b): The production quantity of major fertilizers during the last five years, i.e., from 2021-22 to 2025-26, and during 2026-27 (Upto June, 2026) is given in the table below:

YEAR-WISE PRODUCTION OF MAJOR FERTILIZERS (Fig. in LMT)	
YEAR	**Total Fertilizers**
2021-22	435.95
2022-23	485.29
2023-24	503.35
2024-25	517.90
2025-26	517.74
2026-27 (Upto June, 2026)	115.72
Source : dbtfert.nic.in	

(c) and (d): The Government has undertaken sustained efforts to diversify import sources to mitigate risks arising from global supply chain disruptions. To strengthen fertilizer supply security, the Government has facilitated long-term commercial arrangements between Indian fertilizer companies and overseas suppliers. Department has engaged with Indian Missions abroad to identify and explore alternative sources of supply from various countries, thereby reducing dependence on any single country including China. While China has reportedly withheld exports of Specialty Fertilizers to India, Indian companies have been actively diversifying and sourcing water soluble fertilizers from alternative suppliers in Belgium, Egypt, Germany, Morocco and USA to offset the shortfall caused by reduced imports From China.

Indian fertilizers companies have entered into Long Term Agreements with Russian suppliers for 26.50 LMT of DAP/NPK annually and during January to June, 2026, 6.48 LMT of DAP/NPK have been received from Russia under these agreements. Similarly, for import of MOP, an Indian fertilizer company has entered into agreement with Russian supplier for annual supply of 1 LMT, under which 50,000 MT has been received during January to June, 2026.

STATEMENT

FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 20.07.26)

ALL INDIA

fig. in LMT

S. No.	PRODUCT	Requirement	Availability	DBT Sales	Closing Stock as on 20.07.26
1	UREA	110.75	165.30	96.39	68.92
2	DAP	31.96	39.96	23.18	16.78
3	MOP	10.17	13.85	5.26	8.60
4	NPKS	49.03	85.07	39.89	45.18

FERTILIZERS DURING THE RABI 2025-26 (FROM 01.10.25 TO 31.03.26)

S. No.	PRODUCT	Requirement	Availability	DBT Sales	Closing Stock as on 31.03.26
1	UREA	196.06	257.59	203.39	54.22
2	DAP	53.43	75.41	54.47	20.93
3	MOP	15.69	19.63	11.62	8.01
4	NPKS	82.38	117.43	68.88	48.59

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

AYUSH SUBJECTS IN MBBS CURRICULUM

923. KUMARI SUDHA R.:

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

(a) whether AYUSH subjects proposed to be integrated with allopathic MBBS Curriculum have been implemented, if so, the details thereof;

(b) whether AYUSH medicines are included in the approved list of medicine for reimbursement under health insurance scheme, if so, the details thereof;

(c) whether AYUSH practitioners are included in medical boards of various centrally-run institutions to certify injuries and percentage of disability for Motor Accident Claims Tribunal (MACT) cases, if so, the details thereof, and

(d) whether any complaints have been received against AYUSH colleges and the punitive action taken therein and if so, the details thereof?

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

(a): As per Competency Based Medical Education Curriculum, 2024, framed by the National Medical Commission under "New teaching/learning elements" it is mentioned that during Foundation course, one of the objectives is to orient the learned to Alternate Health System i.e. Ayush in India and history of medicine.

(b): At present, there is no uniform or centrally approved list of AYUSH medicines for reimbursement under health insurance schemes. The admissibility of reimbursement for AYUSH medicines is governed by the terms and conditions of the respective health insurance policy, including the insurer's approved treatment protocols, policy coverage, and applicable regulatory provisions. Accordingly, the list of reimbursable Ayush medicines, if any, may vary from insurer to insurer and from one insurance product to another.

(c): The Ministry of Ayush does not maintain information regarding the inclusion of AYUSH practitioners in Medical Boards for certifying injuries and assessment of percentage of disability for Motor Accident Claims Tribunal (MACT). However, the National Commission for Indian System of Medicine (Ethics and Registration) Regulations, 2023 and the National Commission for Homoeopathy (Professional Conduct, Etiquette and Code of Ethics for Practitioners of Homoeopathy) Regulations, 2022**,** notified by the National Commission for Indian System of Medicine and the National Commission for Homoeopathy, respectively, permit registered Ayurveda, Unani, Siddha, Sowa-Rigpa and Homoeopathy practitioners to issue medical certificates and others certificate in accordance with the applicable regulations.

(d): Complaints regarding Ayurveda, Unani, Siddha, Sowa-Rigpa and Homoeopathy colleges are received from time to time and are examined by the respective statutory regulatory bodies i.e. the National Commission for Indian System of Medicine (NCISM), and the National Commission for Homoeopathy (NCH), under the respective provisions of the NCISM Act, 2020, and the NCH

Act, 2020, and the regulations framed thereunder. The concerned Commission takes appropriate regulatory action where violations are established.

FUNCTIONAL DIALYSIS UNITS IN PUBLIC HOSPITALS

924. SHRI PUSHPENDRA SAROJ:

ADV. PRIYA SAROJ:

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

(a) the number of dialysis units sanctioned for Government hospitals under Centrally Sponsored health schemes in the country during the last five years, State-wise, particularly for Uttar Pradesh;

(b) the number of such units reported as functional on Central monitoring portals as on January 2026, State-wise and district-wise, particularly for Uttar Pradesh;

(c) the number of sanctioned units flagged in Central reviews as non-operational for more than three consecutive months, State-wise, particularly for Uttar Pradesh;

(d) whether Central Management Information Systems (MIS) and review reports capture reasons for non-functionality, including equipment downtime, manpower gaps, or contractual issues if so, the details thereof; and

(e) whether it is a fact that a standard Central reporting protocol exists to distinguish sanctioned, installed, and operational dialysis capacity under these schemes, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI

PRATAPRAO GANPATRAO JADHAV):

(a): 'Public Health' and 'Hospitals' are state subjects. However, the Government of India provides technical and financial support to the States/UTs under the National Health Mission (NHM) for strengthening healthcare infrastructure, including dialysis services.

Under NHM, the Ministry of Health and Family Welfare launched the Pradhan Mantri National Dialysis Programme (PMNDP) in 2016 to improve access to haemodialysis services by establishing dialysis centres in District Hospitals across the country and providing free dialysis services to eligible patients. Under the Programme, the Ministry provides financial assistance to the States/UTs for establishment of dialysis centres based on the proposals submitted by them under their annual Programme Implementation Plans (PIPs), prepared on the basis of gap analysis.

The Programme is presently being implemented in all 36 States/UTs covering 751 districts (including 44 linked districts) through 1,856 haemodialysis centres equipped with 13,535 haemodialysis machines, as reported by the States/UTs as on 30.06.2026. The number of dialysis units established at the Government Hospitals under PMNDP for the last five years, State/UTs wise is placed as **Statement-I.**

(b): As per the PMNDP monitoring portal, the State/UT-wise details of districts where dialysis centres are functional and non-functional are at Statement-II. In the State of Uttar Pradesh, dialysis centres are functional in all 75 districts.

(c) and (d): The Ministry undertakes periodic monitoring of the Programme

through the Common Review Mission (CRM) and review visits by senior officers. During such reviews, non-operational dialysis centres, if any, are brought to the notice of the concerned State/UT for taking corrective action. The responsibility for ensuring continuous functionality of dialysis centres rests with the respective State/UT Government and the implementing partner, wherever engaged. The PMNDP IT Portal captures programme implementation and service delivery parameters through a standardized reporting mechanism; however, it does not capture specific reasons for non-functionality such as equipment downtime, manpower shortages or contractual issues, which are monitored by the respective State/UT Governments.

(e): A standardized reporting mechanism has been established under the Pradhan Mantri National Dialysis Programme (PMNDP), through which States/UTs report information on dialysis centres established, haemodialysis machines installed and operational status on the PMNDP IT Portal for monitoring of the Programme.

STATEMENT-I

State/UT-wise Cumulative Number of Dialysis Centres Established under PMNDP during the Last Five Years

S. No.	States/UTs	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
1	A & N Islands	5	7	7	8	8
2	Andhra Pradesh	41	41	42	59	61
3	Arunachal Pradesh	8	9	9	11	11
4	Assam	32	35	41	54	74

5	Bihar	35	37	38	38	38
6	Chandigarh	1	1	1	1	1
7	Chhattisgarh	8	23	29	35	39
8	DandNH/DD	2	2	2	2	2
9	Delhi	7	7	7	7	16
10	Goa	14	14	15	16	18
11	Gujarat	77	258	267	272	282
12	Haryana	19	21	21	21	21
13	Himachal Pradesh	15	22	23	24	24
14	Jammu and Kashmir	21	22	22	23	29
15	Jharkhand	19	23	24	24	24
16	Karnataka	167	167	168	200	214
17	Kerala	97	104	103	111	113
18	Ladakh	2	2	2	2	2
19	Lakshadweep	2	2	3	4	4
20	Madhya Pradesh	57	59	63	67	70
21	Maharashtra	51	53	59	65	158
22	Manipur	8	9	9	9	9
23	Meghalaya	2	2	3	5	5
24	Mizoram	3	4	4	4	5
25	Nagaland	3	3	4	4	7
26	Odisha	33	36	58	67	68
27	Puducherry	2	2	2	2	2
28	Punjab	30	33	37	40	40
29	Rajasthan	34	34	35	35	35
30	Sikkim	3	3	4	4	4
31	Tamil Nadu	121	130	138	141	146
32	Telangana	44	63	84	95	101
33	Tripura	7	8	8	8	8
34	Uttar Pradesh	57	72	75	75	75
35	Uttarakhand	12	18	18	19	19
36	West Bengal	50	52	52	69	73

STATEMENT-II

State/UT-wise details of districts where dialysis centres are functional and non-functional

S. No	States/UTs	Functional districts	Non-Functional districts
1	A & N Islands	3	0
2	Andhra Pradesh	26	0
3	Arunachal Pradesh	11	14
4	Assam	33	0
5	Bihar	38	0
6	Chandigarh	1	0
7	Chhattisgarh	28	0
8	DandNH/DD	2	1
9	Delhi	8	3
10	Goa	2	0
11	Gujarat	33	0
12	Haryana	22	0
13	Himachal Pradesh	11	1
14	Jammu and Kashmir	20	0
15	Jharkhand	24	0
16	Karnataka	31	0
17	Kerala	14	0
18	Ladakh	2	0
19	Lakshadweep	1	0
20	Madhya Pradesh	52	0
21	Maharashtra	36	0
22	Manipur	9	7
23	Meghalaya	6	5
24	Mizoram	6	5
25	Nagaland	7	5
26	Odisha	30	0
27	Puducherry	2	2
28	Punjab	23	0
29	Rajasthan	33	0
30	Sikkim	4	0

31	Tamil Nadu	38	0
32	Telangana	33	0
33	Tripura	7	1
34	Uttar Pradesh	75	0
35	Uttarakhand	13	0
36	West Bengal	23	0
	Total	707	44

IMPLEMENTATION OF PMMV YOJANA

925. DR. RANI SRIKUMAR:

SHRI C. N. ANNADURAI:

SHRI G. SELVAM:

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

(a) the number of beneficiaries covered under the Pradhan Mantri Matru Vandana Yojana (PMMVY) in Tamil Nadu during the last three years, district-wise;

(b) the details of the funds allocated, released/utilised under PMMVY in the said State during the said period;

(c) the number of women who received maternity benefits for the first child and those who received 6,000 for the second child where the second child is a girl in the said State;

(d) whether the Government has undertaken any awareness/outreach programmes to improve enrolment and ensure timely Direct Benefit Transfer to eligible beneficiaries in the said State; and

(e) the details of the steps taken to address delays, if any, in disbursement of benefits under the said scheme in the said State?

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

(a) to (e): The district-wise number of beneficiaries paid maternity benefits under Pradhan Mantri Matru Vandana Yojana (PMMVY) in the State of Tamil Nadu from 01.04.2023 till 31.12.2025 is placed at **Statement.** The district-wise payment data from 01.01.2026 onwards is not available with the Ministry due to ongoing process at State level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system.

The details of the funds released and utilized under PMMVY in the State of Tamil Nadu during last three years are as under:

Financial Year	Funds released (₹ in crore)	Funds utilized (₹ in crore)
2023-24	NIL	63.29
2024-25	95.62	66.93
2025-26	109.58	97.76
2026-27 (till 20.07.2026)	31.09	31.09

Funds not released to State during FY 2023-24 due to availability of adequate funds in SNA account.

From 01.04.2023 till 20.07.2026, an estimated number of 8.40 lakh women have received maternity benefits for the first child and second girl child in the state of Tamil Nadu. Due to ongoing process at States and UTs level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system, the beneficiary payment data is only an estimate based on data from

PFMS portal. Additionally, 8.39 lakh women who were enrolled in the old system (PMMVY-CAS) before 31.03.2023, were also paid using the new system (PMMVYSoftMIS) after 31.03.2023.

The Ministry of Women and Child Development conducts various awareness programs including those on Maternity Benefits through SANKALP-Hub for Empowerment of Women (HEW) scheme for all States and UTs. It includes various Information, Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as Prabhat Pheri, Nukkad Natak, Newspaper Advertisements, Airing Radio Jingles, Selfie Campaign, Door to Door Campaign, Community Programmes which are conducted at field functionary levels. Further, the Ministry also runs special campaign for registration of eligible beneficiaries in all the States and UTs under PMMVY on a periodic basis.

In recent times, the Government of India has undertaken various steps to improve enrolment and ensure timely Direct Benefit Transfer to eligible beneficiaries and to address delays in disbursement of benefits under PMMVY. Some of these are as under:

i. New portal for PMMVY, which is completely paperless was launched in March 2023. As per earlier Guideline, physical forms were required to be filled and uploaded in the earlier PMMVY-CAS portal for onward process. In new system, physical application forms have been eliminated and complete online solution has been given.
ii. Payments are through Adhaar Bridge Payment System [ABPS] as PMMVY

portal is enabled for Aadhar-based biometric verification (by means of facial recognition) to confirm identity details of the applicants.

iii. All the mandatory provisions like Aadhaar verification, DBT enablement of bank account etc. are checked at the time of registration for faster processing.

iv. Search and Track Status for all enrolled beneficiaries to check the approval and payment status of their applications.

v. Grievance Lodging and status module for all citizens to lodge any PMMVY related grievance. The Module directly sends the grievance to the implementing authorities thus saving time and leads to swifter resolution.

vi. PMMVY toll-free and multi lingual (17 – languages) helpline (1515) is available for PMMVY related enquiries and grievances. For transparency purposes, the Applicants/ beneficiaries receive SMS in one of the 12 major languages at different stages such as registration of application, rejection of registration, payment etc.

vii. PMMVY Portal is LGD compliant till AWC level. LGD Seeding is introduced up to State/District/Block/ Village/GP/Ward level.

viii. Open API allows the freedom to share data with other Central and State Ministry/Department.

ix. MIS Data can be generated at State/ District/ Block/ Village/ Ward/ Project/ Sector/ Anganwadi level for detailed monitoring/ analysis.

x. PMMVY will be used by Anganwadi/ ASHA workers for data centric operations and viewing reports.

xi. Available database of the PWandLM from Poshan Tracker is used to create a “Due List” of potential beneficiaries on PMMVY Portal accessible at AWW/ASHA level.

STATEMENT

Beneficiaries Paid maternity benefits under PMMVY in the State of Tamil Nadu from 01.04.2023 to 31.12.2025^

Sl. No.	District	Beneficiaries Paid#
1	Ariyalur	17,966
2	Chengalpattu	20,912
3	Chennai	70,694
4	Coimbatore	78,360
5	Cuddalore	49,869
6	Dharmapuri	35,183
7	Dindigul	41,747
8	Erode	34,597
9	Kallakurichi	13,169
10	Kanchipuram	42,919
11	Kanniyakumari	27,181
12	Karur	21,275
13	Krishnagiri	35,026
14	Madurai	60,316
15	Mayiladuthurai	8,581
16	Nagapattinam	17,712
17	Namakkal	32,347
18	Perambalur	11,898
19	Pudukkottai	35,123
20	Ramanathapuram	24,370
21	Ranipet	8,089
22	Salem	64,566
23	Sivaganga	27,697
24	Tenkasi	12,659
25	Thanjavur	35,539

26	The nilgiris	8,176
27	Theni	17,236
28	Thiruvallur	41,902
29	Thiruvarur	23,405
30	Tiruchirappalli	53,422
31	Tirunelveli	44,972
32	Tirupathur	10,793
33	Tiruppur	44,320
34	Tiruvannamalai	37,270
35	Tuticorin	22,043
36	Vellore	51,017
37	Villupuram	48,103
38	Virudhunagar	31,253
	Total	**12,61,707**

^District-wise payment data from 01.01.2026 onwards is not available with the Ministry due to ongoing process at State level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system.

includes beneficiaries enrolled in previous financial year(s).

IMPLEMENTATION OF MISSION SHAKTI

926. SHRI BALABHADRA MAJHI:

SHRI KALI CHARAN SINGH:

DR. HEMANT VISHNU SAVARA:

SHRIMATI RACHNA BANERJEE:

SHRI PRADEEP PUROHIT:

SHRI VIJAY KUMAR DUBEY:

SHRI DULU MAHATO:

SHRI ANANTA NAYAK:

SHRI JASHUBHAI BHILUBHAI RATHVA:

SHRI TAPIR GAO:

SHRI HASMUKHBHAI SOMABHAI PATEL:

SHRI RAJKUMAR CHAHAR:

DR. RAJKUMAR SANGWAN:

SHRI SATISH KUMAR GAUTAM:

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

(a) whether the Ministry has reviewed the implementation of Mission Shakti, including the functioning of One Stop Centres (OSCs), Women Helplines and related support services, if so, the details thereof including the current status in the Nabarangpur and Keonjhar Parliamentary Constituency in Odisha, Baghpat in Uttar Pradesh and Palghar district in Maharashtra;

(b) the number of women beneficiaries assisted through OSCs and Women Helplines during the last three years especially in the said regions;

(c) whether the Ministry has reviewed the measures relating to awareness programmes, rehabilitation services and coordination mechanisms for preventing crimes against children under child protection schemes, if so, the details and the outcome thereof alongwith the funds released and special steps taken for their effective implementation in aspirational/tribal districts of said regions;

(d) whether vacancies of counsellors and support staff is affecting service

delivery, if so, the details thereof; and

(e) the details of the steps being taken to expand accessibility/improve the quality of support services for women and children facing violence and distress in the said regions?

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

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

Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals 'sambal' for safety and security of women and 'Samarthya' for empowerment of women across the country.

One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. One Stop Centres provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. Since

inception, i.e. 1st April, 2015 to 30th June, 2026, 985 One Stop Centres have been made operational across the country and, over 15.20 lakh women have been assisted in the country including in the districts of Malkangiri, Koraput and Nabarangpur of the Nabarangpur Parliamentary Constituency and in the districts of Keonjhar and Mayurbhanj of the Keonjhar Parliamentary Constituency in Odisha. As on date, 35 OSCs are operational in Odisha. Out of which, one OSCs in Malkangiri, one OSC in Koraput, and one OSC in Nabarangpur, one OSC in Keonjhar and two OSCs in Mayurbhanj are operational. As on date, in the State of Uttar Pradesh 124 OSCs are operational, out of which, one OSCs in Baghpat is operational. In the State of Maharashtra, 68 OSCs are operational. Out of which, two OSCs are operational in Palghar district.

Women Helpline (181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. Since inception till 30th June, 2026, over 1.04 crore women have been assisted in the country, out of which over 87,675 women have been assisted in the State of Odisha, 10.34 lakhs women assisted in the State of Uttar Pradesh and 4.44 lakhs women assisted in the State of Maharashtra through Women Helpline. The number of women beneficiaries assisted through OSCs is at **Statement-I** and Women Helplines is at **Statement-II** during the last three years.

Once in a year, the Programme Approval Board (PAB) monitors with States and UTs the progress of activities under the scheme and reviews status

of achievement of objectives, effective delivery of services to women and children. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time.

Two third party evaluations of the schemes of the Ministry, including the Mission Shakti Umbrella Scheme have been conducted in 2020 and again in 2025 through NITI Aayog. The studies have found the relevance, effectiveness and sustainability of the scheme as satisfactory.

(c): The Ministry of Women and Child Development is the nodal Ministry for the administration of Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) which is the primary legislation for ensuring safety, security, dignity and well-being of children and is implemented by all the States and Union Territories. The Act creates statutory structures at the State and District levels which include State Child Protection Society, Child Welfare Committees, Juvenile Justice Boards (JJBs), District Child Protection Units. It also provides for establishment of Child Care Institutions (CCIs).

Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely ‘Mission Vatsalya’ in all States and Union Territories including the State of Maharashtra on predefined cost sharing basis between the Central and the State Governments to deliver various services for children in difficult circumstances. The scheme provides institutional care and non-institutional care. Child Care Institutions (CCIs) established under the Mission Vatsalya scheme provide, inter-alia, age-

appropriate education, access to vocational training, recreation, health care, counselling etc. Under Non-Institutional Care Service, support is provided through Sponsorship, Foster Care, Adoption and After Care.

The scheme also provides for emergency outreach services namely Child Helpline 1098 (24x7x365) for children in difficult circumstances which is integrated with Emergency Response Support System-112 (ERSS-112) Helpline of Ministry of Home Affairs.

This Ministry has developed an integrated unified Mission Vatsalya Portal in consultation and coordination with States and Union Territories. The Track Child portal for Missing/Found Children, and Khoya-Paya application for Missing/Sighted Children have been integrated with this unified Mission Vatsalya Portal. The TrackChild portal is implemented with support and involvement of various stakeholders namely Ministry of Home Affairs, Ministry of Railways, State Governments and UT Administrations, Child Welfare Committees, Juvenile Justice Boards, National Legal Services Authority, etc. Standard operating procedure have been issued in this regard. It is also integrated with the Crime and Criminal Tracking and Network Systems (CCTNS) of the Ministry of Home Affairs which allows interoperability in terms of matching of FIRs of missing children with data base of TrackChild to trace and match missing children by the State and Union Territory police concerned. Further, through Khoya Paya module any citizen can report about any missing or sighted children.

Number of beneficiaries supported and fund released under Mission

Vatsalya Scheme in States Government and Union Territory Administration during last three years are as under:

S. No.	Financial Year	Fund released (Rs. in Crores)	Beneficiaries under Institutional Care	Beneficiaries under Non-Institutional care
1	2025-26	1078.10	80511	170598
2	2024-25	1405.53	76882	170895
3	2023-24	1390.80	62592	121861

National Commission for Protection of Child Rights (NCPCR) is mandated to ensure that all laws, policies, programmes and administrative mechanisms are in consonance with the child rights perspective enshrined in the constitution of India and the UN convention of the rights of the child (UNCRC). It has been organizing the “Baal Taskari Se Azaadi” campaign as a comprehensive national initiative for prevention, rescue, rehabilitation and reintegration of trafficked children.

Following are features of campaign:-

i) Three phases of the campaign have covered 75, 100 and 200 bordering and adjoining districts respectively.

ii) It is a campaign which is at district level awareness-cum-sensitisation workshops involving District Administration, Police, AHTUs, CWCs, DCPUs, Labour and Education Departments, Railway authorities, NGOs and Panchayati Raj Institutions.

iii) School-based awareness activities and community meetings are organised to educate children, parents and teachers on trafficking indicators, safe

migration and reporting mechanisms, including door-to-door outreach in identified hotspots in collaboration with local authorities and NGOs.

Several Steps have been taken by Ministry of Home Affairs on Crime against Children. Many legal provisions have also been adopted in the recent years to deal with crime against Children in the new Criminal Laws effective from 1.7.2024 - Bharatiya Nyaya Sanhita, 2023 (BNS). Various advisories have been issued by Ministry of Home Affairs to States/UTs on Crime against Children. Further, for strengthening the law enforcement response against trafficking in persons especially women and children, the Ministry of Home Affairs has taken various initiatives and measures from time to time. One of such initiatives is the setting up of a Anti Human Trafficking Unit (AHTU) in every district of the State and Union territory all over the country. Border Guarding Forces viz BSF and SSB and Railway Protection Force (RPF) for strengthening the existing AHTUs and setting up new AHTUs covering all the districts of States and UTs. AHTUs are integrated task forces to prevent and combat trafficking in persons and comprise of a group of trained sensitive officials of Police, Women and child Welfare Department and other relevant Departments of the States.

Under Central Victim Compensation Fund (CVCF), Ministry of Home Affairs has released total Rs. 200 Crore in financial year 2016-17, as a onetime financial assistance to support and supplement the existing Victim Compensation Schemes notified by States/UT Administrations, to encourage States/UTs to effectively compensate victims of various crimes especially

sexual offences including rape, acid attacks, crime against children, human trafficking etc.

Other initiatives taken by the Ministry of Home Affairs to prevent crime against children are as under:

(i) A national level communication platform- Crime Multi Agency Centre (Cri-MAC) was set up by the Government of India which facilitates dissemination of information about significant crimes, including human trafficking cases across the country, on real time basis, and enables inter-State coordination by Police officers.

(ii) Under initiative of MHA, a National Database of Human Trafficking Offenders (NDHTO), is maintained to facilitate the LEAs to search the trafficker's portfolio which provides crime history, personal details etc. Trafficker's data search provides details for prevention/detection of such crimes.

(iii) Crime and Criminal Tracking Network and Systems (CCTNS):- In order to facilitate police in State/UTs with a common platform for collecting and sharing information on crimes and criminals at national level, the Ministry of Home Affairs (MHA) started implementation of CCTNS project in 2009. CCTNS interconnects all police station and higher police offices on a common digital platform for the purpose of collecting and sharing information on crime and criminals, which is a crucial contributing factor for timeliness and efficiency in criminal investigation and also in facilitating use of this database for the purpose of crime analytics and research.

(iv) National Database on Sexual Offenders" (NDSO):- It facilitate investigation and tracking of sexual offenders across the country to specifically impact and reduce crime and violence against women and children through identification of known and habitual sexual offenders.

(v) Investigation Tracking System for Sexual Offences (ITSSO):- It is an online analytic tool "Investigation Tracking System for Sexual Offences" to monitor and track time bound investigation in sexual assault cases in accordance with Criminal Laws.

(vi) Emergency Response Support System (ERSS):- provides a single emergency number (112) based computer aided dispatch of field resources to the location of distress, has been operationalized in 36 States/ UTs. A safety application, 112 India Mobile App, especially for Women has also been launched, which has feature to send emergency signal to nearest volunteers and pre-registered emergency contacts and law enforcement agencies in times of distress for quick response.

(vii) Cyber Crime:- Government has established the Indian Cyber Crime Coordination Centre (I4C) to provide a framework and eco-system for Law Enforcement Agencies (LEAs) to deal with cyber-crimes in a comprehensive and coordinated manner. Government has launched National Cyber Crime Reporting Portal (www.cybercrime.gov.in) to enable the public to report all types of cyber-crimes, with special focus on cyber-crimes against women and children. Further, Financial assistance under the 'Cyber Crime Prevention against Women and Children (CCPWC) Scheme has been provided to the

States/UTs for their capacity building.

(d) and (e): Mission Shakti is a Centrally Sponsored Scheme and overall implementation of the Scheme lies with the State Government and UT Administration. As per the Mission Shakti guidelines, the Central Government provides financial assistance to States/ UTs for appointment/hiring of manpower resources under the scheme.

The Ministry of Women and Child Development alongwith the State Governments and UT administrations is continuous working to strengthen the growing demand, visibility and timely support to the beneficiaries.

STATEMENT-I

State and UT-wise details of women beneficiaries assisted through One Stop Centre during last three years are as under:

Sl. No.	State /Uts	2023-24	2024-2025	2025-26
1	A & N Islands	133	160	207
2	Andhra Pradesh	2993	3134	4911
3	Arunachal Pradesh	293	467	517
4	Assam	5714	7612	9171
5	Bihar	7376	8453	8548
6	Chandigarh	329	424	551
7	Chhattisgarh	5889	6099	11455
8	DNHDD	90	186	344
9	Delhi	6945	11785	17084
10	Goa	611	377	266
11	Gujarat	7158	7123	8057
12	Haryana	7932	12435	10646
13	Himachal Pradesh	1007	1916	1615
14	Jammu and Kashmir	2374	3605	4785
15	Jharkhand	1683	1476	3897
16	Karnataka	6997	8678	9340

17	Keralam	4137	3983	4362
18	Ladakh	17	34	68
19	Lakshadweep	-	-	-
20	Madhya Pradesh	19868	25410	37829
21	Maharashtra	9894	7282	8843
22	Manipur	411	401	616
23	Meghalaya	771	1104	1109
24	Mizoram	366	1292	1489
25	Nagaland	186	278	311
26	Odisha	7480	7074	8907
27	Puducherry	36	62	233
28	Punjab	3315	5063	8305
29	Rajasthan	6591	8092	8934
30	Sikkim	367	534	637
31	Tamil Nadu	23661	39271	48314
32	Telangana	11674	11705	13156
33	Tripura	465	344	857
34	Uttar Pradesh	33774	37360	52278
35	Uttarakhand	578	2150	6806
36	West Bengal	2163	3541	5784
Total		**1,83,278**	**2,28,910**	**3,00,232**

In Lakshadweep women are assisted through ERSS-112.

STATEMENT-II

State and UT-wise details of women beneficiaries assisted through Women Helpline during last three years are as under:

Sl. No	State /UTs	2023-24	2024-25	2025-26
1	Andaman and Nicobar Islands	25	71	835
2	Andhra Pradesh	1585	1650	9376
3	Arunachal Pradesh	233	274	296
4	Assam	8674	13057	15630
5	Bihar	2556	61479	31647
6	Chandigarh	1699	7801	7485
7	Chhattisgarh	10309	10395	14897
8	Dadra and Nagra Haveli and Daman and Diu	180	960	1732

9	Delhi	544070	330852	76916
10	Goa	374	955	881
11	Gujarat	183795	208000	234192
12	Haryana	2227	5324	5598
13	Himachal Pradesh	1198	1925	6614
14	Jammu and Kashmir	1061	4171	28215
15	Jharkhand	20917	27416	23239
16	Karnataka	604	3332	60027
17	Keralam	18061	12595	33056
18	Ladakh	41	142	271
19	Lakshadweep	-	-	-
20	Madhya Pradesh	17385	103334	151952
21	Maharashtra	4682	182324	168431
22	Manipur	269	95	520
23	Meghalaya	317	1231	998
24	Mizoram	3050	4584	1933
25	Nagaland	67	152	504
26	Odisha	9207	5581	18807
27	Puducherry	33	825	1734
28	Punjab	39771	52871	83538
29	Rajasthan	9670	9976	20405
30	Sikkim	140	128	379
31	Tamil Nadu	40838	37227	73208
32	Telangana	9627	3862	21722
33	Tripura	110	478	1247
34	Uttar Pradesh	61360	87915	119156
35	Uttarakhand	23094	27253	14301
Total		**10,17,229**	**12,08,235**	**12,70,871**

In Lakshadweep women are assisted through ERSS-112.

MARITIME INDIA VISION 2030

927. SHRI MANOJ TIWARI:

SHRI DILIP SAIKIA:

SHRI LUMBARAM CHOUDHARY:

SHRIMATI KAMLESH JANGDE:

SHRI HASMUKHBHAI SOMABHAI PATEL:

SHRI VE. VAITHILINGAM:

DR. HEMANT VISHNU SAVARA:

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

(a) the progress made under Maritime India Vision 2030 towards developing world-class ports and maritime infrastructure;

(b) the steps taken to promote cruise tourism, shipbuilding, ship recycling and coastal shipping;

(c) the initiatives for skill development, ease of doing business and attracting private investment in the maritime sector;

(d) the overall impact on India's maritime trade, blue economy and global competitiveness; and

(e) whether the Government proposes to construct a dry port in Bhawatada of Sanchore?

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

(a): Under Maritime India Vision (MIV) 2030, various steps have been taken to develop world-class ports and maritime infrastructure through capacity enhancement, technology adoption, development of new berths, mechanized cargo handling, adoption of advanced digital technologies, improvement of multimodal connectivity, sustainable port operations, and enhanced private

sector participation through Public-Private Partnership (PPP). Details of achievements viz. a viz. target for year 2030 are available at **Statement-I**.

(b): Cruise tourism: Major initiatives undertaken by the Government to promote cruise tourism include**:**

i. A Standard Operating Procedure (SOP)-3 for Cruise Vessels at Indian Ports was issued by the Ministry of Tourism on 19.06.2025;

ii. International Cruise Terminals at Visakhapatnam (September 2023), Mumbai (September 2025) and Chennai (June 2026) have been upgraded and operationalized;

iii. The East Coast Cruise Circuit has been expanded with addition of Puducherry;

iv. Destination Task Forces have been constituted at all nine (09) cruise destinations and at Gujarat Maritime Board to facilitate coordination among stakeholders;

v. QR-based Immigration Clearance System has been introduced, with Enroute Immigration Clearance options for Cruise Ships, reducing immigration clearance time to about 30 seconds per passenger;

vi. Merchant Overtime (MOT) charges for Customs clearance of cruise passengers and baggage have been exempted vide CBIC Circular dated 15.06.2026, to facilitate faster and seamless clearance of cruise passengers;

vii. Digitized customs procedures and self-declaration mechanism for cruise ships have been introduced to facilitate faster Customs clearance;

viii. e-Group Visit Visa has been introduced to facilitate entry of foreign tourist groups arriving by cruise vessels;

ix. Cruise ships are provided with guaranteed berthing, ousting charges have been removed and concessional uniform tariff is provided; and

x. Cabotage has been waived for foreign cruise vessels.

Shipbuilding: Government has adopted a 4-pillar strategy to revitalize Shipbuilding sector. The Government has approved a comprehensive Rs.69,725 crore package to strengthen domestic capacity, maritime financing, shipyard development, skilling, and reforms. The key components include

i. Shipbuilding Financial Assistance Scheme (SBFAS) with ₹ 24,736 crore outlay to enhance scope and address cost disadvantages faced by Indian shipyards against foreign shipyards;

ii. Maritime Development Fund (MDF) of ₹ 25,000 crore comprising a ₹ 20,000 crore Maritime Investment Fund and ₹ 5,000 crore Interest Incentivization Fund to strengthen long-term financing in the sector;

iii. Shipbuilding Development Scheme (SbDS) with ₹19,989 crore outlay to expand capacity to 4.5 million Gross Tonnage annually while supporting greenfield shipbuilding clusters; and

iv. Initiated policy reforms including implementation of classification of large vessels as infrastructure and demand aggregation. Government on 19th September 2025, notified infrastructure status to Indian-flagged commercial vessels with a Gross Tonnage (GT) of 10,000 or above. For vessels constructed in India infrastructure status was accorded to

vessels of size 1,500 GT or above. As part of demand aggregation, a fleet acquisition plan of 400+ vessels has been prepared which provide long term order visibility to the Indian shipyards.

Ship recycling: To strengthen the ship recycling ecosystem, following steps have been taken:

i. Ministry of Ports, Shipping and Waterways (MoPSW) has released financial assistance of ₹ 53.5 crore under the Ferrous Scrap Development Fund (FSDF) to 109 Indian ship recycling yards to support yards modernization. Assistance of ₹ 2.49 crore per annum is released from FSDF for development and operation of a multispecialty hospital at Alang, Gujarat. In addition, ₹ 12 lakh per annum under the FSDF is also released for maintenance and operation of another primary hospital at Alang, Gujarat. These measures have helped the yards to become Hong Kong Convention (HKC) compliant and at present 115 operational ship recycling yards at Alang are HKC compliant. The HKC compliance allows India to target a larger global market share by positioning Indian ship recycling yards as safe, certified, and environmentally responsible destinations for global shipping fleets.

ii. For enhancing competitiveness, Government of India has launched Shipbreaking Credit Note Scheme, under which ship owners receive a credit note equivalent to 40% of scrap value of recycled ship when the recycling is done at a HKC compliant Indian ship recycling yard. The credit note can be utilized towards payment of up to 5% of the value of a

new ship built at an Indian shipyard, thus promoting both domestic ship recycling and shipbuilding.

Coastal shipping: For promotion of coastal shipping, a Coastal Cargo Promotion Scheme to increase the share of Inland Waterways and Coastal Shipping from 6% to 12% by 2047 has been announced in Union Budget 2026-27.

(c): MoPSW has introduced digital and regulatory reforms to improve efficiency, transparency, and ease of doing business in the maritime sector. Initiatives such as Maritime Single Window, One Nation One Port Process, MAITRI, e-Samudra, e-Pariksha, and Jal Samriddhi Portal have streamlined documentation, trade processes, regulatory services and inland waterway development.

As regards the skill development, the Government has initiated various steps for promoting skill development in the ports, shipping, and waterways sector by strengthening maritime education and training, upgrading the curriculum of maritime institutes, and enhancing industry-oriented skill programmes. These efforts aim to create a globally competitive, skilled workforce to support India's maritime growth. The details of various steps taken are as under:

i. 11 shipyards have signed MoUs with 34 ITIs across 8 coastal States towards implementation of OJTs. As part of this, 150-hour OJT (On Job Training) model has been introduced. 727 trainees have already been trained till date in these yards.

ii. Training of Trainers (ToT) program has been implemented at 2 Industrial Training Institutes (ITIs) in West Bengal by Centre of Excellence in Maritime and Shipbuilding (CEMS).

iii. A preliminary Skill Gap Study has been completed across 9 shipyards.

iv. Indian Ship Technology Centre (ISTC) has been established as a Section 8 company to facilitate skilling.

v. A total of 92, 697 candidates have been trained/skilled/upskilled during the last 3 years.

vi. A Plan of Implementation (PoI) has been signed between MoPSW and Korea International Cooperation Agency (KOICA) for a skill development project in the shipbuilding sector.

(d): Through various ports, shipping, and waterways development initiatives, India's competitiveness in global maritime trade has been significantly enhanced. According to the Container Port Performance Index (CPPI) 2025 of the World Bank, 03 Indian ports i.e. Jawaharlal Nehru Port Authority (JNPA), Mundra, and Pipavav are ranked among the top 30 container ports globally. In addition, India ranks first in the world in ship recycling, reflecting its growing strength and global leadership in the maritime sector. The key performance indicators of the port sector have shown substantial improvement over the last 10 years. The details are available at **Statement-II**.

(e): Central Board of Indirect Taxes and Customs (CBIC), Ministry of Finance deals with the matter related to Dry ports (called Inland Container Depot also). The CBIC has informed that any entity whether public or private

sector can set up Inland Container Depots (ICDs). There are detailed guidelines issued by CBIC for setting up ICDs as laid down in Circular No. 50/2020-Customs, dated 05.11.2020. Presently, no proposal from any such entity has been received for setting up of an Inland Container Depot (commonly known as Dry Port) in Bhawatada of Sanchore.

STATEMENT-I

Details of achievements viz. a viz. target for year 2030:

Sl. No.	Parameters	2013-14	2025-26	Target 2030
1.	Port Capacity	1,400	2,818	3,500
2.	Cargo throughput of Ports (million metric tonnes)	972	1,668	2,200
3.	% of Major Ports cargo handled by Public Private Partnership (PPP)	~44%	66%	85%
4.	Number of Operational National Waterways	3	32	16
5.	Inland waterways transport throughput (in million tonnes)	18	218.24	200
6.	No. of Cruise calls	102	224	1,000
7.	Ship Recycling Rank	1st	1st	1st
8.	% share of Renewable Energy across Major Ports	< 1%	28%	60%

STATEMENT-II

Key Performance Indicators (KPI) of Ports in India:

Sl. No.	Parameters	2014-2015	2025-2026	Improvement in %
1.	Total Capacity (in MTPA) at Major and Non- Major Ports	1,561	2,817	80
2.	Total Cargo Handled (in MT) at Major and Non- Major Ports	1,052	1,668	59
3.	Total Capacity (in MTPA) at Major Ports	873	1,728	98
4.	Total Cargo Handled (in MT) at Major Ports	581	915	57
5.	Average Vessel Turn Around Time(overall) in Hours of Major Ports	96	48.8	49
6.	Average output per ship Berth Day of Major Ports	12,458	18,915	52

आयुष्मान आरोग्य मंदिरों के माध्यम से प्राथमिक स्वास्थ्य देखभाल सेवाओं को सुदृढ़ बनाना

928. डॉ. मन्ना लाल रावत:

श्री दिनेशभाई मकवाणा:

श्री दामोदर अग्रवाल:

श्री बिद्युत बरन महतो:

श्रीमती शोभनाबेन महेंद्रसिंह बारैया:

श्री विनोद लखमशी चावड़ा:

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

(क) देश में आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत शामिल लाभार्थियों की कुल संख्या और पंजीकृत अस्पतालों में दाखिलों की राज्य-वार, विशेष रूप से

गुजरात एवं राजस्थान के उदयपुर जिले तथा ओडिशा के नबरंगपुर और मलकानगिरी जिलों के संदर्भ में संख्या कितनी है;

(ख) सरकार द्वारा स्वास्थ्य बीमा कवरेज का दायरा बढ़ाने तथा आयुष्मान आरोग्य मंदिरों के माध्यम से प्राथमिक स्वास्थ्य देखभाल सेवाओं को सुदृढ़ करने के लिए क्या कदम उठाए गए हैं और उक्त जिलों में इस संबंध में क्या प्रगति हुई है;

(ग) आयुष्मान भारत डिजिटल मिशन (एबीडीएम) के अंतर्गत आयुष्मान भारत स्वास्थ्य खाता (आभा -एबीएचए) जैसी डिजिटल स्वास्थ्य पहलों के विस्तार तथा अन्य योजनाओं के साथ उनके एकीकरण के लिए सरकार द्वारा क्या उपाय किए गए हैं और उक्त जिलों में बनाए गए आभा आईडी की संख्या कितनी है;

(घ) लोगों की जेब से होने वाले स्वास्थ्य संबंधी व्यय को कम करने और सार्वभौमिक स्वास्थ्य कवरेज (यूएचसी) के लक्ष्य को प्राप्त करने की दिशा में उक्त योजना का क्या प्रभाव पड़ा है और नबरंगपुर और मलकानगिरी का जिला-वार ब्यौरा क्या है; और

(ङ) पिछले तीन वर्षों के दौरान राजस्थान राज्य में, विशेष रूप से भीलवाड़ा संसदीय निर्वाचन क्षेत्र में, उक्त योजना के अंतर्गत लाभार्थियों की संख्या कितनी है और खर्च की गई निधि का जिला-वार और वर्ष-वार ब्यौरा क्या है?

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

(क) और (ख): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) भारत की आबादी के निचले 40% हिस्से में आने वाले 12 करोड़ आर्थिक रूप से कमजोर परिवारों को मध्यम और विशिष्ट परिचर्या अस्पताल में भर्ती के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवरेज प्रदान करती है। मार्च 2024 में, इस योजना का विस्तार करके मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं, आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायकों के लगभग 37 लाख परिवारों को शामिल किया गया। योजना को अक्टूबर 2024 में और विस्तारित करते हुए

4.5 करोड़ परिवारों के 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को उनकी सामाजिक-आर्थिक स्थिति पर ध्यान दिए बिना शामिल किया गया।

30.06.2026 तक, देशभर में एबी-पीएमजेएवाई के तहत कुल 12.69 करोड़ अस्पताल भर्ती अनुमोदित किए गए हैं। गुजरात सहित राज्य/संघ राज्य क्षेत्र-वार पात्र लाभार्थी परिवारों के कवरेज और योजना के तहत अनुमोदित अस्पताल भर्ती का ब्यौरा **विवरण** में दिया गया है। राजस्थान के उदयपुर जिले में कुल 5.01 लाख अस्पताल भर्ती अनुमोदित किए गए हैं। ओडिशा राज्य में एबी-पीएमजेएवाई की शुरुआत अप्रैल 2025 में हुई थी। अप्रैल 2025 में योजना की शुरुआत से लेकर 30.06.2026 तक, नबरंगपुर और मलकानगिरी जिलों में क्रमशः कुल 11,920 और 22,808 अस्पताल भर्ती अनुमोदित किए गए हैं।

देश भर में 1.86 लाख आयुष्मान आरोग्य मंदिरों के माध्यम से, जिनमें क्रमशः राजस्थान के उदयपुर जिले में 535, ओडिशा के नबरंगपुर और मलकानगिरी जिलों में क्रमश: 224 और 103 एएएम शामिल हैं, उप स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केंद्रों को सुदृढ़ करके व्यापक प्राथमिक स्वास्थ्य सेवा प्रदान की जा रही है।

(ग): आयुष्मान भारत डिजिटल मिशन (एबीडीएम) को भारत सरकार द्वारा सितंबर 2021 में एक एकीकृत, नागरिक-केंद्रित राष्ट्रीय डिजिटल स्वास्थ्य पारिस्थितिकी तंत्र के विकास में सहायता के लिए लॉन्च किया गया था और सरकार केंद्र और राज्य स्तरीय स्वास्थ्य कार्यक्रमों को एबीडीएम के साथ क्रमिक रूप से एकीकृत कर रही है। एबी-पीएमजेएवाई, निक्षय, आरसीएच और एनसीडी सहित कई राष्ट्रीय स्वास्थ्य कार्यक्रम प्लेटफॉर्म एबीडीएम के साथ एकीकृत हैं। इसके अतिरिक्त, विभिन्न सरकारी और निजी अस्पताल प्रबंधन सूचना प्रणाली (एचएमआईएस) को भी एबीडीएम के साथ एकीकृत किया गया है, जिसके परिणामस्वरूप 2.73 लाख स्वास्थ्य सुविधा केंद्र अब एबीडीएम सक्षम सॉफ़्टवेयर का उपयोग कर रहे हैं, जिससे ये प्रणालियाँ आयुष्मान भारत स्वास्थ्य खाता (आभा) बना सकती हैं और पूरे पारिस्थितिकी तंत्र में निर्बाध अंतरसंचालनीयता के लिए डिजिटल स्वास्थ्य रिकॉर्ड सृजित और साझा कर सकती हैं।

सरकार ने एबीडीएम को अपनाने को बढ़ावा देने के लिए कई पहलें शुरू की हैं। इनमें त्वरित पंजीकरण और आसान भुगतान के लिए उपयोग के मामलों का विकास, पूरे भारत में चुनिंदा सार्वजनिक और निजी स्वास्थ्य सुविधा केंद्रों को एंड-टू-एंड एबीडीएम अपनाने के लिए विकसित करने हेतु 'मॉडल फैसिलिटी' पहल, और डिजिटल स्वास्थ्य रिकॉर्ड बनाने के लिए स्वास्थ्य सुविधा केंद्रों तथा डिजिटल साल्यूशन कंपनियों को प्रोत्साहन शामिल हैं। इसके अतिरिक्त, राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) ने सीडीएसी के साथ एक एमओयू पर हस्ताक्षर किए हैं और विशेष रूप से छोटे स्वास्थ्य सुविधा केंद्रों के लिए एक किफायती एबीडीएम-सक्षम एचएमआईएस विकसित किया है। इसके अतिरिक्त, एनएचए व्यापार मेले, मैराथन, चिकित्सा सम्मेलन, प्रौद्योगिकी कार्यक्रम जैसे सार्वजनिक आयोजनों में भागीदारी के माध्यम से जागरूकता और नागरिक सहभागिता को सक्रिय रूप से बढ़ावा देता है, साथ ही आभा के निर्माण और डिजिटल स्वास्थ्य सेवा को अपनाने के लिए प्रोत्साहित करता है। एनएचए, राज्य और संघ राज्य क्षेत्र एबीडीएम के उपयोग को और सुदृढ़ करने के लिए लक्षित सूचना, शिक्षा एवं संचार (आईईसी) गतिविधियाँ और क्षमता निर्माण पहलें भी संचालित करते हैं।

एबीएचए की राज्य-वार सूची एक रीयल-टाइम डैशबोर्ड पर रखी जाती है और इसे dashboard.abdm.gov.in पर देखा जा सकता है।

20.07.2026 तक, राजस्थान के उदयपुर जिले में कुल 41,35,300 आभा बनाए गए हैं और ओडिशा के नबरंगपुर तथा मलकानगिरी जिलों में क्रमशः कुल 12,25,142 और 6,06,036 आभा बनाए गए हैं।

(घ): राष्ट्रीय स्वास्थ्य खाता अनुमान 2022-23 के अनुसार, कुल स्वास्थ्य व्यय के अनुपात के रूप में जेब से किया जाने वाला खर्च 2014-15 के 62.6% से घटकर 2022-23 में 43.4% हो गया। इस पर्याप्त कमी से यह संकेत मिलता है कि स्वास्थ्य और सार्वजनिक वित्त पोषित स्वास्थ्य बीमा योजनाओं जैसे एबी-पीएमजेएवाई के विस्तार में बढ़े हुए सार्वजनिक निवेश के कारण, परिवार स्वास्थ्य देखभाल लागत का काफी कम हिस्सा सीधे अपनी जेब से वहन कर रहे हैं।

इसके अलावा, कई राज्यों ने एबी-पीएमजेएवाई के साथ अपनी राज्य-विशिष्ट योजनाओं को एकीकृत करके केंद्रीय रूप से लक्षित लाभार्थी संख्याओं से अतिरिक्त लाभार्थी आधार को बढ़ाया है। एबी-पीएमजेएवाई के तहत लाभार्थी आधार के विस्तार और विभिन्न राज्य स्वास्थ्य बीमा योजनाओं के एकीकरण ने देश भर में संवेदनशील आबादी तक योजना की पहुँच को काफी बढ़ा दिया है। इन पहलों ने योजना की कवरेज़ को बढ़ाया है, जिससे सार्वभौमिक स्वास्थ्य कवरेज प्राप्त करने के सरकार के लक्ष्य में योगदान मिला है।

ओडिशा में अप्रैल 2025 में योजना के शुभारंभ से लेकर 30.06.2026 तक, नबरंगपुर और मलकानगिरी जिलों में क्रमशः 11 लाख और 5.46 लाख आयुष्मान कार्ड बनाए गए हैं, जिससे पात्र लाभार्थियों को देश भर के पैनलबद्ध अस्पतालों में कैशलेस उपचार का लाभ उठाने में सक्षम बनाया गया है। उसी अवधि के दौरान, नबरंगपुर और मलकानगिरी जिलों में क्रमशः कुल 11,920 अस्पताल भर्ती (रूपये 24.76 करोड़) और 22,808 अस्पताल भर्ती (रूपये 66.17 करोड़) को प्राधिकृत किया गया।

(ङ): राजस्थान में एबी-पीएमजेएवाई के तहत कुल 66.37 लाख परिवार पात्र हैं। पिछले तीन वर्षों (वित्तीय वर्ष 2023-24 से 2025-26) के दौरान राजस्थान में कुल 58.21 लाख अस्पताल भर्ती को (6,513.29 करोड़ रुपये के लिए) प्राधिकृत किया गया है। एबी-पीएम-जेएवाई के अंतर्गत निर्वाचन क्षेत्र-वार डेटा संकलित नहीं किया जाता है, तथापि, भीलवाड़ा लोकसभा संसदीय निर्वाचन क्षेत्र के अधीन जिलों में पिछले तीन वर्षों के दौरान प्राधिकृत लाभार्थियों की संख्या और अस्पताल में भर्ती के जिले-वार एवं वर्ष-वार ब्यौरा निम्नानुसार हैं:

जिला	वित्त वर्ष	उपचार का लाभ उठाने वाले लाभार्थियों की संख्या	अनुमोदित अस्पताल भर्ती की संख्या	अस्पताल में भर्ती के लिए प्राधिकृत राशि (करोड़ रुपये में)
भीलवाड़ा	2023-24	47,079	69,357	64.41
	2024-25	34,099	47,838	52.40

	2025-26	41,700	60,563	69.68
बूंदी	2023-24	23,756	33,083	30.39
	2024-25	19,942	27,668	30.17
	2025-26	20,437	29,288	32.90

विवरण

एबी-पीएमजेएवाई के अंतर्गत कवर किए गए पात्र लाभार्थी परिवारों और प्राधिकृत अस्पताल-भर्ती मामलों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

(30.06.2026 तक)

राज्य/संघ राज्य क्षेत्र	कवर किए गए पात्र लाभार्थियों की संख्या	प्राधिकृत अस्पताल भर्ती की संख्या (लाख में)
अंडमान और निकोबार द्वीप समूह	32,572	0.048
आंध्र प्रदेश	78,65,341	107.91
अरुणाचल प्रदेश	1,33,249	0.17
असम	37,25,630	21.93
बिहार	1,32,60,433	36.19
चंडीगढ़	1,04,084	1.08
छत्तीसगढ़	45,70,670	92.56
दिल्ली	8,95,526	0.58
गोवा	1,07,089	0.31
गुजरात	67,01,820	87.08
हरियाणा	24,78,787	37.88
हिमाचल प्रदेश	7,99,728	4.97

जम्मू और कश्मीर	10,84,365	21.57
झारखंड	36,19,092	29.88
कर्नाटक	87,51,412	153.44
केरल	35,94,528	81.90
लद्दाख	24,474	0.38
लक्षद्वीप	3,498	0.02
मध्य प्रदेश	1,06,34,139	81.03
महाराष्ट्र	1,32,92,650	51.26
मणिपुर	3,73,701	3.53
मेघालय	4,30,702	13.41
मिजोरम	2,26,156	2.12
नागालैंड	2,96,233	1.41
ओडिशा	77,79,939	19.06
पुदुच्चेरी	1,52,164	1.98
पंजाब	27,35,109	36.58
राजस्थान	80,72,469	92.97
सिक्किम	58,764	0.50
तमिलनाडु	1,16,21,507	127.45
तेलंगाना	39,78,169	31.09
दादरा व नगर हवेली और दमन व दीव	49,733	1.74
त्रिपुरा	6,27,394	6.51
प्रदेश	1,80,17,007	100.98
उत्तराखंड	9,73,184	20.25

पश्चिम बंगाल	1,43,39,146	उपलब्ध नहीं

पश्चिम बंगाल सरकार के साथ एमओयू पर हाल ही में हस्ताक्षर किए गए हैं।

मिशन शक्ति के अंतर्गत योजनाओं का कार्यकरण

929. श्रीमती लवली आनंदः

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

(क) बिहार में जिला-वार स्वीकृत/कार्यशील इकाइयों सहित 'मिशन शक्ति' के अंतर्गत स्वीकृत आंगनवाड़ी-सह-शिशुगृह (क्रेच)/पालना योजना, पालन घर और कामकाजी महिला छात्रावास योजनाओं के कार्यान्वयन की वर्तमान स्थिति क्या है;

(ख) क्या उक्त राज्य में महिला हेल्पलाइन 181 और वन स्टॉप सेंटरों के कर्मचारियों की कार्यकुशलता, क्षमता निर्माण, डिजिटल निगरानी और सेवा की गुणवत्ता में सुधार करने के लिए कोई विशेष प्रशिक्षण/मूल्यांकन प्रणाली लागू की गई है;

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

(घ) सरकार द्वारा हिंसा और संकट की स्थिति में फंसी महिलाओं को तत्काल कानूनी, चिकित्सा और मनोवैज्ञानिक परामर्श के साथ-साथ आश्रय और पुनर्वास सेवाएं प्रभावी ढंग से प्रदान करने के लिए उठाए जा रहे कदमों का ब्यौरा क्या है?

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

(क) से (घ): **पालना योजना**: महिला एवं बाल विकास मंत्रालय द्वारा 1 अप्रैल, 2022 से पालना योजना के अंतर्गत आंगनवाड़ी-सह-शिशु देखभाल केंद्र (आंगनवाड़ी कम क्रेच–एडब्ल्यूसीसी) प्रारंभ किए गए हैं। इनका उद्देश्य सभी माताओं के 6 माह से 6 वर्ष आयु वर्ग के बच्चों को, उनकी रोजगार स्थिति की परवाह किए बिना, सुरक्षित एवं संरक्षित वातावरण में डे-केयर (क्रेच) सुविधा उपलब्ध कराना है। इसके साथ ही बच्चों को पोषण सहायता, स्वास्थ्य एवं संज्ञानात्मक विकास, वृद्धि निगरानी, टीकाकरण, शिक्षा तथा अन्य आवश्यक सेवाएं भी प्रदान की जाती हैं। मिशन शक्ति के

'सामर्थ्य' घटक के अंतर्गत पालना एक केंद्र प्रायोजित योजना है। इस योजना का वित्तपोषण केंद्र एवं राज्य सरकारों/विधानमंडल वाले संघ राज्य क्षेत्रों के बीच 60:40 के अनुपात में किया जाता है। पूर्वोत्तर एवं विशेष श्रेणी के राज्यों के लिए यह अनुपात 90:10 है, जबकि विधानमंडल रहित संघ राज्य क्षेत्रों के लिए 100 प्रतिशत वित्तपोषण केंद्र सरकार द्वारा किया जाता है। पालना एक मांग-आधारित केंद्र प्रायोजित योजना है, जिसके अंतर्गत राज्य सरकारें एवं संघ राज्य क्षेत्र प्रशासन अपनी आवश्यकता का आकलन कर प्रस्ताव प्रस्तुत करते हैं। इन प्रस्तावों पर संबंधित राज्यों/संघ राज्य क्षेत्रों के साथ विचार-विमर्श के उपरांत कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा अनुमोदन प्रदान किया जाता है। बिहार राज्य में 504 आंगनवाड़ी-सह-शिशु देखभाल केंद्रों (एडब्ल्यूसीसी) को स्वीकृति प्रदान की गई है और सभी संचालित हैं। बिहार राज्य में संचालित आंगनवाड़ी-सह-शिशु देखभाल केंद्रों (एडब्ल्यूसीसी) का जिला-वार ब्यौरा विवरण में दिया गया है।

सखी निवास योजना: मिशन शक्ति के अंतर्गत संचालित सखी निवास योजना (कार्यरत महिला छात्रावास) एक मांग-आधारित केंद्र प्रायोजित योजना है, जिसके अंतर्गत योजना के कार्यान्वयन के लिए निधियां सीधे राज्यों एवं संघ राज्य क्षेत्र प्रशासनों को जारी की जाती हैं। राज्य सरकारें एवं संघ राज्य क्षेत्र प्रशासन स्थानीय आवश्यकताओं के अनुसार अपनी जरूरतों का आकलन कर प्रस्ताव प्रस्तुत करते हैं, जिन पर संबंधित राज्यों/संघ राज्य क्षेत्रों के साथ विचार-विमर्श के उपरांत कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा अनुमोदन प्रदान किया जाता है। इस योजना का उद्देश्य शहरी, अर्ध-शहरी तथा उन ग्रामीण क्षेत्रों में, जहां महिलाओं के लिए रोजगार के अवसर उपलब्ध हैं, कार्यरत महिलाओं हेतु सुरक्षित एवं सुविधाजनक स्थानों पर आवास की उपलब्धता को बढ़ावा देना है।

योजना के अंतर्गत कार्यरत महिलाओं तथा रोजगार प्राप्ति हेतु प्रशिक्षण प्राप्त कर रही महिलाओं के लिए किराए के परिसरों में सखी निवास के संचालन हेतु वित्तीय सहायता प्रदान की जाती है। योजना का एक महत्वपूर्ण घटक सखी निवास में रहने वाली महिलाओं के बच्चों के लिए डे-केयर सेंटर (शिशु देखभाल केंद्र) की व्यवस्था करना है। इस योजना के अंतर्गत किराए पर

आवास उपलब्ध कराने के लिए वित्तीय सहायता प्रदान की जाती है। भवन निर्माण संबंधी घटक को योजना से समाप्त कर दिया गया है।

वर्तमान में देशभर में 575 सखी निवास संचालित हैं, जिनमें से तीन (03) सखी निवास बिहार राज्य में स्थित हैं। इनमें क्रमशः पटना, मुजफ्फरपुर तथा गया जिलों में एक-एक सखी निवास संचालित है।

शक्ति सदन योजना: मिशन शक्ति के अंतर्गत 1 अप्रैल, 2022 से पूर्ववर्ती 'स्वाधार गृह' (विषम परिस्थितियों में रह रही महिलाओं के लिए आश्रय गृह) तथा 'उज्ज्वला' (मानव तस्करी से मुक्त कराई गई महिलाओं के लिए आश्रय गृह) योजनाओं का एकीकरण कर इन्हें 'शक्ति सदन योजना' के रूप में संचालित किया जा रहा है। शक्ति सदन संकटग्रस्त परिस्थितियों में रह रही महिलाओं, विशेषकर मानव तस्करी से मुक्त कराई गई महिलाओं, के लिए एक एकीकृत राहत एवं पुनर्वास गृह है। इसका उद्देश्य ऐसी महिलाओं के लिए सुरक्षित एवं सहयोगात्मक वातावरण उपलब्ध कराना है, ताकि वे प्रतिकूल परिस्थितियों से उबरकर सम्मानजनक जीवन व्यतीत कर सकें।

शक्ति सदन योजना के अंतर्गत शक्ति सदन में निवासरत महिलाओं को आश्रय, भोजन, वस्त्र, परामर्श, विधिक सहायता, प्राथमिक स्वास्थ्य सुविधाएं तथा अन्य दैनिक आवश्यकताएं उपलब्ध कराई जाती हैं। इसके अतिरिक्त, संबंधित विभागों के साथ तालमेल के माध्यम से उन्हें व्यावसायिक प्रशिक्षण, बैंक खाते खोलने की सुविधा, सामाजिक सुरक्षा योजनाओं का लाभ तथा अन्य आवश्यक सेवाएं भी प्रदान की जाती हैं। वर्तमान में बिहार राज्य में 16 शक्ति सदन संचालित हैं।

वन स्टॉप सेंटर (ओएससी) एवं महिला हेल्पलाइन (डब्ल्यूएचएल): मिशन शक्ति के 'संबल' घटक के अंतर्गत संचालित वन स्टॉप सेंटर (ओएससी) हिंसा से प्रभावित तथा संकटग्रस्त महिलाओं को, चाहे वे निजी अथवा सार्वजनिक स्थानों पर हिंसा की शिकार हुई हों, एक ही स्थान पर समेकित सहायता एवं समर्थन उपलब्ध कराते हैं। इन केंद्रों के माध्यम से प्रत्येक केस की आवश्यकता के अनुसार चिकित्सीय सहायता, विधिक सहायता एवं परामर्श, अस्थायी आश्रय,

पुलिस सहायता, मनो-सामाजिक परामर्श तथा रेफरल सेवाएं उपलब्ध कराई जाती हैं। 30 जून, 2026 की स्थिति के अनुसार देश में 985 वन स्टॉप सेंटर संचालित हैं, जिनमें से 61 वन स्टॉप सेंटर बिहार राज्य में कार्यरत हैं। योजना के प्रारंभ, अर्थात 1 अप्रैल, 2015 से 30 जून, 2026 तक देशभर में इन वन स्टॉप सेंटरों के माध्यम से 15.80 लाख से अधिक महिलाओं को सहायता प्रदान की जा चुकी है।

महिला हेल्पलाइन (डब्ल्यूएचएल–181): महिला हेल्पलाइन (181) के माध्यम से संकटग्रस्त महिलाओं को टोल-फ्री, 24×7 आपातकालीन एवं गैर-आपातकालीन सहायता एक समान एकीकृत हेल्पलाइन नंबर 181 पर उपलब्ध कराई जाती है। इस हेल्पलाइन के माध्यम से महिलाओं को उनकी आवश्यकता के अनुसार आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस–112), वन स्टॉप सेंटर, चाइल्ड हेल्पलाइन (1098), पुलिस, अस्पतालों तथा विधिक सेवा जैसी उपयुक्त सेवाओं से जोड़ा जाता है। 30 जून, 2026 की स्थिति के अनुसार देशभर में महिला हेल्पलाइन (181) के माध्यम से 1.04 करोड़ से अधिक महिलाओं को सहायता प्रदान की जा चुकी है।

महिला एवं बाल विकास मंत्रालय द्वारा महिला हेल्पलाइन (डब्ल्यूएचएल) तथा वन स्टॉप सेंटर (ओएससी) के कार्मिकों की क्षमता को सुदृढ़ बनाने के उद्देश्य से राज्यों एवं संघ राज्य क्षेत्र प्रशासनों को नियमित प्रशिक्षण, तकनीकी सहायता तथा सतत मार्गदर्शन प्रदान करने के लिए विभिन्न उपाय किए गए हैं। राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान (निमहांस), सावित्री बाई फुले राष्ट्रीय महिला एवं बाल विकास संस्थान (एसपीएनआईडबल्यूसीडी) तथा सेंटर फॉर डेवलपमेंट ऑफ एडवांस्ड कंप्यूटिंग (सी-डैक) जैसे संस्थानों के सहयोग से क्षमता निर्माण कार्यक्रम आयोजित किए गए हैं। इन कार्यक्रमों में मनो-सामाजिक परामर्श, लैंगिक संवेदनशीलता, नैतिक कॉल प्रबंधन, केस प्रबंधन (केस मैनेजमेंट), डैशबोर्ड संचालन तथा रेफरल तंत्र जैसे विषयों पर प्रशिक्षण प्रदान किया जाता है। इसके अतिरिक्त, सी-डैक द्वारा राज्यों एवं संघ राज्य क्षेत्र प्रशासनों को क्षेत्रीय एवं व्यावहारिक (हैंड्स-ऑन) प्रशिक्षण, तकनीकी सहायता, डैशबोर्ड संबंधी

सहयोग, तकनीकी समस्याओं का समाधान (ट्रबलशूटिंग) तथा प्रबंधन सूचना प्रणाली (एमआईएस) एवं डेटा विश्लेषण संबंधी सहायता भी उपलब्ध कराई जाती है।

महिला एवं बाल विकास मंत्रालय द्वारा कार्यक्रम अनुमोदन बोर्ड (पीएबी) की बैठकों, समीक्षा बैठकों, वीडियो कॉन्फ्रेंस तथा क्षेत्रीय निरीक्षणों के माध्यम से योजनाओं के कार्यान्वयन की नियमित समीक्षा की जाती है। जिन राज्यों एवं संघ राज्य क्षेत्र प्रशासनों को अतिरिक्त सहयोग की आवश्यकता होती है, उन्हें सेवा वितरण को सुदृढ़ बनाने, आंकड़ों की गुणवत्ता में सुधार करने, प्रतिक्रिया तंत्र को अधिक प्रभावी बनाने तथा योजनाओं के प्रभावी कार्यान्वयन को सुनिश्चित करने के उद्देश्य से निरंतर तकनीकी सहायता एवं सतत मार्गदर्शन (हैंडहोल्डिंग) प्रदान किया जाता है।

दिनांक 20.07.2026 तक बिहार में आंगनवाड़ी केंद्रों का विवरण		
क्र.सं.	**जिले का नाम**	**कुल संचालित केंद्र**
1	अररिया	1
2	अरवल	2
3	औरंगाबाद	22
4	बांका	13
5	बेगूसराय	2
6	भागलपुर	34
7	भोजपुर	30
8	बक्सर	2
9	दरभंगा	2
10	गया	2
11	गोपालगंज	31
12	जमुई	20
13	जहानाबाद	15
14	कैमूर	2
15	कटिहार	2
16	खगरिया	10
17	किशनगंज	2
18	लखीसराय	2
19	मधेपुरा	2

20	मधुबनी	43
21	मुंगेर	20
22	मुजफ्फरपुर	3
23	नालंदा	2
24	नवादा	2
25	पश्चिमी चंपारण	43
26	पटना	51
27	पूर्वी चंपारण	2
28	पूर्णिया	2
29	रोहतास	4
30	सहरसा	2
31	समस्तीपुर	2
32	सरन	41
33	शेखपुरा	7
34	शिवहर	2
35	सीतामढ़ी	2
36	सिवान	40
37	सुपौल	2
38	वैशाली	38
	कुल	504

BAN ON FIXED DOSE COMBINATIONS (FDCs)

930: SHRI TAMILSELVAN THANGA:

DR. GANAPATHY RAJKUMAR P.:

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

(a) whether the Government has recently issued notifications under Section 26A of the Drugs and Cosmetics Act, 1940, prohibiting sixteen more Fixed Dose Combinations (FDCs), including dermatological preparations, painkillers, antispasmodics and antibiotics;

(b) if so, the details thereof, along with the specific reasons, expert evaluations and the objective behind banning these sixteen FDCs;

(c) the total number of FDCs banned by the Union Government during the last three years, year-wise;

(d) the exact date on which these prohibition notifications came into force across the country;

(e) the supervisory and regulatory mechanisms established by the Central and State drug regulatory authorities to enforce the ban and monitor the manufacture, distribution and retail sale of these 16 FDCs; and

(f) whether the Government proposes to review more existing FDCs in the near future, if so, the details and timeframe thereof?

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

(a) to (f): There are provisions under the Drugs and Cosmetics Act, 1940, under which Central Government may regulate, restrict or prohibit manufacture, of any drug including Fixed Dose Combination (FDCs) drugs in public interest if the use of drugs is likely to involve any risk to human beings or animals or there is no therapeutic justification for the ingredients contained in FDCs.

The Central Government has prohibited manufacture, sale or distribution of 16 FDCs vide gazette notification dated 11.06.2026 vide S.O No. 3068(E) to 3083(E) with immediate effect in public interest under section 26A of Drugs

and Cosmetics Act 1940 in the country.

The details thereof, along with the specific reasons are available on the website of CDSCO i.e. https://cdsco.gov. in/opencms /opencms/system /modules /CDSCO .WEB/ elements /download file division .jsp? num_id=MTQzOTc=

The details of the FDCs prohibited during the last three years are as under.

(i) 14 FDCs vide gazette notification SO no. 2394(E) to 2407(E) dated 02.06.2023,

(ii) 156 FDCs vide gazette notification S.O No. 3285(E) to 3440(E) dated 02.08.2024,

(iii) The fixed dose combination of S(+) Etodolac + Paracetamol vide gazette notification S.O. 3284(E) dated 12.08.2024.

The prohibitions become effective across the country from the date of publication of the respective notifications in the Official Gazette.

Manufacture, sale and distribution of prohibited/banned drugs is a punishable offence under Section 18 of the Drugs and Cosmetics Act, 1940 and the State Licensing Authorities are empowered to take action in this regard. As and when any such complaints/issues is received, the matter is taken up with the concerned State Licensing Authority for necessary action including the cancellation of the manufacturing licenses.

The meetings of Drugs Consultative Committee (DCC), a statutory committee under the said Act, comprising of all States /UTs Drugs Controllers as members, are held and various issues related manufacturing, sale and

distribution of drugs are discussed/deliberated and decisions are taken for effective and uniform implementation of the various provisions of said Act and Rules.

ASSESSMENT OF CANCER CASES

931. SUSHRI S. JOTHIMANI:

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

(a) whether the Government has conducted any assessment of the countrywide cancer burden through the National Cancer Register Programme (NCRP) in the country, if so, the details thereof, State-wise/gender-wise;

(b) whether the Government proposes to provide comprehensive screening facilities for the early detection of oral, breast, cervical, common cancers under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) in all District Hospitals, Government Medical Colleges of the country, if so, the details thereof;

(c) whether the Government proposes to introduces HPV vaccination for eligible adolescent girls under the said programme to prevent cervical cancer across the country, if so, the details thereof, State-wise;

(d) the steps taken/proposed to be taken by the Government to strengthen accessible, affordable oncology care including the expansion of oncology departments, diagnostics facilities, radiotherapy services, the availability of essential drugs, financial assistance for economically weaker patients; and

(e) whether the Government has formulated a time-bound National Cancer

Control Strategy under the NP-NCD with measurable targets for prevention, early detection, treatment, research and mortality reduction in the country, 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): Indian Council of Medical Research (ICMR) – National Cancer Registry Programme (NCRP) has provided the State/UT-wise details of estimated cancer incidence for the last five years (2021–2025), which are given in the enclosed **Statement.**

(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) Under NP-NCD, 770 District NCD Clinics, 233 Cardiac Care Units and 6,410 NCD clinics at Community Health Centres have been set up across the country. In addition, 524 Day Care Cancer Centres (DCCCs) are functional across the country to ensure cancer care accessibility at district hospital level.

A population-based initiative for prevention, control and screening for common NCDs including three common cancers (oral cancer, breast cancer

and cervical cancer) has been rolled out in the country under NHM. In this initiative, persons more than 30 years of age are targeted for their screening at Ayushman Arogya Mandir. Prevention, control and screening services are being provided through trained frontline workers [Accredited Social Health Activist (ASHA) and Auxiliary Nurse and Midwife (ANM)].

(c): The Nationwide Human Papillomavirus (HPV) Vaccination Campaign was launched on 28 February 2026 for approximately 1.2 crore eligible beneficiary girls aged 14 years across all 36 States and Union Territories.

(d): Treatment of major NCDs including Cancer treatment are available under Ayushman Bharat – Pradhan Mantri Jan ArogyaYojana (AB PMJAY). This scheme provides for Rs. 5 lakh per family annually for secondary and tertiary care hospitilization in the empanelled public and private hospitals. The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) and Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacies improve access to affordable cancer medicines, stents, and implants, reducing out-of-pocket expenses and supporting long-term treatment adherence.

Under National Health Mission (NHM), National Free Drugs Initiative and Free Diagnostic Services ensure essential medicines and diagnostics at public health facilities, reducing out-of-pocket expenses. Anti-cancer drugs are included in the Essential Drugs List at District and Sub-Divisional Hospitals under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD).

(e): Under the NP-NCD programme, a comprehensive continuum of cancer

care has been envisaged through prevention, early detection, diagnosis, treatment, palliative care and rehabilitation.To strengthen cancer treatment infrastructure, the Government is supporting the establishment of State Cancer Institutes (SCIs), Tertiary Care Cancer Centres (TCCCs) under the Strengthening of Tertiary Care Cancer Facilities Scheme and DCCCs under NP-NCD to improve equitable access to quality cancer care across the country.

The programme also supports population-based screening, awareness generation on risk factors, and strengthening of cancer surveillance through the National Cancer Registry Programme (NCRP) of the Indian Council of Medical Research (ICMR).

STATEMENT

Estimated Incidence of cancer cases in India by different State/UT - All sites - (2021-2025) - Both Sexes					
State	**2021**	**2022**	**2023**	**2024**	**2025**
Jammu and Kashmir UT	13060	13395	13744	14112	14493
Ladakh UT	294	302	309	318	326
Himachal pradesh	8978	9164	9373	9566	9761
Punjab	39521	40435	41337	42288	43196
Chandigarh	1053	1088	1120	1152	1183
Uttaranchal	11779	12065	12348	12642	12947
Haryana	30015	30851	31679	32513	33395
Delhi	25969	26735	27561	28387	29238
Rajasthan	72825	74725	76655	78604	80628
Uttar pradesh	206088	210958	215931	221000	226125
Bihar	106435	109274	112180	115123	118136
Sikkim	465	496	525	561	590
Arunachal pradesh	1064	1087	1125	1143	1176
Nagaland	1805	1854	1890	1935	1992
Manipur	2022	2097	2169	2250	2315

Mizoram	1919	1985	2063	2114	2189
Tripura	2623	2715	2790	2871	2930
Meghalaya	2943	3025	3099	3168	3245
Assam	38834	39787	40721	41713	42694
West bengal	110972	113581	116230	118910	121639
Jharkhand	34910	35860	36840	37824	38819
Orissa	51829	52960	54136	55335	56514
Chattisgarh	28529	29253	30014	30763	31553
Madhya pradesh	79871	81901	84029	86124	88297
Gujarat	71507	73382	75290	77205	79217
Daman	135	150	161	173	188
Dadra and Nagar Haveli	219	238	252	268	291
Maharashtra	118906	121717	124584	127512	130465
Telangana	48775	49983	51145	52334	53565
Andhra pradesh	71970	73536	75086	76708	78282
Karnataka	88126	90349	92560	94832	97130
Goa	1652	1700	1735	1783	1817
Lakshadweep	28	28	31	32	33
Kerala	58139	59143	60162	61175	62179
Tamil nadu	91184	93536	95944	98386	100937
Pondicherry	1623	1679	1753	1823	1892
Andaman and Nicobar Islands	380	393	401	408	416
Total	**1426447**	**1461427**	**1496972**	**1533055**	**1569793**

आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना

932. श्री दिलीप शइकीया:

श्री आलोक शर्मा:

श्री राजेशभाई नारणभाई चुड़ासमा:

श्री भोजराज नाग:

श्री लुम्बाराम चौधरी:

डॉ. राजेश मिश्रा:

श्रीमती हिमाद्री सिंह:

श्री पी. पी. चौधरी:

श्री भर्तृहरि महताब:

श्री अनन्त नायक:

श्री राधेश्याम राठिया:

श्रीमती कमलेश जांगड़े:

श्री कृष्ण प्रसाद टेन्नेटी:

श्री शशांक मणि:

श्री माधवनेनी रघुनंदन राव:

श्री नव चरण माझी:

श्री अभिमन्यु सेठी:

डॉ. संजय जायसवाल:

श्री दुलू महतो:

श्री खगेन मुर्मु:

श्रीमती शोभनाबेन महेंद्रसिंह बारैया:

श्री काली चरण सिंह:

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

(क) जनवरी 2023 से मई 2026 तक मध्य प्रदेश, राजस्थान, पाली लोक सभा निर्वाचन क्षेत्र और झारखंड सहित देश में आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना (एबी पीएम-जेएवाई) के अंतर्गत निजी अस्पतालों के सूचीकरण में हुई वृद्धि का ब्योरा क्या है;

(ख) गुजरात, ओडिशा के क्योझर लोक सभा निर्वाचन क्षेत्र तथा झारखंड के चतरा लोक सभा निर्वाचन क्षेत्र एवं अन्य जिलों सहित देश के टियर-II और टियर-III शहरों और आकांक्षी जिलों में जनवरी 2023 से मई 2026 तक एबी पीएम- जेएवाई के अंतर्गत निजी अस्पतालों के पैनलबद्ध

करने में हुई तदनुरूपी वृद्धि का ब्योरा क्या है तथा कम सेवा वाले और ग्रामीण क्षेत्रों में नामांकन और डिजिटल स्वास्थ्य पहुंच में सुधार के लिए सरकार द्वारा क्या कदम उठाए गए हैं;

(ग) देश में वर्ष 2018 से पूर्व की सार्वजनिक स्वास्थ्य बीमा योजनाओं की तुलना में एबी पीएम-जेएवाई के अंतर्गत अस्पताल में महिला भर्ती की दरों के डेटा तुलना का राज्य-वार और मध्य प्रदेश के लिए जिला-वार ब्योरा क्या है तथा ओडिशा और क्योंझर लोक सभा निर्वाचन क्षेत्र के लिए तद्रूपी डेटा का ब्योरा क्या है;

(घ) आयुष्मान भारत स्वास्थ्य खाता (आभा - एबीएचए) निर्माण के संबंध में वर्ष-वार वृद्धि का डेटा क्या है, जिसमें क्योंझर लोक सभा निर्वाचन क्षेत्र में बनाई गई आभा आईडी की संख्या और एकीकृत स्वास्थ्य सुविधाएं शामिल हैं;

(ङ) मध्य प्रदेश के सीधी लोक सभा निर्वाचन क्षेत्र के संबंध में एबी-पीएमजेएवाई योजना का ब्योरा क्या है;

(च) राजस्थान के पाली लोक सभा निर्वाचन क्षेत्र में आयुष्मान भारत स्वास्थ्य खाता (आभा) पंजीकरणों की कुल संख्या कितनी है; और

(छ) बापटला जिले सहित आंध्र प्रदेश में पिछले तीन वर्षों के दौरान जिला-वार एबी पीएम-जेएवाई के अंतर्गत लाभार्थियों, सूचीबद्ध अस्पतालों, अस्पताल में दाखिलों और निपटाए गए दावों का ब्योरा 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 अंतर्गत, अस्पताल को पैनलबद्ध करना एक सतत प्रक्रिया है और इसे राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) के पैनलबद्ध करने के दिशानिर्देशों के अनुसार, राज्य/संघ राज्य क्षेत्र की आवश्यकताओं और मानदंडों को पूरा करने वाले स्वास्थ्य सेवा प्रदाताओं की उपलब्धता के आधार पर कार्यान्वयन करने वाले राज्य/संघ राज्य क्षेत्रों द्वारा किया जाता है।

30.06.2026 की स्थिति के अनुसार, देश भर में एबी-पीएमजेएवाई के तहत 17,265 निजी अस्पताल सहित कुल 37,413 अस्पताल पैनलबद्ध हैं। इनमें से 1,325 निजी अस्पताल आकांक्षी जिलों में पैनलबद्ध हैं।

इसके अलावा, एबी-पीएमजेएवाई के तहत निजी अस्पतालों की भागीदारी वर्ष-दर-वर्ष बढ़ रही है। जनवरी 2023 से मई 2026 तक, इस योजना के तहत कुल 8,503 निजी अस्पताल पैनलबद्ध किए गए हैं। इनमें से, इसी अवधि के दौरान 657 निजी अस्पताल आकांक्षी जिलों में पैनलबद्ध किए गए हैं।

एबी-पीएमजेएवाई के अंतर्गत निर्वाचन क्षेत्र-वार डेटा संकलित नहीं किया जाता है, तथापि, पाली लोकसभा संसदीय निर्वाचन क्षेत्र (राजस्थान), क्योंझर लोकसभा संसदीय निर्वाचन क्षेत्र (ओडिशा), और चतरा लोकसभा संसदीय निर्वाचन क्षेत्र (झारखंड) के अंतर्गत एबी-पीएमजेएवाई के तहत पैनलबद्ध अस्पतालों का ब्यौरा: https://hem.nha.gov.in/search पर देखा जा सकता है।

लाभार्थी नामांकन में सुधार और जागरूकता बढ़ाने के लिए, एबी-पीएमजेएवाई ने एक व्यापक सूचना, शिक्षा एवं संचार (आईईसी) और आउटरीच रणनीति अपनाई है। इस रणनीति में समाचार पत्र, सामुदायिक रेडियो, टेलीविजन और रेडियो अभियान, डिजिटल डिस्प्ले, नुक्कड़-नाटक, सामूहिक संदेश, सोशल मीडिया तथा लाभार्थियों के अनुभव-साक्षात्कारों के प्रसारण जैसे पारंपरिक और डिजिटल मीडिया प्लेटफार्मों वाले जागरूकता अभियानों को शामिल किया गया है।

इसके अलावा, राज्य स्वास्थ्य एजेंसियों ने मान्यताप्राप्त सामाजिक स्वास्थ्यकर्मी, आंगनवाड़ीकर्मी और आंगनवाड़ी सहायिकाओं सहित फ्रंटलाइन कर्मियों के एक व्यापक तंत्र का उपयोग कर घर-घर जागरूकता अभियान चलाने, लाभार्थियों की पहचान करने और विशेष रूप से ग्रामीण एवं अल्पसेवित क्षेत्रों में आयुष्मान कार्ड बनाने में सहयोग किया है।

(ग): चूंकि एबी-पीएमजेएवाई 2018 से पहले लागू नहीं था, इसलिए महिला के अस्पताल में भर्ती होने के आंकड़ें की तुलनात्मक उपलब्ध नहीं है।

(घ): आयुष्मान भारत स्वास्थ्य खाता (आभा) आयुष्मान भारत डिजिटल मिशन (एबीडीएम) की

एक प्रमुख आधारशिला है। यह एक अद्वितीय 14-अंकीय स्वास्थ्य पहचान संख्या है जो नागरिकों को स्वास्थ्य परिचर्या पारिस्थितिकी तंत्र में अपने डिजिटल स्वास्थ्य रिकॉर्ड तक सुरक्षित रूप से पहुंच और उनका प्रबंधन करने की अनुमति देती है। 20.07.2026 की स्थिति के अनुसार, देश भर में कुल 94.75 करोड़ आभा बनाए जा चुके हैं।

एबीडीएम के अंतर्गत निर्वाचन क्षेत्र-वार डेटा संकलित नहीं किया जाता है, तथापि दिनांक 20.07.2026 की स्थिति के अनुसार क्योंझर लोकसभा निर्वाचन क्षेत्र के अंतर्गत क्योंझर और मयूरभंज जिलों के लिए कुल 43,06,853 आभा और 1,167 स्वास्थ्य सुविधा केंद्र रजिस्ट्री (एचएफआर) बनाए गए हैं। वर्षवार आभा एवं एचएफआर निर्माण में वृद्धि का ब्यौरा निम्नानुसार है:

वित्त वर्ष	**आभा संख्या (कुल)**		**एचएफआर संख्या (कुल)**	
	क्योंझर	**मयूरभंज**	**क्योंझर**	**मयूरभंज**
2024-25	17,10,864	22,51,658	383	497
2025-26	17,69,332	23,81,339	450	706
2026-27 (20.07.2026 की स्थिति के अनुसार)	18,70,879	24,35,974	455	712

(ङ): 30.06.2026 तक सिधी लोकसभा संसदीय निर्वाचन क्षेत्र के अंतर्गत आने वाले जिलों का ब्यौरा निम्नानुसार है:

जिला	**बनाए गए आयुष्मान कार्डों की संख्या (लाख में)**	**पैनलबद्ध अस्पतालों की संख्या**	**अनुमोदित अस्पताल दाखिलों की संख्या**
शहडोल	7.33	25	74,179
सीधी	7.86	23	1,04,918
सिंगरौली	7.72	22	84,106

(च): 20.07.2026 की स्थिति के अनुसार, राजस्थान के पाली लोकसभा निर्वाचन क्षेत्र के पाली और जोधपुर जिलों में कुल 53 लाख आभा बनाए गए हैं। जिला-वार ब्यौरा इस प्रकार हैं:

जिला	बनाए गए आभा की संख्या (लाख में)
जोधपुर	32.77
पाली	20.23

(छ): आंध्र प्रदेश राज्य में, बापटला जिले सहित, वित्त वर्ष 2023-24 से 2025-26 के दौरान एबी-पीएमजेएवाई के अंतर्गत लाभार्थियों, पैनलबद्ध अस्पतालों और अस्पताल में भर्ती का जिला-वार ब्यौरा **विवरण** में संलग्न हैं।

योजना के तहत, दावों का निपटान एक नियमित और निर्बाध प्रक्रिया है और दावों का निपटान संबंधित एसएचए द्वारा एनएचए द्वारा जारी दावा अधिनिर्णयन दिशानिर्देशों के अनुसार किया जाता है। और यह भी, दावों के समय पर निपटान के लिए अनुमत अधिकतम समय राज्य के भीतर स्थित अस्पतालों के लिए दावा प्रस्तुत करने के 15 दिनों के भीतर और पोर्टेबिलिटी दावों (राज्य के बाहर स्थित अस्पतालों) के लिए दावा प्रस्तुत करने के 30 दिनों के भीतर है।

विवरण

आंध्र प्रदेश राज्य में पिछले तीन वर्षों के दौरान एबी-पीएमजेएवाई के तहत लाभार्थियों, पैनलबद्ध अस्पतालों और अस्पताल में भर्ती का जिला-वार ब्यौरा

जिला	पात्र परिवारों की संख्या (लाख में)	पैनलबद्ध अस्पतालों की संख्या	प्राधिकृत अस्पताल दाखिलों की संख्या (लाख में)
अल्लूरी सीताराम राजू	1.03	3	3.49
अनकापल्ली	2.69	11	3.21
अनंतपुरम	1.87	4	6.08
अन्नामाय्या	1.41	3	2.83
बापटला	2.26	2	2.52
चित्तूर	1.63	6	5.19

डॉ. बी.आर. अंबेडकर कोनासेमा	3.56	13	2.02
पूर्वी गोदावरी	2.98	6	6.86
एलेरू	3.19	22	2.16
गुंटूर	3.01	17	6.30
काकिनाडा	3.49	9	2.05
कृष्णा	3.17	20	5.19
कुर्नूल	1.32	3	6.39
नंदयाल	1.57	14	1.16
एनटीआर	3.01	23	1.05
पालनाडु	3.14	12	1.13
पर्वतीपुरम मनयम्	1.10	4	0.68
प्रकाशम	2.93	5	3.24
श्री पोटी श्रीरामल्लु नेल्लोर	3.09	16	3.16
श्री सत्य साई	1.48	9	0.68
श्रीकाकुलम	2.16	12	3.54
तिरुपति	2.09	8	0.95
विशाखापत्तनम	2.44	16	4.37
विज़ियानगरम	2.32	12	3.43
पश्चिम गोदावरी	2.88	10	3.78
वाई.एस.आर.	1.86	13	3.25

G-7 SUMMIT

933. SHRI CHAMALA KIRAN KUMAR REDDY:

SHRI EATALA RAJENDER:

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

(a) whether PM attended G7 Summit and addressed global leaders on “Forging New Partnerships and Rebuilding International Solidarity”, if so, the details thereof; and

(b) the details of countries visited by PM recently including Australia, France and the Slovak Republic and other countries and outcome thereof along with MoUs signed and benefit accrued to India from such visits till date?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA MARGHERITA):

(a):Hon'ble Prime Minister attended the G7 Summit Outreach Session on 16-17 June 2026 in France and addressed three outreach sessions including the session on “Forging New Partnerships and Rebuilding International Solidarity”. In his remarks at the session, Prime Minister underscored the need for building international partnerships based on trust and addressing shared challenges through dialogue, diplomacy and international cooperation. He called for building relations based on equality, dignity and mutual respect and highlighted India’s international initiatives such as the International Solar Alliance, Coalition for Disaster Resilient Infrastructure, Global Biofuel Alliance, Mission LiFE and development partnerships focusing on capacity building and skill

development guided by India's 'humanity first' approach. The English translation of Prime Minister's Statement is placed at **Statement-I.**

(b): Hon'ble Prime Minister recently visited France (13-18 June 2026), the Slovak Republic (14-15 June 2026), Seychelles (27-29 June 2026), Indonesia (06-08 July 2026), Australia (08-10 July 2026) and New Zealand (10-11 July 2026). During these visits, a number of bilateral documents were signed to further strengthen India's bilateral partnerships; details are placed at **Statement-II.**

STATEMENT-I

English Translation of Prime Minister's Statement during G7 Summit - Outreach Session: Forging New Partnerships and Rebuilding International Solidarity (June 16, 2026)

President Macron,

Your Excellencies,

Namaskar!

I sincerely thank President Macron for his warm welcome and hospitality at the G-7 Summit

Friends,

Today's world is more connected and inter-dependent than ever before. A country's energy security, food security, health security, cyber security, and economic security no longer depend only on what happens within its borders. Mobility, data, money, and technology, all link us together.

In times like these, strong partnerships become even more important.

But partnerships can succeed only when they are built on trust. Today, the most strategic asset is not minerals, technology, or markets - it is mutual trust.

The trust that technology and supply chains will be used for global good, not as weapons. The trust that development opportunities will not be limited to a few countries only. Trust that global institutions will fulfil the aspirations of all countries.

Friends,

In the last century, humanity had to go through two world wars. After many sacrifices, the global community developed systems to move forward towards peace, stability and prosperity. The basis of these arrangements was also trust.

But, the trust built over decades and through the contributions of many generations stands under threat today. COVID-19 exposed that the claims of trust and solidarity were often weaker than people believed.

Today the world does not suffer from a shortage of resources; it suffers from a shortage of trust. And the future of our partnerships depends on building this trust.

Former US President Ronald Reagan once said, "Trust, but verify." This message remains relevant even today. It is our responsibility towards future generations to build a trusted, rules-based global order that is suited to the needs of the new era.

Friends,

India has always believed that the whole world is one family. Our actions are

guided by the principle of "Sarvajana Hitaya, Sarvajana Sukhaya" which means the welfare and happiness of all.

India's development journey has taught us that progress is most meaningful when it is driven by the aspirations of the people. This principle also shapes our international partnerships. Guided by this vision, India has led several global initiatives, including the International Solar Alliance, Coalition for Disaster Resilient Infrastructure, Global Biofuels Alliance, Mission LiFE, and "Ek Ped Maa Ke Naam."

India has always considered it our duty to help countries in times of crisis as a First Responder. During the COVID-19 pandemic, India supplied medicines and vaccines to more than 150 countries.

Whether it was a cyclone in Sri Lanka, an earthquake in Afghanistan, floods in Mozambique, or hurricanes in Cuba and Jamaica, India has always responded with a "Humanity First" approach. The same spirit guides our development partnerships, which focus on capacity building and skill development in partner countries.

India believes that the true test of partnership is not what we build for others, but what we enable others to build for themselves.

Friends,

Today, countries of the Global South have high expectations from the international community. However, they are not looking for aid or support alone, they seek genuine partnership. They want to contribute to and participate in global development, not merely receive its benefits.

We must move beyond the traditional donor-recipient approach and build relationships based on equality. Instead of merely working alongside one another, we must work together towards common goals. Our partnerships should be based on dignity and mutual respect, not dependency. By doing so, we can create a strong foundation for the sustainable development for future generations.

Friends,

International partnerships and global solidarity can only be meaningful if we work together to address shared challenges. India firmly believes that lasting solutions to the ongoing tensions and conflicts in various parts of the world are possible only through dialogue, diplomacy, and international cooperation.

We welcome the progress being made towards peace in West Asia. The conflict has caused significant loss of lives and property in our friendly countries in the region. Disruptions to maritime trade through the Strait of Hormuz have also affected the global economy. Many Indian civilians lost their lives. It is our responsibility to ensure the safety of the seafarers who connect nations through global maritime trade. We must ensure that maritime routes remain secure and that seafarers can perform their duties without fear.

Friends,

India stands ready to work with all its partners on these issues.

Thank you very much.

Evian

June 16, 2026

DISCLAIMER -This is the approximate translation of Prime Minister's Statement**. Original** Statement **was delivered in Hindi.**

Prime Minister addresses the session on “Forging New Partnerships and Rebuilding International Solidarity” at G7 Summit in France (June 16, 2026)

Prime Minister Shri Narendra Modi today addressed the Outreach Session on ‘“Forging New Partnerships and Rebuilding International Solidarity”, at the G7 Summit in Evian, France.

2. In his intervention, Prime Minister underlined that, in an interconnected world, where energy, food, health, cyber, and economic security are intertwined, building international partnerships was a necessity for the progress and prosperity of humanity. He further added that, in an uncertain world, trade and technology were being misused for narrow interests, leading to a trust deficit in the international arena. Alluding to the lessons from the COVID pandemic, he called upon nations to focus on building trust and transparency in global partnerships.

3. Sharing India’s approach to international cooperation, Prime Minister stated that India has always followed the principle of “humanity first”, and this thought continues to be at the center of its efforts, be it pursuing action under the International Solar Alliance, Coalition for Disaster Resilient Infrastructure, Global bio-fuel Alliance, Mission LiFE or Ek Ped Maa ke Naam [Plant for Mother] campaign. He further added that this inclusive approach has also led India to be the first responder when natural disasters have struck various parts of the world – be it a cyclone in Sri Lanka, earthquake in Afghanistan, floods in

Mozambique or hurricane in Jamaica.

4. Speaking about India's inclusive and sustainable growth, Prime Minister elaborated that its mantra of "Sarv Jan Hitaye, Sarv Jan Sukhaye" [welfare and happiness for all], had led to appreciable results in fostering financial inclusion, health security, digital identity, technology-led empowerment of people and women-led development.

5. Prime Minister noted that international partnerships should move beyond the donor-recipient paradigm to one of solidarity and equal ownership. He also stated that lack of respect for international law was the biggest hurdle to building international solidarity, and needed to be addressed as a priority. He emphasized that for international partnerships needed to prioritize dialogue and diplomacy for ensuring peace and stability. The full remarks of Prime Minister may be seen here [link].

Evian

June 16 2026

STATEMENT-II

A. France: Hon'ble PM visited France from 13-18 June 2026. The following are the key outcomes and documents concluded during the visit:

S. No.	Title	Benefits to India
1.	Adoption of India-France Innovation Roadmap 2030	• Deepens cooperation in critical and emerging tech, AI and startup and incubator ecosystems. • Promotes academic mobility and industry-academia linkages • Accelerates development of joint solutions for global challenges.

2.	Creation of a Joint India-France AI Working Group focused on AI governance	• Builds structured bilateral mechanism for AI initiatives • Supports joint R & D, capacity building, academic and industry exchanges • Promotes start-up linkages and innovation
3.	Memorandum of Understanding on the establishment of a National Centre of Excellence for Skilling in Aeronautics and Allied Sectors at NSTI, Kanpur	• Supports skilling, institutional links and research in aviation and aerospace sectors • Strengthens workforce readiness for manufacturing and MRO
4.	Expanded possibilities for using India's real-time payment system-Unified Payments Interface (UPI)-in France	• Strengthens India's digital public infrastructure footprint in Europe • Improves the payment experience for Indian tourists, students, diaspora, business travelers, and official delegations • Showcases India's secure low cost and scalable digital payments model in Europe
5.	Incubation of an additional 10 Indian startups at Station F.	• Provides Indian start-ups, a structured landing platform in Europe with access to French mentors, investors, corporate, and market networks
6.	Establishment of a Centre of Digital Sciences between Department of Science and Technology (DST) and Institut National de Recherche en Sciences et Technologies du Numérique (INRIA)	• Strengthens India's research and innovation ecosystem by providing Indian researchers and start-ups access to leading French expertise • Supports capacity building joint R & D, Talent mobility and technology development in areas aligned with India's digital transformation priorities
7.	Establishment of an ICCR India Chair on "AI, Innovation and Culture" at Universite Paris-Saclay	• Strengthens India France academic and cultural cooperation • Promotes teaching and research on AI, innovation and culture • Facilitates academic exchange and knowledge

		sharing
8.	Letter of Intent between Indian Council of Medical Research (ICMR) and Health Data Hub of France	• Enables India to position DEPA as a trusted consent based and privacy-preserving model for international health data collaboration. • Helps build institutional capacity in health data governance. • Supports AI driven medical research. • Creates a scalable framework for secure health data pilots.
9.	Setting up of a High-level Mechanism for realizing the goal of doubling bilateral trade in the next five years.	• Provides a high-level annual platform to monitor and accelerate bilateral trade growth. • Addresses sectoral challenges and identify new areas of economic cooperation. • Supports supply chain diversification and stronger industry linkages.
10.	Institution of an Economic Security Dialogue	• Facilitates in advancing India-France cooperation in strategic sectors, including critical minerals, critical technology and energy. • Strengthens India's economic resilience and strategic autonomy.
11.	Declaration of Intent on Cooperation on Railway and High-speed Railway Development in India	• Supports India's railway modernization and high-speed rail ambitions. • Helps promote resilient railway manufacturing supply chains. • Builds capacity through cooperation with institutions such as the Gatishakti Vishwa Vidyalaya and French industrial academic partners.
12.	General Security Agreement on the Exchange and Protection of Classified Information	• Allows exchange of information between India and France in a secured manner by providing a legal framework. • Enhances India-France cooperation in strategic areas and promotes India-France defence industrial collaboration and make-in-India

		projects. • Strengthens India-France strategic partnership.
13.	Letter of Intent between ISRO and CNES concerning cooperation in the field of microgravity research and human space exploration	• Strengthens cooperation between ISRO and CNES in the field of micro-gravity research and human research studies. • Strengthens India's expertise for the Gaganyaan - human space flight program and the planned future Bhartiya Antariksh Station • Facilitates in advancing India-France collaboration in human space flight and space research initiatives.

B. Slovak Republic: Hon'ble PM paid a state visit to the Slovak Republic from June 14-15, 2026. The following are the key outcomes and documents concluded during the visit:

S. No.	Title	Benefits to India
1.	MoU on cooperation in the field of Labour Migration	• Promote talent mobility and ensure safe and legal migration of Indian workers to Slovakia.
2.	MoU on Digital Technologies	• Facilitates Stronger India–Slovakia cooperation in the digital sector. • Promotes greater collaboration in Artificial Intelligence, High Performance Computing and Internet of Things. • Promotes India's Digital Public Infrastructure and digital public goods.
3.	MoU on Cooperation in the field of Higher Education and Research	• Facilitates stronger institutional linkages in higher education. • Enhances joint research and academic exchanges.

		• Facilitates the sharing of knowledge, expertise, and best practices in higher education.
4.	MoU on Audio-visual Co-production	• Increases cooperation between the two countries in the audiovisual field • Promotes and facilitate co-production of films. • Fosters cultural and economic exchanges
5.	Establishment of first ever ICCR Chair in Artificial Intelligence at the Technical University of Kosice	• Promotes Indian expertise in digital innovation and emerging technologies. • Promotes India as a global knowledge and technology partner.
6.	Letter of Intent promoting cooperation in the Defence field	• Aims at greater opportunities for Indian defence exports. • Promotes stronger defence industry and training cooperation. • Aims at enhanced collaboration in Humanitarian Assistance and Disaster Relief (HADR) and UN peacekeeping.
7.	MoU in the field of Quantum Communication and Critical Infrastructure Protection	• Aims at stronger cooperation in quantum communication and cybersecurity. • Promotes India's expertise in post-quantum cryptography. • Aims at protection of critical information infrastructure.
8.	MoU between National Institute of Naturopathy, Pune, Ministry of Ayush, and Slovak Health Spa Piestany	• Aims at stronger cooperation in traditional medicine research. • Promotes integration of Indian medicine with modern balneology. • Promotes international recognition of India's traditional healthcare systems.

C. Seychelles: Hon'ble PM undertook a State Visit to Seychelles from 27 to 29 June 2026, to attend the Golden Jubilee celebrations of the Independence of Seychelles as the Guest of Honour, coinciding with the 50th anniversary of the establishment of diplomatic ties between India and Seychelles. During the visit, key outcomes include i) Gifting of Fast Patrol Vessel 'PS Lespwar' to the Government of Seychelles; ii) Handover of 10 utility vehicles and 5 sets of Laser Radial class boats to the Seychelles Defence Force; iii) Handover of 6 ambulances to the Government of Seychelles; iv) Handover of 500 MT of rice to the Government of Seychelles; v) Handover of 8500 MT of cement to the Government of Seychelles; vi) Virtual ground-breaking ceremony for the Professional Technical Education Centre; vii) Completion of Refit of PS Zoroaster for Seychelles Coast Guard; viii) Launch of commemorative logo marking 50 years of diplomatic relations between India and Seychelles; and ix) joining of the Coalition for Disaster Resilient Infrastructure by Seychelles. The following are the key outcomes and documents concluded during the visit:

S. No.	Title	Benefits to India
1.	Memorandum of Understanding between Sushma Swaraj Institute of Foreign Service (SSIFS) and Ministry of Foreign Affairs and the Diaspora (MoFAD) of the Republic of Seychelles	• Facilitates institutional cooperation between MoFAD, Seychelles and SSIFS through exchanges, training programmes and capacity building.
2.	Memorandum of Understanding between National Payments Corporation of India (NPCI) International Payments Ltd. and Central Bank of Seychelles	• Facilitates the deployment of UPI digital payment infrastructure in Seychelles, and identify avenues for broader collaboration in payments ecosystem.

3.	Agreement between M/s HLL Lifecare Limited and the Ministry of Health of the Republic of Seychelles under the Janaushadhi Scheme	• Facilitates the export of affordable generic medicines and medical supplies from India to Seychelles under the Janaushadhi Scheme
4.	Memorandum of Understanding between Indian Council of Agricultural Research (ICAR), Republic of India and the Agriculture Department, Ministry of Fisheries, Agriculture and Blue Economy, Republic of Seychelles for Cooperation in Agriculture Research and Education and Work Plan for 2026-2031.	• Promotes close collaboration between ICAR and Seychelles Agriculture Department in areas of joint research, training and technical study.
5.	Extradition Treaty between the Republic of India and the Republic of Seychelles	• Aims at strengthening bilateral cooperation in combating transnational crime and enhancing the legal framework for extradition of fugitives between the two countries.
6.	Memorandum of Understanding between the Ministry of Transport, Ports and Civil Aviation of the Republic of Seychelles and the Ministry of Ports, Shipping and Waterways of the Republic of India on the Recognition of Training and Certification of Seafarers for Service on Seychelles Flagged Vessels.	• Facilitates recognition of Indian seafarers' training and certification for service on Seychelles-flagged vessels.
7.	Umbrella Line of Credit Agreement between the Government of Seychelles and Export-Import Bank of India	• Aims at supporting implementation of projects under the Special Economic Package (SEP), announced during the visit of President Herminie in February 2026

		• Aims at advancing priority infrastructure and development initiatives in Seychelles.
8.	Memorandum of Understanding between the Government of the Republic of India and the Government of the Republic of Seychelles on Cooperation in the Exploration and Uses of Outer Space for Peaceful Purposes.	• Aims at strengthening collaboration in satellite applications, space technology and capacity building.
9.	Memorandum of Understanding between the Government of the Republic of India and the Government of the Republic of Seychelles on Preliminary Preparations for the New Seychelles National Hospital	• Establishes a framework for bilateral cooperation for development of the new Seychelles National Hospital.

D. Indonesia: Hon'ble PM undertook a state visit to Indonesia from 6-8 July 2026. The following are the key outcomes and documents concluded during the visit:

S. No.	Title	Benefits to India
1.	Extension of MoU and Implementation Arrangement on Maritime Safety and Security Cooperation	• Strengthens cooperation between Coast Guards of both countries • Improves coordination in maritime domain awareness, search and rescue and capacity building • Promotes safety and freedom of navigation in the Indo-Pacific
2.	Deployment of Indonesian Liaison Officer in IFC-IOR	• Enhances real-time maritime information sharing • Strengthens bilateral maritime security cooperation in the Indo-

		Pacific
3.	Cooperation on BrahMos Missile System	• Demonstrates the capability of Indian defence industry • Strengthens Atmanirbhar Bharat and boosts indigenous defence manufacturing • Promotes innovation, global competitiveness and exports
4.	Air-to-Air Missile Cooperation Agreement	• Boosts India's defence exports and Make-in-India for the world • Enhances technology collaboration and defence capabilities • Strengthens India's indigenous missile development ecosystem
5.	MoU on Cooperation in the field of Minerals and Technology of Steel Supply Chain	• Promotes investments in the mineral and mining sector • Improves access to advanced extraction and processing technologies • Encourages joint studies and projects • Strengthens critical mineral supply chains
6.	Strategic Joint Venture between Steel Authority of India (SAIL) and Pt. Krakatau Steel for establishment of Stainless-Steel Slab manufacturing facility in Indonesia	• Promotes joint production and access to technology • Promotes job creation especially for our youth • Adds to industrial development and Viksit Bharat goals
7.	MoU between Non-Ferrous Materials Technology Development Centre (NFTDC),	• Facilitates cooperation in rare earths and critical minerals • Promotes diversification of supply chain in rare earths and critical

	Midwest Ltd., and PT PERMINAS on development of Rare Earth Magnets	minerals
8.	MoU between National Disaster Management Authority (NDMA) and National Agency for Disaster Management, Indonesia	• Facilitates sharing of best practices in disaster management • Promotes the use of tech-based applications for early warning and risk assessment • Improves coordination in disaster response and recovery

E. Australia: Hon'ble PM visited Australia from 08-10 July, 2026. The following are the key outcomes and documents concluded during the visit:

S. No.	Title	Benefits to India
1.	Joint Declaration on Defense and Security Cooperation (JDDSC)	• Promotes collaboration between defense innovation ecosystems and defence in dustry • Promotes information sharing. • Deepens collaboration in Humanitarian Assistance and Disaster Relief (HADR)
2.	Maritime Security Collaboration Roadmap (MSCR)	• Promotes information sharing, and capability development • Facilitates greater operational coordination. • Strengthens collaboration in HADR, Pollution Response, and Search and Rescue Operations
3.	India-Australia Joint Statement on Energy Security	• Facilitates coordinated coastal surveillance • Promotes coordination in maritime domain awareness activities. • Strengthens maritime law enforcement.
	Finalization of Administrative	• Facilitates supply of uranium from Australia

4.	Arrangement of the India-Australia Civil Nuclear Agreement	to India. • Promotes diversification of energy sources • Promotes India's Energy security
5.	Australia-India Partnership for Cyber, Critical Technologies, Supply Chains (PACTS)	• Aims to support national and regional security. • Promotes collaboration to make critical supply chains more resilient • Strengthens collaboration in critical technologies, cybersecurity, and digital resilience. • Facilitates identification of specific projects for collaboration under each pillar of cooperation
6.	India-Australia Sports Collaboration Roadmap	• Promotes establishing and operating High-Performance Sports Centres in India • Promotes experience sharing for major sporting events such as Olympics and Commonwealth Games • Identifies Para sports as a key priority • Promotes cooperation between Sport Integrity Australia and National Anti-Doping Agency India. • Promotes India's export of sports goods to Australia.
7.	MoU between Indian Coast Guard (ICG) and Maritime Border Command (MBC) of Australia	• Facilitates coordinated coastal surveillance • Promotes coordination in maritime domain awareness activities. • Strengthens maritime law enforcement.
8.	Australian invite for an Indian military instructor in Australian Defense College for 2028-29	• Strengthens professional military engagement • Facilitates knowledge exchange
	MoU between Ministry of	• Facilitates setting up a Centre of Excellence

9.	Skill Development and Entrepreneurship (MSDE), and Technical and Further Education (TAFE), Government of Western Australia to set up a Centre of Excellence in Mining and Mining Equipment, Technology and Services (METS	in Mining Equipment, Technology and Services at National Skill Training Institute (NSTI), Bhubaneswar. • Facilitates developing a Centre of academic excellence in sub-domains of mining operations, mine safety, mineral processing, mine machinery, etc. • Enables exchange of students/trainees between National Centre for Excellence and TAFE, Western Australia
10.	Handing over Letter of Intent (LoI) to Flinders' University for setting up its campus in India (Bengaluru)	• Grants permission to establish its campus in India • Brings international education infrastructure to students in India. • Further enhances India-Australia educational partnership.
11.	Signing of Letter of Intent (LoI) between National Council for Vocational Education and Training (NCVET) and Australian Skills Quality Authority (ASQA)	• Strengthens regulatory frameworks in vocational training systems • Promotes co-development and alignment of occupational standards in priority sectors • Enables capacity building of officials, staff exchanges, joint workshops/research activities.
12.	Repatriation of Indian artifacts	• Brings back 3 Indian antiquities including: a. The sacred bull Nandi, vehicle of Shiva [Description: Tamil Nadu, India, 11th to 12th century Granite] b. Trident with Auspicious Kali [Bhadrakali][Description: Tamil Nadu, India, 11th century bronze] c. The six-headed Skanda (Kartikeya) [Description: Tamil Nadu, India, 12th century basalt]
		• Facilitates training of 2000 women and youth

		as solar technicians/installers/helpers
13.	Operationalization the Rooftop Solar Training Academy	• Supports the PM Surya Ghar Yojana launched by Hon PM in January 2024. • Supports India's green energy journey
14.	MoU under Australia-Canada-India Technology and Innovation (ACITI) Partnership	• Aims to advance trilateral cooperation in emerging technologies and innovation, under the Australia–Canada–India Technology and Innovation (ACITI) Partnership
15.	MoU between Geoscience Australia (GA) and Geological Survey of India (GSI)	• Aims at adoption of advanced exploration methodologies. • Promotes capacity building and skill development. • Enables technological upgradation and modernization of GSI infrastructure.
16.	Traditional Knowledge Digital Library access agreement between Council of Scientific and Industrial Research (CSIR) and IP Australia	• Provides access of Indian Traditional Knowledge Digital Library (TKDL) to IP Australia • Promotes prevention of bio-piracy.
17.	MoU between Council of Scientific and Industrial Research (CSIR) and University of Melbourne	• Promotes collaborative research programs towards drug target identification. • Facilitates trainee programs. • Promotes Faculty exchange Programs
18.	MoU between Satyajit Ray Film and Television Institute (SRFTI), Kolkata with Griffith Film School, South Brisbane, Australia.	• Facilitates joint academic activities and workshops. • Promotes development of joint projects in cinema and allied fields. • Facilitates collaboration on short-term workshops, or summer schools.
19.	Handing over of Letter of	• Enables the Victoria University to begin operations and admissions soon.

	Approval to Victoria University	• Brings international education to Indian students

F. New Zealand: Hon'ble PM visited New Zealand from July 10-11, 2026 that also saw elevation of the bilateral relationship to the Strategic Partnership level. The following are the key outcomes and documents concluded during the visit:

S. No.	Title	Benefits to India
1.	Memorandum of Arrangement on Maritime Cooperation between the Ministry of Defence of India and the New Zealand Defence Force	• Strengthens maritime security cooperation and interoperability in the Indo-Pacific. • Enhances maritime domain awareness, joint exercises, HADR and capacity building.
2.	Implementation Arrangement concerning cooperation in matters of Hydrography and Nautical Cartography between India and New Zealand	• Improves availability of high-quality hydrographic data and navigational charts. • Promotes building technical capacity through training and data sharing. • Promotes cooperation in enhancing international maritime safety for ships
3.	Arrangement concerning the provision of Mutual Logistics Support between the Indian Navy and the New Zealand Defence Force	• Improves operational reach, interoperability and defence cooperation in the Indo-Pacific.
4.	Arrangement on establishing a Joint Working Group on Counter-Terrorism between India and New Zealand	• Institutionalizes counter-terrorism dialogue and intelligence exchange. • Strengthens cooperation against terrorism, violent extremism and transnational threats.

5.	Memorandum of Cooperation between the National Disaster Management Authority of India and the National Emergency Management Agency (NEMA) of New Zealand	• Strengthens disaster preparedness, response and resilience. • Enhances capacity building and knowledge sharing
6.	Memorandum of Cooperation in the fields of Animal Husbandry and Dairying between the Ministry of Fisheries, Animal Husbandry and Dairying of India and the Ministry of Primary Industries of New Zealand	• Supports productivity, technology adoption and best-practice exchange. • Aims at cooperation to benefit farmers and strengthening food security
7.	Memorandum of Arrangement in the field of Tourism between the Ministry of Tourism of India and the Ministry of Business, Innovation and Employment of New Zealand	• Promotes two-way tourism and people-to-people exchanges. • Supports economic growth and employment in the tourism sector.
8.	India-New Zealand Joint Action Plan on Sport	• Promotes exchanges in priority sports and athlete development such as Rugby, Rowing, Athletics, Golf, Bowls, etc. • Strengthens sporting institutions and people-to-people links.
9.	Memorandum of Arrangement for development of National Maritime Heritage Complex (NMHC), Lothal at Gujarat between NMHC and New Zealand Maritime Museum	• Facilitates museum collaboration and knowledge exchange, design and maintenance know-how. • Promotes India's maritime heritage and cultural tourism.
10.	Arrangement on Cultural Cooperation between the Ministry	• Deepens mutual understanding and promotes people-to-people ties.

	of Culture of India and Ministry of Culture and Heritage of New Zealand	• Strengthens bilateral cultural diplomacy.

दिल्ली में पासपोर्ट केंद्र

934. श्री रामवीर सिंह बिधूड़ी:

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

(क) दिल्ली में कार्य कर रहे पासपोर्ट बनाने वाले केंद्रों की कुल संख्या कितनी है;

(ख) पिछले तीन वर्षों के दौरान दिल्ली में जारी किए गए और रद्द किए गए पासपोर्टों की संख्या कितनी है; और

(ग) सरकार द्वारा पासपोर्टों को आसानी से उपलब्ध कराने 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): वर्तमान में, क्षेत्रीय पासपोर्ट कार्यालय (आरपीओ दिल्ली) के तहत 3 पासपोर्ट सेवा केंद्र (पीएसके) और 5 डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) कार्यरत हैं ताकि इस क्षेत्र में पासपोर्ट और संबंधित सेवाओं को पूरा किया जा सके। इसके अलावा, आरपीओ दिल्ली के तहत हरियाणा में भी 1 पीएसके और 4 पीओपीएसके चालू हैं।

(ख): पिछले तीन वर्षों के दौरान आरपीओ दिल्ली के तहत जारी और रद्द किए गए पासपोर्टों की संख्या नीचे दी गई है:

आरपीओ का नाम	वर्ष	जारी किए गए पासपोर्ट	रद्द किए गए पासपोर्ट
आरपीओ दिल्ली	2023	7,20,685	3,61,008
आरपीओ दिल्ली	2024	6,92,606	3,55,839

आरपीओ का नाम	वर्ष	जारी किए गए पासपोर्ट	रद्द किए गए पासपोर्ट
आरपीओ दिल्ली	2025	7,00,125	3,65,646

पासपोर्ट पुनः जारी करने की प्रक्रिया के तहत, मौजूदा पासपोर्ट को रद्द कर दिया जाता है और आवेदकों को वापस लौटा दिया जाता है।

(ग): सरकार ने पासपोर्ट सेवाओं को अधिक सुलभ और नागरिक-अनुकूल बनाने के लिए कई कदम उठाए हैं, जिनमें पीएसके और पीओपीएसके के माध्यम से पासपोर्ट सेवा नेटवर्क का विस्तार शामिल है। आवेदकों के लिए कभी भी और कहीं भी फॉर्म भरने के लिए पासपोर्ट सेवा पोर्टल पर ऑनलाइन आवेदन और अपॉइंटमेंट प्रणाली उपलब्ध है। पासपोर्ट सेवा मोबाइल ऐप के माध्यम से भी उपलब्ध है। पासपोर्ट जारी करने की प्रक्रिया पर समुचित कार्रवाई के लिए पासपोर्ट प्रणाली को डाक विभाग, पुलिस अधिकारियों सहित अन्य हितधारकों के साथ निर्बाध रूप से एकीकृत किया गया है। इसके अलावा, जून 2018 में, मंत्रालय ने 'भारत में कहीं भी आवेदन करें' योजना शुरू की, जिसके तहत भारत में किसी भी पीएसके/पीओपीएसके पर पासपोर्ट के लिए आवेदन किया जा सकता है। साथ ही, विदेश मंत्रालय ग्रामीण/दूरस्थ, पहाड़ी और कम सेवा वाले क्षेत्रों में ऑन-साइट पासपोर्ट प्रसंस्करण के लिए नियमित रूप से पासपोर्ट मोबाइल वैन तैनात कर रहा है।

DELAY IN OPERATIONALISATION OF GOVERNMENT MEDICAL COLLEGE

935. SHRI ANURAG SINGH THAKUR:

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

(a) whether the Government is aware that the buildings and basic infrastructure of centrally funded Dr. Radhakrishnan Government Medical

College at Jolsappar, Nadaun, Hamirpur district, Himachal Pradesh have been ready for nearly two years, yet MBBS classes, OPD services have not started;

(b) if so, the details thereof along with the reasons for the inordinate delay in commencing the academic session, hospital services in this regard;

(c) whether the Government has requested the State Government of Himachal Pradesh to issue the necessary permissions and complete the formalities for the operationalisation of the college and the attached hospital;

(d) if so, the details of correspondence and meetings held between the Central and State Governments on this issue during the last two years;

(e) the steps taken/being taken by the Union Government to remove the bottlenecks and ensure early operationalisation of the medical college; and

(f) the details of the tentative timeline by which the college will commence MBBS classes and OPD services?

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

(a) to (f): The Ministry of Health 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 medical colleges have been approved in three phases, including 03 medical colleges in Himachal Pradesh at Chamba, Hamirpur and Nahan. All the three medical colleges have become functional.

Dr. Radhakrishnan Government Medical College, Hamirpur was approved under Phase-I of the Scheme in the year 2015 at a cost of Rs.189 crores to be shared between Centre and State Government in the ratio of 90:10. Entire Central Share of Rs.170.10 crore has been released to Himachal Pradesh. The college became functional in the academic year 2018-19 with an intake capacity of 100 MBBS seats, and OPD services also commenced during the same academic year. Subsequently, the intake capacity has been increased to 120 MBBS seats. Further, as per guidelines of the Scheme, the planning, execution and commissioning of the medical colleges approved under the scheme is to be done by the State Government.

GUIDELINES FOR HEALTHCARE PROFESSIONAL AND SOCIAL MEDIA INFLUENCERS

936. SHRI BASTIPATI NAGARAJU:

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

(a) whether there are any guidelines or regulations governing healthcare professionals and social media influencers providing medical advice through social media platforms;

(b) if so, the details thereof, including the regulatory body responsible for enforcement and the penalties prescribed for violation;

(c) whether those guidelines cover unqualified individuals posing as health experts, if so, the details thereof;

(d) whether the Government has taken note of the growing menace of fake or unverified medical advice being circulated on social media by unqualified individuals and if so, the details of complaints registered along with the action taken during the last five years in this regard, if not, the reasons therefor; and

(e) whether the Government proposes to formulate a comprehensive framework in this regard and if so, the details and timeline thereof?

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

(a) to (e): Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, regulate the professional conduct and medical ethics of the Registered Medical Practitioners (RMPs), irrespective of the platform/forum.

The said Regulations, inter alia, prescribe standards relating to the professional conduct of RMPs, maintenance of the dignity and honor of the medical profession, delivery of quality patient care, observance of confidentiality and professional discretion, prohibition of self-advertisement and direct or indirect solicitation of patients as well as appropriate authority to act upon instances of professional misconduct etc.

Further, the Telemedicine Practice Guidelines vide Notification No. MCI-211(2)/2019(Ethics)/100659 dated 12.05.2020, govern the practice of Telemedicine and the provision of Teleconsultation services by Registered Medical Practitioners.

VACANCIES AT AIIMS KALYANI, WEST BENGAL

937. SHRI JAGANNATH SARKAR:

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

(a) whether the Government is aware that 134 out of 309 faculty posts, at AIIMS Kalyani in West Bengal were vacant in 2025-26 and the faculty vacancies increased from 91 in 2024-25 to 134 in 2025-26, representing an increase of 47 per cent in a single year and if so, the details thereof;

(b) whether 1,050 out of 2,221 non-faculty posts were vacant at AIIMS Kalyani, representing the highest non-faculty vacancy percentage among comparable newer AIIMS and that these non faculty vacancies have increased from 545 in 2024-25 to 1,050 in 2025-26 and if so, the details thereof;

(c) the specific reasons why vacancies at AIIMS Kalyani are worsening year after year despite the Ministry's special measures including Standing Selection Committees, Visiting Faculty Scheme and Common Recruitment Examinations; and

(d) the details of the time-bound recruitment plan to fill all 1,184 vacant posts at AIIMS Kalyani?

THE MINISTER 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): Creation of posts and recruitment is a continuous and dynamic process. As part of this process, 743 additional posts (50 Faculty and 693 Non-Faculty posts) were sanctioned for All India Institute of Medical Sciences

(AIIMS) Kalyani in the year 2025-26, which led to increase in the vacancies. Filling up vacant faculty/non-faculty positions is contingent on various factors including availability of suitable/eligible/qualified doctors/health professionals, reservation roster, location of Institute etc. Due to various recruitment efforts undertaken by the Institute, the vacant positions have considerably reduced. The present status of sanctioned, filled and vacant faculty and non-faculty positions in AIIMS Kalyani is as under:

Faculty Posts			**Non-Faculty Posts**		
Sanctioned	**Filled**	**Vacant**	**Sanctioned**	**Filled**	**Vacant**
309	194	115	2221	1717	504

HIKE IN PASSPORT FEES

938. SHRI BALASHOWRY VALLABHANENI:

DR. GANAPATHY RAJKUMAR P.:

SHRI N. K. PREMACHANDRAN:

SHRI TAMILSELVAN THANGA:

SHRI K. C. VENUGOPAL:

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

(a) the performance of Passport Offices and Passport Seva Kendras across the country, particularly in Andhra Pradesh;

(b) whether recently the Government has increased the fees for Ordinary and Tatkal Passports;

(c) if so, the details thereof indicating the cost incurred in issuing a Ordinary

and Tatkal Passport along with the total revenue collected from Passport issuance and related services during the last three years and reasons for the increase;

(d) whether this will financially impact migrant workers, students, senior citizens, middle and lower class people, if so, the details thereof;

(e) whether the Government has received any request from any individual or tourist's association to reduce fee/consider withdrawing it, if so, the response of the Government thereto; and

(f) whether the Government treat the service of External Affairs as a profit making procedure, if so, the details of projected additional revenue expected annually due to this recent fee hike?

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): Passport Offices and Passport Seva Kendras continue to provide passport services efficiently across the country. In Andhra Pradesh, the average time taken for issuance of passports (excluding Police Verification) was 11 days in 2023, 11 days in 2024 and 13 days in 2025. The details of performance of Passport Offices and Passport Seva Kendras across the country is enclosed at **Statement-I**.

(b) to (f): The fee for all passport and passport-related services prescribed under Schedule IV of the Passports Rules, 1980 has been revised vide Gazette Notification G.S.R. No. 516(E) dated 25.06.2026, with effect from 1

July 2026. A copy of the Gazette notification having revised fee is enclosed as **Statement-II**.

The issuance of a passport involves several components of expenditure. The major direct cost elements include: Cost of Passport Booklet, Printing of data in the Passport booklet, Payment to Service Provider, Payment to Police Department for Police Verification, Payment to Department of Post, Courier charges, Expenditure on Technical support and cost of ePassport project including its operation and maintenance for validation of ePassports through Public Key Directory in compliance with International Civil Aviation Organization (ICAO) guidelines. Besides these, there are a number of other expenditure components relating to human resources, establishment and infrastructure. These include payment of salaries and allowances to Passport Officers and officials, expenditure on office premises, IT infrastructure, expenses on court cases, etc.

Passport fees are revised from time to time after a comprehensive review of the cost of providing passport and related services, operational requirements, and service delivery improvements. Earlier, passport fees were revised in 1971, 1980, 1993, 2002, 2012, and now in 2026. A number of initiatives have been taken for improvement of passport services including implementation of upgraded Passport Seva Programme (PSP) Version 2.0 and e-Passports which has enhanced the quality, security and efficiency of passport services, while increasing the cost of service delivery. In addition, the increase in the cost of various inputs and service delivery over the fourteen

years since the last revision in 2012 made it necessary to revise the passport fees.

The rendering of passport service is not a profit making procedure. All passport fees collected goes to the Consolidated Fund of India.

STATEMENT-I

Performance of Passport Offices and Passport Seva Kendras in country'

The average time taken for issuance of passports (excluding Police Verification) across the country (State/UT wise) for the year 2023, 2024 and 2025 are as under. This is the average time taken for issuance of a Passport (excluding Police Verification).

State/UT Name	Average time taken for issuance of a passport (Excluding Police Verification)		
	2023 (no. of days)	2024 (no. of days)	2025 (no. of days)
Andaman and Nicobar	3	3	4
Andhra Pradesh	11	11	13
Arunachal Pradesh	12	13	19
Assam	11	11	18
Bihar	9	9	8
Chandigarh	11	14	13
Chhattisgarh	18	25	38
Dadra and Nagar Haveli	12	21	23
Daman and Diu	27	23	20
Delhi	9	8	8
Goa	2	2	3
Gujarat	18	13	11
Haryana	13	14	13
Himachal Pradesh	7	6	8
Jammu and Kashmir	13	10	12
Jharkhand	16	10	10
Karnataka	9	12	13

Kerala	4	3	5
Ladakh	32	27	15
Lakshadweep	4	5	11
Madhya Pradesh	8	7	10
Maharashtra	8	8	10
Manipur	7	7	11
Meghalaya	10	10	14
Mizoram	8	7	10
Nagaland	14	12	19
Odisha	22	39	29
Puducherry	5	5	6
Punjab	10	11	12
Rajasthan	11	12	16
Sikkim	4	4	8
Tamil Nadu	5	8	10
Telangana	13	10	11
Tripura	7	14	19
Uttar Pradesh	16	16	14
Uttarakhand	21	21	30
West Bengal	10	18	19

STATEMENT-II

MINISTRY OF EXTERNAL AFFAIRS

NOTIFICATION

New Delhi, dated the 20th June, 2026.

G.S.R. 516(E). In exercise of the powers conferred by section 24 of the Passports Act, 1967(15 of 1967), the Central Government hereby makes the following rules further to amend the Passports Rules, 1980, namely:—

1. (1) These rules may be called the Passports (Amendment) Rules, 2026.

(2) They shall come into force with effect from the 1st day of July, 2026.

2. For Schedule IV to the Passports Rules, 1980, the following Schedule shall be substituted, namely:

'SCHEDULE IV

(*See* rule 8)

Schedule of fees payable in respect of applications for passport and travel documents

Sl. No.	Particulars of application	Scale of fees			
		Normal Fee		*Tatkaal* fee (inclusive of normal fee)	
		India	Abroad	India	Abroad
		Rs.	$	Rs.	$
(1)	(2)	(3)	(4)	(5)	(6)
I. PASSPORT— **(a) Applicants (18 years of age and above / Minors aged between 15 to 18 years, if applied under this category) :**					
1.	For an ordinary fresh passport or reissue of passport containing 36 pages	2500	125	5000	250
2.	For an ordinary fresh passport or reissue of passport containing 60 pages	3500	175	6000	300
3.	For an ordinary passport in lieu of lost or damaged passport containing 36 pages	5000	250	7500	375
4.	For an ordinary passport in lieu of lost or damaged passport containing 60 pages	6000	300	8500	425
(b) Minor Applicants (below 18 years of age) :					
5.	For an ordinary fresh passport or reissue of passport containing 36 pages	1750	90	4250	215
6.	For an ordinary passport in lieu of lost or damaged passport containing 36 pages	4250	215	6750	340

II. SPECIAL TRAVEL DOCUMENT—					
7.	Emergency Certificate	NA	15	NA	NA
8.	Certificate of Identity	1000	50	NA	NA
III. MISCELLANEOUS SERVICES—					
9.	Issue of Police Clearance Certificate or Surrender Certificate or Global Entry Program verification or any other Miscellaneous certificates based on the passport	750	40	NA	NA

Note:

1. "NA" means "not applicable".
2. The validity of passports issued under serial number I(a) shall not exceed ten years, and the validity of passports issued under serial number I(b) shall be for five years or until the applicant attains the age of 18 years, whichever is earlier.
3. There shall be a discount of ten per cent. in passport fee for fresh applications (and not for re-issue) in respect of minors up to the age of 8 years and senior citizens (persons above the age of 60 years).'.

[No. 401/01/20/2025]

B.S. MUBARAK, Jt. Secy. and Chief Passport Officer

Note.— The Passport Rules, 1980 were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i), vide notification number G.S.R. 691(E), dated the 11th December, 1980 and last amended vide notification number G.S.R. 156 (E), dated the 24th February, 2025.

REVIEW OF THE PENDENCY OF CASES IN COURTS

939. DR. NAMDEO KIRSAN:

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

(a) whether the Government has undertaken any review of the pendency of cases in various courts across the country, including High Courts and District Courts, if so, the details thereof, and if not, the reasons therefor;

(b) the present status of implementation of digital judicial infrastructure under the e-Courts Project Phase-III;

(c) the details of funds allocated and released under the project during the last three years, State/UT-wise; and

(d) the steps taken by the Government to reduce judicial delays and improve access to justice through technology and judicial reforms?

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): Disposal of cases pending in various courts lies within the domain of the judiciary. However, the Government is fully committed to speedy disposal of cases and reducing pendency. The Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary which, inter-alia, includes amalgamation of latest technologies under the e-Courts Mission Mode Project, better infrastructure for courts, policy and legislative measures in the areas prone to excessive litigation.

The Phase-III of the eCourts Project (2023-2027) was approved on

13.09.2023 with an outlay of Rs.7,210 crore. Phase III envisions a transition towards digital, paperless courts through large-scale digitisation of records, wider use of virtual hearings, interoperability across institutions and adoption of emerging technologies including Artificial Intelligence (AI), analytics and Optical Character Recognition (OCR). The current status of progress made under eCourts Phase-III is as under:

i. 2977 court complexes are equipped with bandwidth speed ranging from 10 Mbps to 100 Mbps.
ii. 1.21 cr. cases have been filed through the e-filing platform.
iii. The e-payments system has processed transactions for court-fee worth Rs. 1,594 crore and fine worth Rs. 97 crore.
iv. Case Information System (CIS) 4.0 has been implemented in all courts, with enhanced privacy safeguards and integration with national platforms such as NJDG, e-filing, virtual courts and Interoperable Criminal Justice System (ICJS).
v. More than 35.57 lakh FIRs and 38.36 lakh Chargesheet have been received by the courts (CIS 4.0) digitally from CCTNS.
vi. The eSummons system has been introduced for electronic delivery of summons through email.
vii. Through the National Judicial Data Grid (NJDG), litigants can access case information in respect of over 32.46 crore cases and over 39.79 crore orders/judgments.
viii. The courts have conducted over 4.15 cr. hearings through video

conferencing, facilitating remote hearings of undertrials, witnesses and lawyers.

ix. Over 734 crore pages of court records including legacy records have been digitized across courts.

x. To safely and permanently store court records, a robust digital vault “Judicial Digital Trustworthy Repository” has been developed.

xi. The JustIS app (22,534 downloads) helps the judges to effectively organise and monitor judicial work.

xii. 31 Virtual Courts have been established to enable online adjudication of traffic challans.

xiii. 2,515 e-Sewa Kendras are functional across High Courts and District Courts to provide citizen centric services to lawyers and litigants.

xiv. An AI based software tool called Legal Research Analysis Assistant [LegRAA] has been developed to aid judges in legal research and document analysis.

xv. The S3WaaS platform hosts 730 Courts websites, ensuring secure and accessible web infrastructure.

The details of funds released to various High Courts, as recommended by e-Committee, Supreme Court of India, under the eCourts Project during the last three years, are at **Statement**.

In addition, several steps taken by the Government to reduce judicial delays and improve access to justice through technology and judicial reforms are as under:

i. Under the Centrally Sponsored Fast Track Special Courts (FTSCs) Scheme, for the expeditious disposal of pending cases of Rape and POCSO Act, 775 Fast Track Special Courts (FTSCs) including 398 exclusive POCSO (ePOCSO) Courts are functional across 29 States/UTs and have collectively disposed of 3,87,481 cases.

ii. Arrears Committees have been set up in all 25 High Courts and the District Courts to clear cases pending for more than five years.

iii. The Government has also enacted New Criminal Laws 2023, The Negotiable Instruments (Amendment) Act, 2018, The Commercial Courts (Amendment) Act, 2018, The Specific Relief (Amendment) Act, 2018 with a view to reduce pendency.

iv. Alternate Dispute Resolution methods have also been promoted by the Government.

v. Lok Adalat is an important Alternative Disputes Resolution Mechanism available to common people, where the disputes/ cases pending in the court of law or at pre-litigation stage are settled/compromised amicably.

STATEMENT

(Amount in crores)

S. No.	High Court	FY 2023-24		FY 2024-25		FY 2025-26		Total	
		Released	Expenditure	Released	Expenditure	Released	Expenditure	Total Released	Total Expenditure
1	Allahabad	96.08	95.87	79.26	51.78	119.92	115.9	295.26	263.55
2	Andhra Pradesh	45.28	25.44	35.1	31.74	18	17.8	98.38	74.98
3	Bombay	69.54	69.54	145.8	83.19	104.32	79.12	319.66	231.85
4	Calcutta	29.15	16.73	41.9	27.65	9.5	7.96	80.55	52.34
5	Chhattisgarh	20.22	16.27	32.57	24.17	49.74	49.23	102.53	89.67
6	Delhi	18.89	17.89	52.51	48.19	17.9	9.25	89.3	75.33
7	Gauhati (Arunachal Pradesh)	2.32	2.03	10.39	9.76	2.26	2	14.97	13.79

8	Gauhati (Assam)	25.5	24.97	34.69	33.85	3.65	3.64	63.84	62.46
9	Gauhati (Mizoram)	3.5	3.12	9.98	6.22	2.48	2.05	15.96	11.39
10	Gauhati, Kohima (Nagaland)	1.8	1.79	3.93	3.91	3.41	3.04	9.14	8.74
11	Gujarat	27.72	27.72	74.99	73.21	48.89	38.08	151.6	139.01
12	Himachal Pradesh	6.13	6.06	6.9	6.89	7.63	6.86	20.66	19.81
13	J and K	15.37	6.52	21.98	14.53	14.48	13.33	51.83	34.38
14	Jharkhand	12.47	10.59	37.4	29.22	7.65	4.92	57.52	44.73
15	Karnataka	35.86	32.37	67.65	67.4	48.22	26.08	151.73	125.85
16	Kerala	15.63	15.4	42.49	32.62	51.6	13.28	109.72	61.3
17	Madhya Pradesh	23.36	22.9	79.54	77.31	59.14	46.07	162.04	146.28
18	Madras	90.69	90.69	91.75	91.75	113.2	67.8	295.64	250.24
19	Manipur	11.21	11.12	7.68	7.54	2.16	2.02	21.05	20.68
20	Meghalaya	3.44	3.33	10.83	8.5	3.83	3.61	18.1	15.44
21	Orissa	9.79	6.77	58.48	53.24	16.09	14.12	84.36	74.13
22	Patna	32.89	32.43	119.16	89.55	57.61	2.47	209.66	124.45
23	Punjab And Haryana	14.93	14.58	26.13	26.01	18.95	18.77	60.01	59.36
24	Rajasthan	25.12	19.8	63.69	34.72	60.88	46.56	149.69	101.08
25	Sikkim	2.1	1.71	10.11	8.98	2.51	2.44	14.72	13.13
26	Telangana	22.79	22.03	34.83	28.57	29.44	12.42	87.06	63.02
27	Tripura	3.38	0.53	8.21	7.05	8.79	2.46	20.38	10.04
28	Uttarakhand	13.68	13.68	19.95	19.95	29.57	29.57	63.2	63.2
	Total	**678.86**	**611.88**	**1227.91**	**997.49**	**911.82**	**640.85**	**2818.59**	**2250.22**

SAGARMALA PROGRAMME AND PORT MODERNISATION

940. DR. VINOD KUMAR BIND:

SHRI ALOK SHARMA:

SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

DR. BHOLA SINGH:

SHRI VIJAY KUMAR DUBEY:

SHRI PRATAP CHANDRA SARANGI:

SHRI VISHWESHWAR HEGDE KAGERI:

SHRI KRISHNA PRASAD TENNETI:

SHRI NABA CHARAN MAJHI:

SHRI ARUN GOVIL:

SHRI AVIMANYU SETHI:

DR. SANJAY JAISWAL:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

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

(a) the progress made under the Sagarmala Programme in terms of port modernisation, new port development and coastal economic zone projects;

(b) the steps taken to enhance port capacity, efficiency, and reduce turnaround time at major and non-major ports;

(c) whether the Government has undertaken any initiatives to improve last-mile connectivity through road, rail and inland waterways and if so, the details thereof; and

(d) whether any projects relating to port-led development, fishing harbours, coastal infrastructure, coastal community development or last-mile connectivity have been sanctioned or implemented under the Sagarmala programme in Andhra Pradesh and if so, the details thereof indicating the funds allocated and the present status of implementation, district-wise including Bapatla district?

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

(a): Sagarmala scheme is a central sector scheme of Ministry of Ports, Shipping and Waterways (MoPSW) with the target to promote port-led development in the country. Under this scheme, MoPSW provides financial

assistance for the projects under 5 pillars namely, port modernization, port connectivity, port-led industrialization, coastal community development, and coastal shipping and inland water transport. The pillar wise progress of the projects funded under Sagarmala scheme is available at **Statement-I**.

(b): Government has taken several measures to enhance port capacity, improve operational efficiency, and reduce vessel turnaround time at major ports. Infrastructure development and capacity augmentation is a continuous process and includes construction of new berths and terminals, mechanization, modernization and optimization of existing berths and terminals, capital dredging to deepen drafts for accommodating larger vessels, development of road and rail connectivity, and creation of supporting infrastructure such as parking plazas. Further, port processes have been streamlined with the implementation of One Nation One Port Process (ONOP) to improve operational efficiency and reduce vessel turnaround time. As a result of these initiatives, the cargo handling capacity of the Major and Other than Major Ports (OTMP) has increased to 2,818 Million Tonnes Per Annum (MTPA) as on March 2026 from ~1,400 MTPA in 2013-14.

(c): One of the objectives of Sagarmala programme is better port connectivity, efficient cargo movement between ports and their respective hinterland to minimize overall logistics cost. Sagarmala programme has a dedicated pillar of port connectivity which focuses on the last mile and immediate hinterland connectivity of the ports via road, rail and inland waterways. Further, Department for Promotion of Industry and Internal Trade (DPIIT) has

undertaken a comprehensive assessment of port connectivity and prepared a Comprehensive Port Connectivity Plan (CPCP) in 2022 by reviewing connectivity of the operational ports and identified the ports which needed improvement of road and/ or rail connectivity with nearby economic hubs.

Subsequently, MoPSW in consultation with Ministry of Road, Transport and Highways and Ministry of Railways has identified a total of 294 rail and road connectivity projects, out of which, 84 projects (63 Rail and 21 Road) have been completed, 66 projects (27 Rail and 39 Road) are under implementation, and a total of 144 projects (42 Rail and 102 Road) are under planning stage. The connectivity projects within the port limits are taken up by the Port Authorities and beyond the port limits are taken up by Ministries like MoR, MoRTH or State Governments.

As regard to inland waterway connectivity projects, details of projects completed by Inland Waterways Authority of India (IWAI) on National Waterways (NW) are as under:

i. 3 Multi Modal Terminals (MMTs) and 01 intermodal terminal on NW 1
ii. 1 MMT and 3 IWT terminals on NW 2
iii. 9 IWT terminals on NW 3;
iv. 02 Roll-on/Roll-off (Ro-Ro) terminals in Ernakulam
v. 01 Ro-Ro terminal on NW 4

(d): The MoPSW has sanctioned financial assistance of ₹ 272 crore to 9 projects worth ₹ 1,286 crore under Sagarmala scheme in the state of Andhra Pradesh and the details of these projects are available at **Statement-II**. These

projects are related to Ro-Pax and passenger jetties, fishing harbours, port modernization and skill development.

STATEMENT-I

Details of Completed and under Implementation projects pillar wise under Sagarmala Scheme:

Pillars	Completed projects		Under implementation projects	
	Number	Cost (₹ Cr)	Number	Cost (₹ Cr)
Coastal Shipping and IWT	25	1178.5	17	1167.7
Coastal Community Development	19	1912.6	28	3008.4
Port Modernization	18	870.2	6	160.8
Port Connectivity	17	1413.2	3	201.3
Grand Total	79	5374.5	54	4538.2

STATEMENT - II

List of Sagarmala-funded Projects in Andhra Pradesh:

Sl. No.	Name of Project	Implementing Agency	Status	District	Project cost (₹ Cr)	MoPSW share (₹ Cr)
1	Construction of coastal Berth at Visakhapatnam port	Visakhapatnam Port Authority (VPA)	Completed	Visakhapatnam	43	30
2	Construction of grade separator from H-7 area to Port connectivity Road by passing Convent Junction - Visakhapatnam Port	National Highways Authority of India (NHAI)	Completed	Visakhapatnam	60	23.17
3	2 to 4 laning of port road connectivity to	NHAI	Completed	Visakhapatnam	77.00	20.00

	NH – 5 -Phase II					
4	Centre of Excellence in Maritime and Shipbuilding - CEMS - AP-18 out of 24 Labs in Andhra Pradesh	Indian Register of Shipping (IRS)	Completed	Visakhapatnam	574.00	36.76
5	Coastal Districts Skill Development Program - Phase I -Andhra Pradesh	Ministry of Rural Development (DDU-GKY)	Completed	Multiple districts	0.14	0.14
6	Development of Fishing Harbour in Juvvaladinne in SPSR Nellore District, Andhra Pradesh	Andhra Pradesh Maritime Infrastructure Development Corporation (APMIDCL)	Completed	Nellore	288	69.14
7	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district, Andhra Pradesh	Andhra Pradesh Maritime Board	Completed	Kakinada	85.83	36.67
8	Modernisation of Visakhapatnam Fishing Harbour	VPA	Under Implementation	Visakhapatnam	178.51	50.00
9	Coastal Districts Skill Development Program - Phase 2 -Andhra Pradesh	Ministry of Rural Development (DDU-GKY)	Under Implementation	Multiple districts	5.98	5.98

आयुष उत्पादों का निर्यात

941. डॉ. राजकुमार सांगवान:

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

(क) पिछले सात वर्षों के दौरान आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना के अंतर्गत सरकार द्वारा निर्धारित लक्ष्यों और प्राप्त की गई उपलब्धियों का ब्यौरा क्या है;

(ख) क्या सरकार ने औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना के माध्यम से पारंपरिक दवाओं और स्वास्थ्य उत्पादों के निर्यात को बढ़ावा देने के लिए कोई कार्य-योजना तैयार की है या लक्ष्य निर्धारित किए हैं, यदि हां, तो पिछले सात वर्षों के दौरान इस संबंध में हासिल की गई उपलब्धियों का ब्यौरा क्या है;

(ग) क्या सरकार ने आयुष दवाओं के प्रभावी गुणवत्ता नियंत्रण और सुरक्षा निगरानी के लिए कोई कदम उठाए हैं; 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): आयुष मंत्रालय वर्ष 2021-22 से पाँच वर्षों के लिए कुल 122.00 करोड़ रुपये के बजट परिव्यय के साथ आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) नामक केंद्रीय क्षेत्र की योजना का कार्यान्वयन कर रहा है। योजना के घटक निम्नानुसार हैं:

i. उच्चतर मानकों को प्राप्त करने के लिए आयुष औषधालयों एवं औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण एवं उन्नयन।
ii. भ्रामक विज्ञापनों की निगरानी सहित एएसयू एंड एच औषधियों की भेषजसतर्कता।
iii. आयुष औषधियों के लिए तकनीकी मानव संसाधन एवं क्षमता निर्माण कार्यक्रमों सहित केंद्रीय एवं राज्य नियामक ढाँचों का सुदृढ़ीकरण।
iv. भारतीय मानक ब्यूरो (बीआईएस), भारतीय गुणवत्ता परिषद (क्यूसीआई) तथा अन्य

संबंधित वैज्ञानिक संस्थानों एवं औद्योगिक आर एंड डी केंद्रों के सहयोग से आयुष उत्पादों एवं सामग्रियों के मानकों के विकास तथा उनके प्रत्यायन/प्रमाणीकरण हेतु सहायता।

इस योजना का एक घटक, अन्य बातों के साथ-साथ, आयुष औषधालयों तथा औषधि परीक्षण प्रयोगशालाओं (डीटीएल) का सुदृढ़ीकरण और उन्नयन करना भी है, ताकि क्रमशः डब्ल्यूएचओ-जीएमपी एवं एनएबीएल जैसे उच्चतर मानकों को प्राप्त किया जा सके और आयुष औषधियों के निर्यात में आसानी हो। इस योजना के अंतर्गत अब तक, देशभर में 18 आयुष फार्मेसियों तथा 07 आयुष डीटीएल को वित्तीय सहायता प्रदान की गई है। इन फार्मेसियों एवं डीटीएल को अनुदान-सहायता के रूप में 40.13 करोड़ रुपये की राशि स्वीकृत की गई है। एओजीयूएसवाई योजना के अंतर्गत अब तक आयुष फार्मेसियों तथा औषधि परीक्षण प्रयोगशालाओं (डीटीएल) के उन्नयन हेतु, जारी की गई निधि का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा **विवरण** में दिया गया है।

इसके अतिरिक्त, आयुष औषधियों के लिए केंद्रीय एवं राज्य नियामक ढाँचों का सुदृढ़ीकरण करने के उद्देश्य से, एओजीयूएसवाई योजना के अंतर्गत केंद्रीय औषध मानक नियंत्रण संगठन (सीडीएससीओ) के आयुष वर्टिकल को तथा राज्य आयुष निदेशालय/आयुष औषधियों के राज्य औषधि नियंत्रक को प्रशिक्षण एवं क्षमता निर्माण कार्यक्रम आयोजित करने हेतु वित्तीय सहायता प्रदान की जाती है।

(ग) और (घ): औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 तथा औषधि नियम, 1945 में आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी तथा होम्योपैथी (एएसएसयू एंड एच) औषधियों के लिए विशेष नियामक प्रावधान हैं। विनिर्माताओं के लिए यह अनिवार्य है कि वे विनिर्माण इकाइयों एवं औषधियों के लाईसेंस हेतु निर्धारित अपेक्षाओं का पालन करें, जिसमें सुरक्षा एवं प्रभावकारिता के प्रमाण, आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी तथा होम्योपैथी औषधियों के लिए औषधि नियम, 1945 की अनुसूची-न तथा अनुसूची- ङ के अनुसार बेहतर विनिर्माण पद्धतियों (जीएमपी) का अनुपालन तथा संबंधित भेषजसंहिता में विहित औषधि गुणवत्ता मानकों का पालन शामिल है।

औषधि निरीक्षक अपने अधिकार क्षेत्र के अंतर्गत विनिर्माण इकाइयों अथवा खुदरा दुकानों से नियमित रूप से औषधियों के नमूने एकत्र करते हैं तथा गुणवत्ता परीक्षण हेतु उन्हें औषधि नियंत्रण विभाग के अधीन औषधि परीक्षण प्रयोगशाला को भेजते हैं और यदि कोई नमूना 'मानक गुणवत्ता का नहीं' पाया जाता है, तो उसके विरुद्ध उपयुक्त कार्रवाई की जाती है, जैसे कि संबंधित औषधियों की बाजार में बिक्री पर रोक लगाना तथा औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 एवं उसके अधीन बनाए गए नियमों के अनुसार कानूनी कार्रवाई करना। संबंधित राज्य/संघ राज्य क्षेत्र के औषधि निरीक्षकों द्वारा लिए गए कानूनी नमूनों के परीक्षण हेतु राज्यों/संघ राज्य क्षेत्रों में 34 औषधि परीक्षण प्रयोगशालाएँ उपलब्ध हैं।

आयुष मंत्रालय के तहत अधीनस्थ संगठन भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच) आयुष औषधियों के लिए फार्माकोपियल मानकों तथा फार्मूलरी विनिर्देशों का निर्धारण करता है, जो उनकी पहचान, शुद्धता एवं शक्ति के निर्धारण हेतु आधिकारिक संग्रह के रूप में कार्य करता हैं। औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 तथा उसके अधीन बनाए गए नियमों के अंतर्गत इन मानकों का अनुपालन अनिवार्य है। पीसीआईएम एंड एच आयुष औषधियों के लिए अपीलीय औषधि परीक्षण प्रयोगशाला के रूप में भी कार्य करता है तथा आयुष औषधियों की गुणवत्ता आश्वासन के सुदृढ़ीकरण के उद्देश्य से मानकीकरण, गुणवत्ता नियंत्रण एवं परीक्षण पद्धतियों पर औषधि नियामक प्राधिकरणों, औषधि विश्लेषकों तथा अन्य हितधारकों के लिए नियमित रूप से क्षमता निर्माण कार्यक्रम आयोजित करता है।

आयुष मंत्रालय द्वारा औषधि नियम, 1945 के नियम 160क से 160 ञ के अंतर्गत, औषधि परीक्षण प्रयोगशालाओं को आयुष औषधियों की पहचान, शुद्धता, गुणवत्ता तथा शक्ति से संबंधित परीक्षण करने के लिए अनुमोदित किया जाता है। आज की स्थिति में, मंत्रालय द्वारा राज्यों एवं संघ राज्य क्षेत्रों में 118 निजी औषधि परीक्षण प्रयोगशालाओं **को** औषधि नियम, 1945 के प्रावधानों के अनुसार ऐसे परीक्षण करने हेतु अनुमोदित किया गया है।

इसके अतिरिक्त, आयुष मंत्रालय आयुष फार्मेसियों तथा औषधि परीक्षण प्रयोगशालाओं को

क्रमशः **डब्ल्यूएचओ-जीएमपी** तथा **एनएबीएल** जैसे उच्चतर मानकों की प्राप्ति हेतु सहायता प्रदान करने के लिए **आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई)** नामक केंद्रीय क्षेत्र की योजना का कार्यान्वयन कर रहा है।

इसके अतिरिक्त, आयुष मंत्रालय द्वारा आयुष उत्पादों की गुणवत्ता आश्वासन एवं प्रमाणीकरण को बढ़ावा देने के लिए निम्नलिखित पहलें की गई हैं:

- नियामक पर्यवेक्षण के सुदृढ़ीकरण के लिए **सीडीएससीओ के आयुष वर्टिकल** द्वारा राज्य/संघ राज्य क्षेत्र के लाईसेंस प्राधिकारियों के साथ संयुक्त निरीक्षण के माध्यम से पात्र आयुष औषधियों के लिए **विश्व स्वास्थ्य संगठन औषधीय उत्पाद प्रमाणपत्र (डब्ल्यूएचओ-सीओपीपी)** जारी किए जाने की सुविधा प्रदान की जाती है।
- **भारतीय गुणवत्ता परिषद (क्यूसीआई)** द्वारा निर्धारित राष्ट्रीय एवं अंतर्राष्ट्रीय गुणवत्ता मानकों के अनुपालन के तृतीय-पक्ष मूल्यांकन के आधार पर आयुष औषधियों को **आयुष स्टैंडर्ड मार्क** तथा **आयुष प्रीमियम मार्क** प्रदान किए जाते हैं।
- आयुष उत्पादों एवं सेवाओं की गुणवत्ता आश्वासन का सुदृढ़ीकरण करने, उपभोक्ताओं का विश्वास बढ़ाने तथा आयुष उत्पादों एवं सेवाओं की वैश्विक पहचान एवं प्रतिस्पर्धात्मकता को बढ़ाने के उद्देश्य से आयुष मंत्रालय द्वारा **आयुष गुणवत्ता मार्क कार्यक्रम** प्रारंभ किया गया है।

<u>विवरण</u>

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

क्र.सं.	वित्त वर्ष	राज्य	घटक	फार्मेसी/डीटीएल	विवरण	जारी की गई राशि (रूपए में)
1	2021-22	मिजोरम	उच्च मानकों को प्राप्त करने के लिए आयुष	डीटीएल	मिजोरम राज्य सरकार	18,00,000

			फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन			
2	2022-23	महाराष्ट्र	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	फार्मेसी	इंदुकेयर फार्मा प्राइवेट लिमिटेड पुणे	3,00,00,000
3		महाराष्ट्र		फार्मेसी	आयुर्केम प्राइवेट लिमिटेड महाराष्ट्र	2,69,00,000
4		महाराष्ट्र		फार्मेसी	फाइटोवेदिक इंडिया प्रा. लिमिटेड महाराष्ट्र	2,14,61,000
5		केरल		फार्मेसी	विशेष आयुर्वेदिक प्रा. लिमिटेड फार्मेसी केरल	1,91,56,000
6		प्रदेश		फार्मेसी	अमर फार्मास्यूटिकल्स एंड लैब्स (I) प्रा. लिमिटेड यू.पी	1,43,43,000
7		प्रदेश		डीटीएल	अमर फार्मास्यूटिकल्स एंड लैब्स (I) प्रा. लिमिटेड यू.पी. (डीटीएल)	77,67,000
8		मध्य प्रदेश		फार्मेसी	श्री बैद्यनाथ आयुर्वेद भवन प्रा. लिमिटेड, मध्य प्रदेश	2,08,92,000
9		केरल		फार्मेसी	कोल्लम जिला आयुर्वेद औषध निर्माण व्यवसाय सहकारी समिति लिमिटेड, केरल	64,29,000
10	2023-24	त्रिपुरा	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	डीटीएल	त्रिपुरा राज्य सरकार	76,68,000
11		मध्य प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण	फार्मेसी	श्री बैद्यनाथ आयुर्वेद भवन प्रा. लिमिटेड, मध्य प्रदेश	91,08,000

			प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन			
12		जम्मू एवं कश्मीर	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	डीटीएल	जम्मू-कश्मीर राज्य सरकार	86,29,500
13		केरल	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	फार्मेसी	सीताराम आयुर्वेद प्रा. लिमिटेड, त्रिशूर, केरल	50,00,000
14		केरल		फार्मेसी	पंकजकस्तूरी हर्बल्स इंडिया प्राइवेट लिमिटेड, पूवाचल, केरल	50,00,000
15		राजस्थान		फार्मेसी	बीजैन फार्मास्युटिकल्स प्राइवेट लिमिटेड, अलवर, राजस्थान	50,00,000
16		असम		फार्मेसी	असम आयुर्वेदिक प्रोडक्ट्स, गुवाहाटी, असम (पीएसयू)	45,59,519
17		जम्मू एवं कश्मीर		फार्मेसी	सरकारी फार्मेसी, जम्मू और कश्मीर	1,05,00,000
18		गुजरात		फार्मेसी	राज्य फार्मेसी, राजपीपला, गुजरात	44,20,248
19		मिजोरम		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	67,20,884
20		तमिलनाडु		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, तमिलनाडु	20,00,000
21		अरुणाचल प्रदेश		फार्मेसी	राज्य फार्मेसी, अरुणाचल प्रदेश	67,02,164
22		अरुणाचल प्रदेश		डीटीएल	राज्य औषधि परीक्षण प्रयोगशाला, अरुणाचल प्रदेश	17,99,813
23	2024-	अरुणाचल	उच्च मानकों	फार्मेसी	राज्य फार्मेसी, अरुणाचल	70,42,077

	25	प्रदेश	को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन		प्रदेश	
24		अरुणाचल प्रदेश		डीटीएल	राज्य औषधि परीक्षण प्रयोगशाला, अरुणाचल प्रदेश	17,24,400
25		केरल		फार्मेसी	पंकजकस्तूरी हर्बल्स इंडिया प्राइवेट लिमिटेड, पूवाचल, केरल	44,32,807
26		तमिलनाडु	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, तमिलनाडु	51,00,000
27		राजस्थान		फार्मेसी	बी जैन फार्मास्युटिकल्स प्राइवेट लिमिटेड, अलवर, राजस्थान	1,44,54,189
28		मिजोरम		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	39,40,500
29		तमिलनाडु		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, तमिलनाडु	41,57,062
30		गुजरात		फार्मेसी	राज्य फार्मेसी, राजपीपला, गुजरात	2,00,00,000
31		मिजोरम	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	18,00,000
32		तमिलनाडु	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	फार्मेसी	राज्य सरकार फार्मेसी, तमिलनाडु औषधीय पादप फार्म एंड हर्बल मेडिसिन कॉर्पोरेशन लिमिटेड (टीएएमपीसीओएल), तमिलनाडु	45,00,000

33		अरुणाचल प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	फार्मेसी	राज्य फार्मेसी, अरुणाचल प्रदेश	31,08,000
34	2025-26	पंजाब	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	फार्मेसी	श्री धन्वंतरि हर्बल्स प्रा. लिमिटेड	2,85,00,000
35		केरल	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	फार्मेसी	सीताराम आयुर्वेद प्रा. लिमिटेड, त्रिशूर, केरल।	2,50,00,000
36		अरुणाचल प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	फार्मेसी	राज्य फार्मेसी, अरुणाचल प्रदेश	35,94,164
37		अरुणाचल प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं	डीटीएल	राज्य औषधि परीक्षण प्रयोगशाला, अरुणाचल प्रदेश	17,99,813

			का सुदृढ़ीकरण और उन्नयन			
38		मिजोरम	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	18,00,000
39		केरल	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	फार्मेसी	फार्मास्युटिकल कॉर्पोरेशन (आईएम) केरल लिमिटेड, कुट्टानेल्लूर पी.ओ. त्रिशूर	2,78,01,008
40		मध्य प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	फार्मेसी	राज्य सरकार फार्मेसी, ग्वालियर	91,49,799
41		मध्य प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढ़ीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मध्य प्रदेश	75,83,262
					कुल	**40,13,43,209 (अर्थात 40.13 करोड़ रू.)**

AVAILABILITY OF MEDICINES AT JAKS

942. SHRI MALAIYARASAN D.:

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

(a) the total number of functional Jan Aushadhi Kendras (JAKs) across the country, State/UTwise, including Kallakurichi Lok Sabha Constituency of Tamil Nadu;

(b) the details of medicines made available through the said Kendras and their price comparison with branded alternatives, along with the mechanism for quality assurance;

(c) the details of funds allocated, released and utilised under the scheme during the last three financial years and the current year, year-wise;

(d) whether the Government has assessed the accessibility of the said Kendras in rural, remote and urban slum areas and if so, the findings thereof;

(e) the steps taken to ensure uninterrupted supply of essential medicines and to address complaints regarding availability and stock-outs at the said Kendras; and

(f) whether the Government proposes to expand the network of JAKs and increase public awareness about generic medicines, if so, the details thereof?

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

(a): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme, a total of 20,149 Jan Aushadhi Kendras (JAKs) have been opened across the country till 30.06.2026 of which 1631 JAKs have been opened in the State of Tamil Nadu

including 74 JAKs (62 JAKs in Salem and 12 JAKs in Kallakurichi district) in the Kallakurichi Lok Sabha Constituency. The State-wise /Union Territory-wise number of JAKs opened across the country is at **Statement**.

(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. Medicines are available under PMBJP product basket at rates that are about 50% to 80% cheaper than those of branded medicines.

With a view to ensure quality of medicines available at JAKs so that health of patients is not compromised, effective mechanisms have been put in place to ensure continuous inspection, testing and standardisation, viz.:

(i) Supply only from WHO Good Manufacturing Practices (GMP) certified plants: Only WHO-GMP compliant units are eligible for supply.

(ii) Distribution only after 100% pre-testing of all medicine batches: Random testing of 100% batches supplied at PMBI's warehouses, and medicines are dispatched for supply to JAKs only after successful quality test.

(iii) Testing only at labs compliant with Good Laboratory Practices (GLP): Samples are tested only at labs accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL) and, in addition, assessed by PMBI for GLP compliance.

(c): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) scheme, details of the funds allocated and utilised during the last three years are as

under:

S. No.	Financial year	Budget Estimate (crore ₹)	Revised Estimate (crore ₹)	Funds utilised (crore ₹)
1.	2023-24	115.00	110.00	110.00
2.	2024-25	284.50	284.50	182.73
3.	2025-26	353.50	190.00	190.00
4.	2026-27 (till 30.06.2026)	200.50	200.50	50.00

(d): The Government has assessed the implementation and outreach of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) through an independent evaluation agency during FY 2023-24.

The evaluation observed that expansion of the Jan Aushadhi Kendra network has significantly improved the availability and accessibility of affordable quality generic medicines, including in rural, remote and underserved areas. As on 30.06.2026, 20,149 Jan Aushadhi Kendras are functional across the country, thereby improving geographical access to affordable medicines.

(e): In order to address any supply gaps and ensure smooth supply and availability of products at JAKs, the following measures are in place:

(i) Since September 2024, stocking by JAKs of 200 commonly used medicines, consisting of the 100 top-selling medicines in the scheme product basket and 100 fast-selling medicines in the market, has been incentivised, under which JAK owners are eligible for monthly incentive

based on the stocks that they maintain for these medicines.

(ii) An end-to-end information-technology-enabled supply chain system is in place to connect a robust supply chain system consisting of five warehouses and a growing network of distributors across the country, currently numbering 42.

(iii) In addition, with a view to ensure availability of commonly used products, 400 fast-moving products are monitored regularly by Pharmaceuticals and Medical Devices Bureau of India (PMBI), the scheme implementing agency, and demand for the same is estimated on a continuous basis. Further, steps have been taken to digitise the estimation method to augment the procurement process.

Any person may lodge complaint regarding availability of generic medicines supplied through JAKs in the country using the Centralised Public Grievance Redress and Monitoring System (CPGRAMS) portal of the Government of India, or by emailing at complaints@janaushadhi.gov.in, or calling the PMBJP helpline number 1800 180 8080.

(f): 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.

To promote acceptability and to increase sale of medicines supplied through JAKs, targeted awareness campaigns about the benefits of Janaushadhi medicines are conducted on a regular basis:

(i) Awareness campaigns: Pharmaceuticals and Medical Devices Bureau of India (PMBI), which is the implementing agency for PMBJP, conducts

awareness campaigns in coordination with Central Bureau of Communication, PIB, MyGov and MY Bharat, in various modes such as print, television, radio, social media platforms, outdoor hoardings, community engagement, etc.

(ii) **Interactive messages/calls:** Outreach and citizen engagement are also pursued through WhatsApp chatbot and outbound calls to inform citizens regarding the quality of Janaushadhi products and the large savings that accrue from purchase of the same from nearest JAK.

(iii) **Jan Aushadhi Week:** Jan Aushadhi Week is celebrated every year in the first week of March during which special campaigns such as public rallies, health camps, seminars in pharmacy colleges, children engagement programmes, etc. are conducted across the nation to educate citizens, healthcare professionals and other stakeholders about the benefits of Janaushadhi generic medicines.

(iv) **Messages from eminent persons:** Audio/video messages from well-known persons such as public representatives and eminent doctors are disseminated on social media platforms to highlight the benefits of Janaushadhi medicines and dispel myths in respect of their quality.

(v) **Public engagement programme in rural areas:** To educate citizens in local languages/dialects, publicity is also done through health camps, nukkad-natak, audiovisual display at Common Service Centres and public engagement workshops in association with local JAKs in rural areas.

STATEMENT

The State-wise /Union Territory-wise number of JAKs opened as on 30.06.2026

State-wise Janaushadhi Kendras as on 30.06.2026		
S. No.	**State/UTs**	**No. of JAKs**
1	Andaman and Nicobar Islands	6
2	Andhra Pradesh	316
3	Arunachal Pradesh	36
4	Assam	202
5	Bihar	1304
6	Chandigarh	20
7	Chhattisgarh	371
8	Delhi	692
9	Goa	19
10	Gujarat	955
11	Haryana	560
12	Himachal Pradesh	77
13	Jammu and Kashmir	373
14	Jharkhand	192
15	Karnataka	1720
16	Kerala	1833
17	Ladakh	3
18	Lakshadweep	1
19	Madhya Pradesh	690
20	Maharashtra	763
21	Manipur	79
22	Meghalaya	30
23	Mizoram	19
24	Nagaland	25
25	Odisha	881
26	Puducherry	33
27	Punjab	572
28	Rajasthan	794
29	Sikkim	17
30	Tamil Nadu	1631
31	Telangana	249

32	Dadra and Nagar Haveli and Daman and Diu	43
33	Tripura	33
34	Uttar Pradesh	4226
35	Uttarakhand	370
36	West Bengal	1014
Total		**20,149**

UNIVERSAL IMMUNIZATION PROGRAMME

943. SHRIMATI APARAJITA SARANGI:

SHRI VINOD LAKHAMSHI CHAVDA:

SHRI RAMESH AWASTHI:

SHRI JANARDAN MISHRA:

SHRI PARIMAL SUKLABAIDYA:

SHRI CHANDRA PRAKASH JOSH:

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

(a) the progress made so far in the implementation of the Universal Immunisation Programme (UIP) and the recent initiatives taken to introduce new vaccines in the country, State/UT-wise, including Assam;

(b) the measures taken by the Government to improve immunisation in remote, tribal, tea garden and flood-prone areas of Assam;

(c) the details of the key experiences gained from the management of the COVID-19 pandemic along with the steps taken by the Government to strengthen pandemic preparedness, disease surveillance and rapid response systems in the country, including Assam;

(d) the measures taken by the Union Government for the capacity building of

healthcare workers and strengthening of oxygen infrastructure and critical care facilities in the country, including Assam; and

(e) whether digital health platforms and data analytics are being effectively used for disease surveillance, vaccination tracking and public health emergency response in the country and if so, the details thereof?

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

(a):The Full Immunization coverage for the last 3 years in the country and State/UT wise including Assam is given in **Statement**. The Nationwide HPV vaccination campaign was launched on 28th February 2026 for identified and eligible beneficiary girls aged 14 years across all 36 States and Union Territories.

The HPV vaccine is delivered free of cost at designated government health facilities, including Ayushman Arogya Mandirs- Primary Health Centres (PHCs), Community Health Centers (CHCs), Sub-District Hospitals (SDH)/District Hospitals (DHs) and Government Medical Colleges (GMCs). Awareness generation is promoted through IEC materials such as radio jingles, posters, banners, myth-busting digital content and social media platforms to ensure high vaccine uptake among girls particularly in rural, tribal, and urban slum areas. Training on HPV vaccination has been completed for medical and paramedical staff across all 36 States/UTs in the country.

(b): As informed by the Government of Assam, Assam Government has taken special measures to reach the undeserved and hard-to-reach areas (HRA); tea

garden, flood prone area, hilly terrain as well as urban slum population. Activity strengthened by hiring Vehicle, boat and ANM for improving immunization coverage. The Immunization services are also provided to pregnant women and children in riverine areas by Boat Clinics.

(c) and (d): The Ministry of Health and family Welfare GoI, has strengthened pandemic preparedness, disease surveillance, rapid response systems as given below:

- Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) launched in 2021 strengthens public health infrastructure at the primary and secondary levels of care; enhance capacity for disease surveillance, diagnostics, and research for emerging and re-emerging diseases; and develop a resilient health system capable of responding effectively to public health emergencies.
- Integrated Disease Surveillance Programme (IDSP) strengthened for carrying out disease surveillance activities, has a decentralized system of response through trained multi-disciplinary Rapid Response Teams (RRTs).
- Indian Council of Medical Research (ICMR) established a network of more than 160 Virus Research and Diagnostic Laboratories (VRDLs) for laboratory based diagnosis of pathogens.
- The Integrated Training is a single, structured, and competency-driven framework for Medical Officers (MO), Staff Nurses (SN), Community Health Officers (CHO), Auxiliary Nurse Midwives (ANM) and ASHAs (and ASHA

Facilitators).

- Oxygen cylinders, oxygen concentrators and Liquid Medical Oxygen tanks supplied to the States/UTs, along with establishment of Pressure Swing Adsorption plants (PSA) plants and Medical Gas Pipeline Systems in States/UTs.

(e): Digital health platforms effectively used for disease surveillence include Integrated Health Information Platform (IHIP), Integrated Disease Surveillance Programme (IDSP), Health Management Information System (HMIS), Ayushman Arogya Mandir (AAM) Portal and National Program for Non Communicable Disease (NP-NCD) Portal. These portals enable real-time data collection, data analysis, data visualization and dissemination of epidemiological information to support early detection of outbreaks. The UWIN platform facilitates digital tracking of the vaccines for all eligible beneficiaries.

STATEMENT

State/UT Wise Full Immunization Coverage (FIC) for the last 3 years

Name of State	2023-24	2024-25	2025-26
	% Coverage		
INDIA	93.7	98.3	97.9
Andaman and Nicobar Islands	88.8	125.4	94.8
Andhra Pradesh	102.3	108.9	105.7
Arunachal Pradesh	79.9	84.1	81.2
Assam	85.4	91.8	89.6
Bihar	83.9	93.6	100.4
Chandigarh	99.6	112.9	106.7
Chhattisgarh	96.7	94.3	91.0
Delhi	105.5	100.0	92.3

Goa	92.2	111.1	107.4
Gujarat	95.8	104.7	98.6
Haryana	92.3	105.9	104.5
Himachal Pradesh	84.9	100.5	95.9
Jammu And Kashmir	111.4	103.3	106.6
Jharkhand	97.7	95.4	95.1
Karnataka	99.2	107.7	104.2
Kerala	86.9	105.4	91.3
Ladakh	96.5	105.7	105.1
Lakshadweep	108.8	113.4	110.4
Madhya Pradesh	94.8	99.3	97.6
Maharashtra	101.2	100.8	98.6
Manipur	83.9	90.8	98.6
Meghalaya	96.8	88.9	87.9
Mizoram	101.5	84.2	80.5
Nagaland	63.0	80.9	75.5
Odisha	82.9	99.2	96.1
Puducherry	60.1	101.9	102.3
Punjab	94.5	101.8	98.4
Rajasthan	76.7	85.2	89.2
Sikkim	66.1	95.6	91.2
Tamil Nadu	86.7	98.5	95.8
Telangana	107.6	118.4	117.2
Dadra And Nagar Haveli And Daman And Diu	48.0	100.0	87.7
Tripura	98.4	97.7	96.9
Uttar Pradesh	99.3	98.8	99.1
Uttarakhand	94.9	99.3	96.5
West Bengal	98.3	93.4	91.6

Source: HMIS as on 25th June 2026

एक देश-एक उर्वरक योजना

944. श्री आशीष दुबे:

श्री कोटा श्रीनिवास पूजारी:

श्री भोजराज नाग:

श्री जसवंतसिंह सुमनभाई भाभोर:

श्री रविन्द्र वसंतराव चव्हाण:

श्रीमती माला राज्यलक्ष्मी शाह:

श्री जशुभाई भिलुभाई राठवा:

श्री राधेश्याम राठिया:

श्री विजय बघेल:

श्री शंकर लालवानी:

श्री दिलेश्वर कामैत:

श्री विश्वेश्वर हेगड़े कागेरी:

श्री अशोक कुमार रावत:

श्री विष्णु दयाल राम:

श्री राजकुमार चाहर:

डा. शिवाजी बंडाप्पा कालगे:

श्री संदिपनराव आसाराम भुमरे:

श्री हरिभाई पटेल:

श्री प्रवीण पटेल:

श्री सुनील कुमार:

श्रीमती महिमा कुमारी मेवाड़:

श्री भर्तृहरि महताब:

श्री महेश कश्यप:

श्री शशांक मणि:

श्री शिवमंगल सिंह तोमर:

श्री सतीश कुमार गौतम:

श्री खगेन मुर्मु:

श्री धैर्यशील संभाजीराव माणे:

श्री राजपालसिंह महेंद्रसिंह जादव:

श्री विनोद लखमशी चावड़ा:

श्री चन्द्र प्रकाश जोशी:

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

(क) क्या सरकार ने 'भारत' ब्रांड के तहत 'एक राष्ट्र-एक उर्वरक' पहल की शुरुआत की है और यदि हां, तो इसके प्रारंभ से देशभर में इसके उद्देश्यों और मुख्य विशेषताओं के साथ महाराष्ट्र और बिहार सहित स्थापित केंद्रों की राज्य-वार और वर्ष-वार संख्या तथा इसके स्पष्ट परिणाम क्या हैं;

(ख) एकल 'भारत' ब्रांड से किसानों को किस प्रकार लाभ हुआ है और इससे छत्तीसगढ़, महाराष्ट्र और राजस्थान सहित राज्यों में उर्वरकों के अनावश्यक आवागमन में राज्य-वार किस प्रकार कमी आई है;

(ग) उक्त योजना के तहत पिछले तीन वर्षों के दौरान रियायती दरों पर विपणन और वितरित किए जा रहे उर्वरकों की वर्ष-वार मात्रा कितनी है;

(घ) क्या सरकार द्वारा किसानों को नकली और घटिया उर्वरकों की बिक्री को रोकने तथा उर्वरकों की कालाबाजारी पर अंकुश लगाने के लिए कोई कदम उठाए जा रहे हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ड.) पारदर्शिता, गुणवत्ता आश्वासन और आपूर्ति-श्रृंखला की एकरूपता में सुधार का ब्यौरा क्या है?

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

(क) और (ख): 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, अर्थात 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 महाराष्ट्र, बिहार, छत्तीसगढ़ और राजस्थान राज्यों सहित 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।

(ग): राज्यों/संघ राज्यक्षेत्रों में उर्वरकों की निर्बाध, समय पर और पर्याप्त उपलब्धता सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

(i) प्रत्येक फसल मौसम के प्रारंभ होने से पूर्व कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।

(ii) डीएएंडएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करते हुए राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।

(iii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।

(iv) कृषि एवं किसान कल्याण विभाग और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि पदाधिकारियों के साथ नियमित साप्ताहिक वीडियो कान्फ्रेंस की जाती हैं और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरक भेजने हेतु सुधारात्मक कार्रवाई की जाती है।

(V) राज्य के भीतर उर्वरकों का वितरण संबंधित राज्य सरकारों द्वारा किया जाता है।

राज्यों/संघ राज्य क्षेत्रों में पिछले तीन वर्षों और चल रहे खरीफ मौसम 2026 (01.04.2026 से 19.07.2026 तक) के दौरान उर्वरकों की उपलब्धता पर्याप्त रही है। उक्त अवधि के दौरान राज्यों/संघ राज्यक्षेत्रों में उर्वरकों की आवश्यकता, उपलब्धता और बिक्री के बारे में जानकारी **विवरण** में दी गई है।

(घ) और (ड.): उर्वरकों की कालाबाजारी,घटिया गुणवत्ता के उर्वरक, जमाखोरी, और विपथन की समस्या से निपटने के लिए,आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत इन्हें आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, राज्य सरकारों को उक्त कदाचारों में संलिप्त व्यक्तियों के विरुद्ध कार्रवाई करने की शक्ति प्रदान की गई है। 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। हालांकि, कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) राज्य सरकारों के साथ परामर्श कर उर्वरकों की कालाबाजारी, जमाखोरी, घटिया गुणवत्ता तथा विपथन से संबंधित मामलों में राज्य सरकारों द्वारा की गई प्रवर्तन कार्रवाई की साप्ताहिक आधार पर नियमित निगरानी कर रहा है। देश में 1.04.2026 से 17.07.2026 तक 1,58,886 छापे मारे गए हैं, चूककर्ताओं के खिलाफ 8,262 कारण बताओ नोटिस जारी किए गए हैं, 2,692 लाइसेंस निलंबित/रद्द किए गए हैं और 247 एफआईआर दर्ज की गई हैं।

विवरण

मौजूदा खरीफ़ 2026 (19.07.26) के दौरान राज्यवार उर्वरकों की आवश्यकता, उपलब्धता और बिक्री

आंकड़े एलएमटी में

		यूरिया				डीएपी				एमओपी				एनपीकेएस			
क्रम.सं	राज्य	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिमम स्टॉक 19.07.26	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिमम स्टॉक 19.07.26	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिमम स्टॉक 19.07.26	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिमम स्टॉक 19.07.26
1	अंडमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	3.28	6.31	2.44	3.88	0.66	1.53	0.72	0.81	0.35	0.70	0.29	0.41	1.83	6.37	2.45	3.93
3	अरुणाचल प्रदेश	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	असम	1.27	2.08	1.57	0.52	0.18	0.39	0.23	0.17	0.13	0.42	0.19	0.24	0.13	0.28	0.09	0.19
5	बिहार	4.02	7.46	2.90	4.56	1.43	2.19	0.80	1.38	0.75	0.80	0.11	0.69	1.71	3.19	0.64	2.55
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ	5.59	7.27	4.83	2.44	2.39	1.88	1.32	0.55	0.60	0.82	0.50	0.32	1.90	2.24	1.51	0.73
8	दादरा और नगर हवेली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.02	0.09	0.08	0.01	0.00	0.03	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	गोवा	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.01	0.00
12	गुजरात	5.63	8.01	5.17	2.84	2.45	2.19	1.53	0.66	0.29	0.41	0.19	0.22	3.31	4.15	2.17	1.98
13	हरियाणा	5.93	9.39	7.17	2.22	1.23	1.61	1.15	0.45	0.37	0.38	0.13	0.25	0.29	0.42	0.16	0.26
14	हिमाचल प्रदेश	0.15	0.37	0.24	0.13	0.01	0.03	0.00	0.03	0.00	0.02	0.00	0.02	0.08	0.09	0.06	0.03

15	जम्मू और कश्मीर	0.57	1.12	0.75	0.37	0.17	0.29	0.19	0.10	0.08	0.15	0.10	0.04	0.01	0.06	0.02	0.04
16	झारखंड	1.35	2.05	0.91	1.14	0.41	0.38	0.21	0.17	0.04	0.06	0.01	0.05	0.51	0.58	0.24	0.34
17	कर्नाटक	6.04	8.26	4.35	3.91	2.61	3.07	2.23	0.84	1.25	1.58	0.74	0.85	7.12	11.95	6.60	5.36
18	केरल	0.31	0.64	0.38	0.26	0.06	0.18	0.08	0.09	0.21	0.43	0.28	0.16	0.48	0.56	0.31	0.25
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	9.61	14.17	8.65	5.52	2.89	3.05	2.07	0.98	0.76	0.58	0.27	0.32	4.21	6.67	3.47	3.20
21	महाराष्ट्र	9.50	13.87	8.42	5.46	3.22	3.57	2.50	1.07	0.80	1.79	0.81	0.97	10.89	20.92	11.29	9.61
22	मणिपुर	0.10	0.18	0.10	0.08	0.02	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.01	0.02	0.00	0.01
23	मेघालय	0.02	0.01	0.01	0.00	0.02	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	मिजोरम	0.02	0.01	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	2.64	4.12	1.56	2.56	1.18	1.49	0.75	0.74	0.53	0.73	0.20	0.53	1.63	2.08	0.75	1.33
27	पुदुचेरी	0.03	0.05	0.04	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.02	0.05	0.03	0.02
28	पंजाब	11.53	14.80	11.53	3.27	1.48	2.31	1.28	1.03	0.56	0.64	0.21	0.44	0.48	0.48	0.18	0.30
29	राजस्थान	5.74	10.41	6.44	3.98	2.76	2.58	1.78	0.79	0.04	0.14	0.04	0.10	0.65	1.35	0.64	0.72
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	2.51	4.47	2.84	1.63	0.74	0.98	0.55	0.43	0.57	0.69	0.39	0.31	2.53	3.77	1.94	1.83
32	तेलंगाना	6.92	7.38	3.78	3.60	1.95	1.67	1.36	0.31	0.52	0.53	0.12	0.41	6.73	7.41	3.83	3.57
33	त्रिपुरा	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	उत्तराखंड	0.66	0.92	0.68	0.24	0.14	0.30	0.14	0.16	0.04	0.05	0.01	0.05	0.11	0.04	0.02	0.02
35	उत्तर प्रदेश	22.71	32.90	16.69	16.21	4.78	8.45	3.33	5.12	1.39	1.36	0.22	1.14	1.89	6.23	1.25	4.99
36	पश्चिम बंगाल	3.19	7.24	3.18	4.06	0.77	1.33	0.53	0.80	0.74	1.47	0.38	1.09	1.91	5.63	1.70	3.93
	अखिल भारत	**109.40**	**163.78**	**94.78**	**69.01**	**31.57**	**39.54**	**22.82**	**16.72**	**10.06**	**13.81**	**5.20**	**8.63**	**48.48**	**84.57**	**39.36**	**45.21**

वित्त वर्ष 2025-26 के दौरान राज्यवार उर्वरकों की आवश्यकता, उपलब्धता और बिक्री

आंकड़े एलएमटी में

		यूरिया			डीएपी			एमओपी			एनपीकेएस		
क्रम. सं	राज्य	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री
1	अंडमान और निकोबार द्वीप समूह	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	15.60	19.22	17.06	4.80	6.32	5.45	1.70	2.22	1.82	15.80	19.06	15.59
3	अरुणाचल प्रदेश	0.01	0.02	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
4	असम	3.35	5.13	4.60	0.56	0.95	0.72	0.57	0.78	0.55	0.58	0.55	0.40
5	बिहार	23.82	28.12	25.33	6.10	8.04	6.57	2.00	2.23	1.80	6.00	8.01	5.89
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ	10.00	12.41	9.81	4.10	4.29	3.25	1.10	1.33	0.82	2.40	4.34	2.57
8	दादरा और नगर हवेली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.26	0.25	0.21	0.05	0.05	0.05	0.01	0.00	0.00	0.02	0.00	0.00
11	गोवा	0.02	0.02	0.02	0.01	0.00	0.00	0.00	0.01	0.00	0.03	0.03	0.03
12	गुजरात	25.02	25.95	23.99	6.30	5.82	5.32	1.09	1.16	0.95	7.45	10.18	8.28
13	हरियाणा	21.67	26.08	23.20	5.53	6.10	5.46	0.58	0.67	0.44	1.57	1.10	0.82
14	हिमाचल प्रदेश	0.66	0.94	0.79	0.02	0.05	0.05	0.04	0.04	0.03	0.41	0.37	0.28
15	जम्मू और कश्मीर	1.46	2.24	1.60	0.46	0.61	0.43	0.21	0.35	0.21	0.03	0.06	0.02
16	झारखंड	2.90	3.73	3.22	0.80	1.13	0.93	0.07	0.07	0.05	0.65	1.02	0.76

17	कर्नाटक	18.77	21.55	18.85	5.98	7.79	6.09	2.27	3.25	2.46	17.10	27.20	21.35
18	केरल	1.14	1.30	1.14	0.20	0.31	0.22	0.90	1.07	0.87	1.30	1.60	1.25
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	40.42	47.16	42.43	15.00	13.09	11.47	1.50	1.51	1.08	16.50	14.70	11.16
21	महाराष्ट्र	26.77	32.37	27.27	7.20	8.06	5.81	2.70	3.37	2.55	30.00	41.95	29.63
22	मणिपुर	0.20	0.24	0.19	0.03	0.05	0.04	0.06	0.02	0.01	0.02	0.02	0.02
23	मेघालय	0.03	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	मिजोरम	0.07	0.11	0.11	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.01	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
26	ओडिशा	6.20	8.94	7.26	2.75	3.42	2.78	0.85	1.11	0.74	3.30	4.39	3.57
27	पुदुचेरी	0.15	0.15	0.14	0.02	0.02	0.01	0.01	0.02	0.01	0.09	0.11	0.08
28	पंजाब	29.92	35.36	31.39	7.35	8.13	6.66	1.10	1.02	0.61	2.00	1.67	1.29
29	राजस्थान	25.52	31.94	28.05	8.43	8.61	7.80	0.20	0.23	0.18	3.00	3.24	2.56
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	10.87	12.80	11.43	2.95	3.46	2.89	2.60	2.35	2.02	9.25	11.08	8.73
32	तेलंगाना	20.20	21.80	20.94	3.85	4.92	4.38	1.20	1.38	1.04	17.00	18.44	14.74
33	त्रिपुरा	0.18	0.24	0.17	0.03	0.05	0.03	0.04	0.05	0.02	0.05	0.05	0.03
34	उत्तराखंड	2.01	2.49	2.21	0.30	0.67	0.48	0.07	0.09	0.04	0.35	0.21	0.17
35	उत्तर प्रदेश	79.92	91.75	80.37	24.00	25.30	20.25	2.75	2.89	1.91	12.50	14.80	10.01
36	पश्चिम बंगाल	14.30	18.43	14.76	3.59	4.47	3.65	3.20	3.35	2.34	11.10	14.80	11.14
	अखिल भारत	**381.45**	**450.79**	**396.60**	**110.42**	**121.72**	**100.80**	**26.82**	**30.58**	**22.56**	**158.49**	**198.97**	**150.37**

वित्त वर्ष 2024-25 के दौरान राज्य वार उर्वरकों की आवश्यकता, उपलब्धता और बिक्री

आंकड़े एलएमटी में

		यूरिया			डीएपी			एमओपी			एनपीकेएस		
क्रम. सं	राज्य	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री
1	अंडमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	15.90	18.68	15.70	4.30	4.80	4.34	1.50	2.38	1.71	16.00	18.36	15.78
3	अरुणाचल प्रदेश	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	असम	3.28	4.48	4.10	0.61	0.70	0.62	0.47	0.80	0.57	0.55	0.63	0.48
5	बिहार	22.87	27.64	25.60	5.50	6.40	5.83	1.50	2.54	1.84	6.00	7.46	6.04
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ	8.90	12.03	10.07	4.10	4.19	3.83	0.73	1.13	0.76	1.80	2.84	2.34
8	दादरा और नगर हवेली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.23	0.43	0.40	0.01	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00
11	गोवा	0.02	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.04	0.03	0.03
12	गुजरात	25.60	25.82	24.23	6.25	5.84	5.42	0.99	1.18	0.92	7.00	9.98	8.35
13	हरियाणा	21.50	25.32	22.65	5.80	5.49	5.34	0.60	0.74	0.47	1.70	1.31	1.03
14	हिमाचल प्रदेश	0.71	0.81	0.65	0.01	0.04	0.03	0.04	0.05	0.03	0.37	0.41	0.32
15	जम्मू और कश्मीर	1.48	2.05	1.36	0.49	0.58	0.43	0.22	0.26	0.14	0.04	0.02	0.01
16	झारखंड	2.65	4.11	3.73	0.90	0.87	0.84	0.06	0.05	0.03	0.65	1.08	0.85

17	कर्नाटक	17.25	22.63	19.17	5.64	6.55	5.86	1.95	3.08	2.21	16.20	25.46	20.90
18	केरल	1.11	1.37	1.15	0.17	0.21	0.20	0.82	1.06	0.83	1.37	1.50	1.26
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	35.38	42.43	38.09	16.57	12.70	11.66	1.05	1.59	1.08	8.50	11.94	9.77
21	महाराष्ट्र	23.73	32.72	26.41	7.50	7.13	6.47	2.30	3.45	2.22	30.00	37.86	28.79
22	मणिपुर	0.25	0.16	0.14	0.03	0.03	0.02	0.04	0.02	0.02	0.02	0.01	0.01
23	मेघालय	0.04	0.04	0.04	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	मिजोरम	0.08	0.25	0.20	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	6.05	8.15	6.67	2.86	2.83	2.56	0.85	1.11	0.77	2.75	4.04	3.28
27	पुदुचेरी	0.16	0.16	0.15	0.01	0.02	0.02	0.01	0.02	0.01	0.07	0.11	0.08
28	पंजाब	26.50	36.70	32.56	8.10	6.99	6.61	1.00	1.06	0.71	2.50	1.73	1.41
29	राजस्थान	26.20	29.43	26.40	8.50	7.11	6.90	0.21	0.28	0.20	2.25	3.04	2.55
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	10.91	12.61	10.92	2.70	2.98	2.56	2.24	2.56	1.94	10.54	10.19	8.49
32	तेलंगाना	20.20	22.15	20.08	3.90	3.91	3.64	1.30	1.44	1.14	17.00	17.54	14.97
33	त्रिपुरा	0.18	0.24	0.17	0.04	0.03	0.02	0.03	0.06	0.04	0.04	0.04	0.03
34	उत्तराखंड	2.03	2.60	2.31	0.30	0.52	0.40	0.08	0.08	0.04	0.40	0.28	0.21
35	उत्तर प्रदेश	77.00	91.72	79.18	24.05	21.55	19.51	1.72	2.50	1.76	14.50	12.85	10.50
36	पश्चिम बंगाल	13.80	19.05	15.77	3.55	3.62	3.12	2.50	3.41	2.57	11.00	15.25	12.24
	अखिल भारत	**364.01**	**443.83**	**387.92**	**111.92**	**105.14**	**96.29**	**22.21**	**30.85**	**22.02**	**151.29**	**183.98**	**149.72**

वित्त वर्ष 2023-24 के दौरान राज्य वार उर्वरकों की आवश्यकता, उपलब्धता और बिक्री													
आंकड़े एलएमटी में													
		यूरिया			डीएपी			एमओपी			एनपीकेएस		
क्रम.सं	राज्य	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री
1	अंडमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
2	आंध्र प्रदेश	15.73	17.89	14.99	4.13	4.86	4.20	1.84	1.81	1.31	13.28	17.87	14.02
3	अरुणाचल प्रदेश	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	असम	3.46	4.56	3.73	0.75	0.87	0.72	0.66	0.69	0.44	0.30	0.39	0.23
5	बिहार	22.63	27.46	23.24	6.82	7.78	6.51	2.28	1.75	1.39	4.50	6.09	4.39
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ	8.40	11.37	8.99	3.10	5.28	4.34	0.66	0.97	0.60	1.07	1.90	1.30
8	दादरा और नगर हवेली	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	दमन और दीव	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	दिल्ली	0.00	0.37	0.32	0.00	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00
11	गोवा	0.03	0.02	0.02	0.01	0.01	0.01	0.01	0.00	0.00	0.04	0.03	0.02
12	गुजरात	24.71	26.78	24.30	5.86	6.71	6.29	1.30	1.00	0.80	6.00	8.93	6.97
13	हरियाणा	20.63	24.86	21.77	5.60	6.29	5.83	0.55	0.50	0.36	1.20	0.64	0.44
14	हिमाचल प्रदेश	0.68	0.82	0.68	0.01	0.01	0.01	0.05	0.05	0.03	0.37	0.39	0.32
15	जम्मू और कश्मीर	1.40	2.01	1.45	0.55	0.59	0.44	0.32	0.24	0.16	0.03	0.00	0.00
16	झारखंड	2.47	3.74	3.04	1.02	1.06	0.94	0.21	0.03	0.03	0.41	0.46	0.33

17	कर्नाटक	16.10	21.02	15.65	5.90	8.13	6.42	2.45	1.97	1.54	16.50	21.09	15.84
18	केरल	1.19	1.13	0.96	0.20	0.18	0.16	0.97	0.87	0.70	1.42	1.56	1.26
19	लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	मध्य प्रदेश	33.46	41.73	34.37	14.22	17.81	15.50	0.87	1.05	0.67	5.40	6.99	5.41
21	महाराष्ट्र	23.74	31.06	23.48	7.00	8.93	7.36	3.00	2.18	1.42	26.50	34.08	23.04
22	मणिपुर	0.30	0.26	0.25	0.04	0.01	0.01	0.05	0.02	0.02	0.00	0.01	0.00
23	मेघालय	0.02	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	मिजोरम	0.07	0.15	0.13	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	5.46	7.70	5.84	2.33	3.12	2.74	1.03	0.93	0.66	2.80	3.16	2.42
27	पुदुचेरी	0.16	0.15	0.13	0.02	0.01	0.01	0.01	0.01	0.01	0.06	0.10	0.07
28	पंजाब	29.48	37.35	30.68	8.00	8.23	7.24	0.85	0.62	0.50	1.50	1.02	0.73
29	राजस्थान	24.28	29.23	25.39	8.95	9.80	9.37	0.23	0.20	0.15	1.11	1.40	1.08
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	10.23	11.86	10.11	2.95	3.22	2.71	2.45	2.05	1.63	7.30	10.19	7.94
32	तेलंगाना	18.94	23.77	19.03	3.80	4.34	3.68	2.00	1.18	0.92	15.99	17.09	13.62
33	त्रिपुरा	0.24	0.26	0.14	0.05	0.04	0.03	0.07	0.06	0.02	0.02	0.03	0.02
34	उत्तराखंड	1.84	2.67	2.31	0.35	0.49	0.38	0.08	0.08	0.04	0.35	0.24	0.20
35	उत्तर प्रदेश	76.15	91.83	74.53	24.50	25.76	21.61	2.35	1.62	1.21	9.50	10.13	7.93
36	पश्चिम बंगाल	14.32	17.34	12.20	4.02	3.83	3.20	3.35	2.85	1.83	10.65	12.74	9.20
	अखिल भारत	**356.08**	**437.47**	**357.81**	**110.18**	**127.42**	**109.73**	**27.62**	**22.74**	**16.45**	**126.31**	**156.51**	**116.80**

INDIAN FISHERMEN DETAINED ABROAD

945. SHRI B. MANICKAM TAGORE:

SHRI JAI PRAKASH:

SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

(a) the number of Indian fishermen presently lodged in foreign prisons and those repatriated during last three years, country/year-wise;

(b) whether cases of prolonged detention without trial have been reported, if so, the details thereof, country-wise including Sri Lanka, Pakistan and Arab Countries;

(c) whether regular diplomatic talks address humanitarian concerns of detained fishermen, if so, the details thereof including recent discussions held in this regard and if not, the reasons therefor;

(d) whether Standard Operating Procedures and bilateral agreements exist for early identification and release of Indian fishermen, if so, the details thereof and if not, the reasons therefor alongwith the further diplomatic initiatives to ensure their early release and prevent repeated arrests in the said countries; and

(e) whether rehabilitation measures are provided to fishermen after their release and return to India, if so, the details thereof and if not, the reasons therefor?

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

EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH):

(a) and (b): As per information available with the Ministry, the country-wise list on the number of Indian fishermen presently lodged in foreign prisons is placed at **Statement-I** and the country-wise list on the number of Indian fishermen repatriated during last three years is placed at **Statement-II**. However, no case of prolonged detention without trial has been reported to the Ministry.

(c) to (e): The Government attaches high priority to the safety, security and welfare of Indian fishermen. The Government has been taking up all fishermen related issues, including the early release and repatriation of Indian fishermen and boats, with respective governments through diplomatic channels, various official interactions and established bilateral mechanisms. In all interactions, it is conveyed that the issues related to fishermen may be considered purely on humanitarian and livelihood grounds and that the use of force should be avoided in all circumstances. Further, Indian Missions/Posts in the respective countries make regular visits to local jails and detention centers to ascertain the condition of Indian fishermen and provide requisite help and support, including legal assistance. The Missions also provide necessary travel documents to facilitate repatriation of released fishermen to India.

Under the provisions of the Agreement on Consular Access signed between India and Pakistan on 21 May 2008, India and Pakistan exchange, through diplomatic channels simultaneously in New Delhi and Islamabad, the lists of civil prisoners and fishermen in each other's custody, every year on 1 January and on 1 July. All possible assistance is extended to the Indian

fishermen for their early release and repatriation, along with the release of their boats. The issue is consistently raised with the Government of Pakistan underlining that the issue may be considered purely on humanitarian and livelihood grounds.

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

The Department of Fisheries, Ministry of Fisheries, Animal Husbandry and Dairying, Government of India runs various flagship programs for the welfare of fishermen. State Governments also run various relief schemes to provide financial assistance to the family members of the detained fishermen.

STATEMENT-I

Indian fishermen presently lodged in foreign prisons

Country Name	Number of Indian fishermen presently lodged in foreign prisons
Kuwait	04
Pakistan	198
Saudi Arabia	12
Sri Lanka	24

STATEMENT-II

Number of Indian fishermen repatriated, year-wise

Country Name	2023	2024	2025
Bangladesh	0	95	48
Indonesia	7	0	0
Iran	21	0	2

Kenya	0	0	6
Maldives	12	10	0
Pakistan	478	0	22
Qatar	31	29	2
Sri Lanka	243	477	390

PROMOTION OF AYUSH SYSTEMS OF MEDICINE

946. SHRI JANARDAN SINGH SIGRIWAL:

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

(a) whether the Government has taken any steps for the promotion and expansion of AYUSH systems of the medicine in the State of Bihar during the last three years and the current year;

(b) if so, the details thereof including the schemes/programmes implemented and funds allocated, released and utilised for the promotion of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy in Bihar, Stream-wise;

(c) whether the Government has established, upgraded or supported AYUSH hospitals/dispensaries/medical colleges/research Institutions/AYUSH Health and Wellness Centres/ Ayushman Arogya Mandirs (AAMs) in Bihar during the said period;

(d) if so, the details thereof, district-wise along with the number of AYUSH practitioners, teaching faculty and healthcare personnel engaged under such initiatives; and

(e) whether the Government proposes to further strengthen AYUSH infrastructure, education, research and healthcare delivery in Bihar and if so,

the details thereof including the projects proposed, funds earmarked and timelines for implementation?

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

(a) and (b): Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments including Bihar and providing financial assistance to them for promotion and expansion of Ayush systems of the medicine in the country against their proposals received through State Annual Action Plans (SAAPs) as per the provisions of NAM guidelines. The Mission inter-alia makes provision for the following activities: -

(i) Ayush Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush).

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

(iii) Upgradation of existing standalone Government Ayush Hospitals.

(iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/Construction of building for existing Ayush Dispensary (Rented/ dilapidated accommodation)/Construction of building to establish new Ayush Dispensary in the area where there are no Ayush facilities available.

(v) Setting up of upto 10/30/50 bedded Integrated Ayush Hospitals.

(vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.

(vii) Ayush Public Health Programmes.

(viii) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.

(ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Course.

Under, NAM during last three years, an amount of Rs. 1383.343 Lakhs has been sanctioned and released to State Government of Bihar for implementation of different approved activities in the received SAAPs regarding overall development and promotion of Ayush system including Ayurveda, Yoga and Naturopathy, Unani Siddha and Homoeopathy as approved. As reported by the State Government, they have made expenditure for an amount of Rs 980.388 Lakhs. There is no provision of stream-wise allocation of funds under NAM.

(c) to (e): Public Health being a State subject, the primary responsibility of establishment/upgradation of Ayush health facilities and strengthening of Ayush infrastructure, education, research and healthcare delivery in Bihar lies with respective State Government. However, under NAM, there are provision of providing financial assistance to the State/UT Governments for the establishment of 50/30/10 bedded Integrated Ayush Hospitals, upgradation of

existing Ayush Hospitals, establishment of New Ayush education institute and upgradation of existing Ayush Educational Institutes. State/UT Governments may avail financial assistance for these by submitting suitable proposal through SAAP as per the provisions of NAM guidelines. As per the proposals received from State Government through SAAPs, 294 AAM (Ayush) have been supported for operationalisation and 10 Integrated Ayush Hospitals have been approved for establishment. The district-wise details of AAM (Ayush) and approved IAHs is furnished at **Statement.**

As Public Health is a State subject, the primary responsibility for engagement of Ayush practitioners, teaching faculty and healthcare personnel in Bihar comes under the purview of respective State Government. No such data is being maintained at Central level.

STATEMENT

District-wise details of AAM(Ayush) and 50/30/10 bedded Integrated Ayush Hospitals as approved in SAAP for Bihar

S.No	District Name	Ayushman Arogya Mandir(Ayush)	Approved 50/30/10 bedded Integrated Ayush Hospital
1	Araria	4	1
2	Arwal	2	0
3	Aurangabad	16	0
4	Banka	4	1
5	Begusarai	9	1
6	Bhagalpur	8	0
7	Bhojpur	4	0
8	Buxar	7	0
9	Darbhanga	35	1
10	Gaya	4	1

11	Gopalganj	7	1
12	Jamui	3	0
13	Jehanabad	4	0
14	Kaimur (Bhabua)	5	0
15	Katihar	4	0
16	Khagaria	2	0
17	Kishanganj	11	0
18	Lakhisarai	1	0
19	Madhepura	2	0
20	Madhubani	13	2
21	Munger	4	0
22	Muzaffarpur	15	0
23	Nalanda	8	0
24	Nawada	10	0
25	Pashchim Champaran	4	0
26	Patna	22	0
27	Purbi Champaran (Motihari)	15	1
28	Purnea	16	0
29	Rohtas	7	0
30	Saharsa	6	0
31`	Samastipur	9	0
32	Saran	2	0
33	Sheikhpura	1	0
34	Sheohar	1	0
35	Sitamarhi	6	0
36	Siwan	8	1
37	Supaul	3	0
38	Vaishali	12	0
	Total	**294**	**10**

आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को मानदेय

947. श्री अमरा रामः

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

(क) देश में कार्यरत आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं की संख्या तथा रिक्त पदों की संख्या राज्य-वार कितनी है, उक्त कार्यकर्ताओं को मासिक रूप से दिए जा रहे मानदेय की कुल राशि कितनी है और उक्त मानदेय में केंद्र और राज्य सरकार का अनुपात राज्य-वार कितना है; और

(ख) क्या सरकार का विचार उक्त कार्यकर्ताओं के मानदेय को न्यूनतम मजदूरी के बराबर करने का है, यदि हाँ, तो इसकी समय-सीमा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) और (ख): फील्ड कार्मिकों का राज्य-वार ब्यौरा पोषण ट्रैकर पर उपलब्ध है, जिसे निम्नलिखित लिंक पर देखा जा सकता है:-https://www.poshantracker.in/statistics

आंगनवाड़ी कार्यकर्त्री (एडब्ल्यूडब्ल्यू) तथा आंगनवाड़ी सहायिकाएं (एडब्ल्यूएच) स्थानीय समुदाय से ली गईं मानद कार्यकर्ता हैं, जो बाल देखभाल एवं विकास के क्षेत्र में स्थानीय समुदाय के हित में स्वेच्छा से अपनी सेवाएं प्रदान करती हैं जिनके लिए उन्हें मानदेय का भुगतान किया जाता है। इस मानदेय में समय-समय पर वृद्धि की जाती है। भारत सरकार द्वारा 1 अक्टूबर, 2018 से आंगनवाड़ी केंद्रों (एडब्ल्यूसी) पर कार्यरत आंगनवाड़ी कार्यकर्त्रियों का मानदेय ₹3,000 प्रति माह से बढ़ाकर ₹4,500 प्रति माह तथा आंगनवाड़ी सहायिकाओं का मानदेय ₹1,500 प्रति माह से बढ़ाकर ₹2,250 प्रति माह कर दिया गया है। उक्त मानदेय का वहन निम्नलिखित लागत-साझेदारी अनुपात में किया जाता है:

क्र.सं.	श्रेणी	केंद्र का अनुपात	राज्य का अनुपात
1	विधानमंडल रहित संघ राज्य क्षेत्र	100	0
2	पूर्वोत्तर एवं हिमालयी राज्य	90	10
3	शेष सभी राज्य एवं संघ राज्य क्षेत्र	60	40

इसके अतिरिक्त, राज्य सरकारें तथा संघ राज्य क्षेत्र प्रशासन अपने स्वयं के संसाधनों से आंगनवाड़ी कार्यकर्त्रियों एवं आंगनवाड़ी सहायिकाओं को अतिरिक्त मौद्रिक प्रोत्साहन तथा

अतिरिक्त मानदेय (टॉप-अप) भी प्रदान करते हैं, जिसकी राशि राज्य-वार भिन्न-भिन्न है। राज्यों तथा संघ राज्य क्षेत्रों द्वारा प्रदान किए जाने वाले अतिरिक्त मानदेय (टॉप-अप) का ब्यौरा **विवरण** में दिया गया है।

इसके अलावा, आंगनवाड़ी कार्यकर्त्रियों को ₹500 प्रति माह तथा आंगनवाड़ी सहायिकाओं को ₹250 प्रति माह की कार्य-निष्पादन आधारित प्रोत्साहन राशि भी प्रदान की जाती है।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत, सेवाओं के प्रभावी क्रियान्वयन तथा कुशल निगरानी सुनिश्चित करने के उद्देश्य से आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को स्मार्टफोन उपलब्ध कराकर तकनीकी रूप से सशक्त बनाया गया है। पोषण ट्रैकर जो कि एक मोबाइल एप है के माध्यम से आंगनवाड़ी कार्यकर्त्रियों द्वारा रखे जाने वाले भौतिक रजिस्टरों का डिजिटलीकरण किया गया है। इससे उनके कार्य की गुणवत्ता में सुधार हुआ है तथा आंगनवाड़ी केंद्रों में संचालित सभी गतिविधियों की तत्समय (रियल-टाइम) निगरानी करने में भी उन्हें सुविधा मिली है।

आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) तथा आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) को प्रोत्साहित एवं प्रेरित करने के उद्देश्य से निम्नलिखित पहलें की गई हैं:

(i) पदोन्नति: मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत आंगनवाड़ी कार्यकर्त्रियों एवं आंगनवाड़ी सहायिकाओं के लिए पदोन्नति के अवसरों में वृद्धि की गई है। आंगनवाड़ी कार्यकर्त्रियों के 50 प्रतिशत पद 5 वर्ष का अनुभव रखने वाली आंगनवाड़ी सहायिकाओं की पदोन्नति और पर्यवेक्षकों (सुपरवाइजरों) के 50 प्रतिशत पद 5 वर्ष का अनुभव रखने वाली आंगनवाड़ी कार्यकर्त्रियों को पदोन्नति देकर भरे जाते हैं बशर्ते कि वे अन्य निर्धारित शर्तें पूरी करती हों।

(ii) अवकाश: आंगनवाड़ी कार्यकर्त्रियों एवं सहायिकाओं को प्रतिवर्ष 20 दिनों का अर्जित अवकाश, 180 दिनों का सवेतन मातृत्व अवकाश तथा गर्भपात/गर्भस्राव की स्थिति में एक बार 45 दिनों का सवेतन अवकाश प्रदान किया जाता है।

(iii) राज्य सरकारों तथा संघ राज्य क्षेत्र प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों एवं आंगनवाड़ी सहायिकाओं को प्रधानमंत्री श्रम योगी मानधन (पीएम-एसवाईएम) पेंशन योजना के अंतर्गत नामांकन हेतु प्रोत्साहित करें। यह देश के असंगठित क्षेत्र के श्रमिकों के लिए वृद्धावस्था सुरक्षा सुनिश्चित करने वाली एक स्वैच्छिक एवं अंशदायी पेंशन योजना है।

(iv) आंगनवाड़ी कार्यकर्त्रियों एवं सहायिकाओं को प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेजेबीवाई) के अंतर्गत 18 से 50 वर्ष आयु वर्ग के लिए ₹2.00 लाख का जीवन बीमा जीवन जोखिम सुरक्षा (किसी भी कारण से मृत्यु होने पर) तथा प्रधानमंत्री सुरक्षा बीमा योजना (पीएमएसबीवाई) के अंतर्गत 18 से 59 वर्ष आयु वर्ग के लिए ₹2.00 लाख (दुर्घटना के कारण मृत्यु अथवा पूर्ण स्थायी दिव्यांगता की स्थिति में) तथा आंशिक स्थायी दिव्यांगता की स्थिति में ₹1.00 लाख का बीमा उपलब्ध कराया गया है।

(v) सेवानिवृत्ति की तिथि: मानव संसाधन नियोजन को सुव्यवस्थित बनाने के उद्देश्य से राज्य सरकारों तथा संघ राज्य क्षेत्र प्रशासनों से अनुरोध किया गया है कि वे आंगनवाड़ी कार्यकर्त्रियों एवं सहायिकाओं के लिए प्रत्येक वर्ष के 30 अप्रैल को सेवानिवृत्ति की तिथि के रूप में अपनाएं।

(vi) वित्तीय वर्ष 2024-25 की बजट घोषणा के अनुसरण में सभी आंगनवाड़ी कार्यकर्त्रियों एवं आंगनवाड़ी सहायिकाओं को आयुष्मान भारत–प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत प्रतिवर्ष ₹5 लाख तक का स्वास्थ्य बीमा कवरेज उपलब्ध कराया गया है।

विवरण

राज्यों तथा संघ राज्य क्षेत्रों द्वारा प्रदत्त अतिरिक्त मानदेय (टॉप-अप) का ब्यौरा

क्र.सं.	राज्य/संघ राज्य क्षेत्र	आंगनवाड़ी कार्यकर्त्री को अतिरिक्त टॉप-अप का भुगतान	आंगनवाड़ी सहायिका को दिए गए अतिरिक्त टॉप-अप का भुगतान
1	अंडमान और निकोबार	7500	5750
2	आंध्र प्रदेश	7,000	4,750
3	अरुणाचल प्रदेश	3000	3000
4	असम	3500	1750
5	बिहार	4500	2250
6	चंडीगढ़	3,600	1,800
7	छत्तीसगढ़	5,500	2,750
8	दादरा और नगर हवेली तथा दमन और दीव	3500	1750
9	दिल्ली	6720	3360
10	गोवा	15,000 - 23,000	8,500 - 11,500
11	गुजरात	5,500	3,250
12	हरियाणा	10250	5650
13	हिमाचल प्रदेश	6000	3550
14	जम्मू और कश्मीर	600	300
15	झारखंड	7000	3500
16	कर्नाटक	8000	5250
17	केरल	8300	6800
18	लद्दाख	1300	650
19	लक्षद्वीप	5,500	4,750
20	मध्य प्रदेश	8500	4250
21	महाराष्ट्र	8500	5250
22	मणिपुर	1000	600
23	मेघालय	3,000	1000
24	मिजोरम	950	725
25	नागालैंड	शून्य	शून्य
26	ओडिशा	5500	2750
27	पुदुच्चेरी	1,950	2,125
28	पंजाब	5000	2850
29	राजस्थान	6,061	4,041
30	सिक्किम	7,000	4,500

31	तमिलनाडु	9,780	6,270
32	तेलंगाना	9,150	5,550
33	त्रिपुरा	5946-3500	4218-2750
34	प्रदेश	1500	750
35	उत्तराखंड	4,800	3,000
36	पश्चिम बंगाल	4,500	4,550

INDIGENOUS PRODUCTION OF CRITICAL CHEMICAL MATERIALS

948. SHRI P. V. MIDHUN REDDY:

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

(a) whether Government is aware that imports of chemical materials and products increased by 44.4 per cent year-on-year during April-December, 2025;

(b) the measures taken by the Government to promote indigenous production of critical chemical inputs and intermediates to reduce dependence on import while maintaining global competitiveness;

(c) whether any assessment has been conducted by the Government regarding the potential for domestic chemical manufacturers to integrate into global value chains for pharmaceutical, electronics and renewable energy sectors, if so, the details thereof; and

(d) if not, the reasons therefor?

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

(a): As per the data available on the website of the Department of Commerce,

Ministry of Commerce and Industry, imports of major chemical materials and products increased from ₹4,70,570.43 Crore during April–December 2024 to ₹5,21,964.05 Crore during April–December 2025, registering an increase of 10.92 per cent.

(b): The Department of Chemicals and Petrochemicals has taken the following initiatives to promote indigenous production of critical chemical inputs and intermediates to reduce import dependency while maintaining global competitiveness:

Petroleum, Chemicals and Petrochemicals Investment Regions (PCPIR):

The 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 Park Scheme:

The Department of Chemicals and Petrochemicals (DCPC) implements the Scheme for Setting up of Plastic Parks. 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, 10 Plastic Parks that have been approved are at different stages of implementation.

Centres of Excellence (CoEs):

The Department of Chemicals and Petrochemicals has implemented a Scheme for setting up of Centres of Excellence. The objective is to provide grants-in-aid to educational and research institutions to improve existing technology and promote development of new applications of polymers and plastics. In 2024, the Scheme was also extended to include research related to Chemicals. 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 Crore. 18 CoEs have been approved under the Scheme.

Chemical Promotion and Development Scheme (CPDS):

The Department of Chemicals and Petrochemicals is also implementing the Chemical Promotion and Development Scheme (CPDS) to attract investment and facilitate growth and development of Chemicals and Petrochemicals Industry by dissemination of knowledge through conduct of seminars, conferences, exhibitions, etc. in different sub sectors of the industry such as

Agrochemicals, Dyes and Pigments, Chlor-Alkali, Plastics and Petrochemicals. These events promote Indian industry and trade, attract foreign investment, encourage R & D for indigenization of technologies, improve skills and support sustainability initiatives for comprehensive development of the sector.

(c) and (d): NITI Aayog, in its July 2025 report titled "Chemical Industry: Powering India’s Participation in Global Value Chains," has assessed the potential for integrating India's chemical industry into global value chains across various sectors including pharmaceuticals, electronics and renewable energy. The report identifies cost competitiveness as a key factor for enhancing domestic manufacturing capacity and highlights the need for establishing world-class chemical hubs through cluster-based development with shared infrastructure and logistics connectivity.

MODERNISATION OF INDIAN LIGHTHOUSES

949. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

(a) whether the Government has initiated the process of modernisation of Indian lighthouses using Artificial Intelligence technologies, if so, the details thereof including objectives, scope, and implementation status, and if not, the reasons therefor;

(b) whether AI-based navigation, monitoring and predictive maintenance systems are being introduced in lighthouses, if so, the details thereof and if not,

the reasons therefor;

(c) whether funds have been allocated for lighthouse modernisation projects, if so, the details thereof, including allocation and utilisation, year-wise and if not, the reasons therefor;

(d) whether smart surveillance systems are being deployed in coastal lighthouse stations, if so, the details thereof including security benefits and if not, the reasons therefor; and

(e) whether AI-enabled systems can enhance maritime safety and reduce accidents along Indian coasts, if so, the details thereof, and if not, the reasons therefor?

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

(a), (b), (d) and (e): No, Sir. Indian lighthouses infrastructures are maintained and upgraded in accordance with the standards and guidelines issued by the International Maritime Organization (IMO) and the International Organization for Marine Aids to Navigation (IALA). Indian lighthouse infrastructures utilises advanced techniques such as Differential Global Navigation Satellite System (DGNSS), Radar Beacon (RACON) and Navigational Text message transmission (NAVTEX).

Further, following systems installed at lighthouse stations are capable for surveillance:

(i) National Automatic Identification System (NAIS): NAIS provides 24×7 tracking and monitoring of vessels along the Indian coast, supports Search

and Rescue (SAR) operations, and facilitates post-incident analysis.

(ii) Vessel Traffic Service (VTS): Operational in the Gulf of Kutch, Gujarat, for real-time vessel traffic monitoring, navigational assistance, collision-risk alerts and improved maritime safety.

(c): The details of funds allocated and utilised during the last three years for the improvement and upgradation of lighthouse infrastructure are as follows:

Year	Final Allocation (₹ in Cr)	Utilisation (₹ in Cr)
2023-24	100	99.89
2024-25	90	80.23
2025-26	90	81.82

IMPACT OF NEET-BASED ADMISSIONS ON MEDICAL SEATS

950. SHRI MADDILA GURUMOORTHY:

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

(a) whether the Government has reviewed the impact of NEET-based admissions on availability of medical seats for students from rural and regional language backgrounds;

(b) if so, the details thereof;

(c) whether the Government has received any requests from States for greater flexibility in admissions to Government medical colleges and if so, the details thereof;

(d) the number of MBBS seats added in Government medical colleges during

the last five years, State/UT-wise; and

(e) the steps taken by the Government to ensure fair, transparent and accessible medical admissions across the country?

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

(a) to (e): Section 14 of the National Medical Commission (NMC) Act, 2019 provides for the National Eligibility-cum-Entrance Test (NEET) as the common entrance examination for medical admissions, which can be conducted through a designated authority.

NEET (UG) serves as the common entrance examination for admission to MBBS/ BDS/ BAMS/ BSMS/ BUMS/ BHMS and other Under-Graduate medical courses in approved/recognized Medical/Dental /AYUSH and other Colleges/ Deemed Universities /Institutes (AIIMS and JIPMER) in India. The NEET (UG) is conducted in following 13 languages: English, Hindi, Assamese, Bengali, Gujarati, Kannada, Malayalam, Marathi, Odia, Punjabi, Tamil, Telugu, and Urdu.

The Government has taken several measures to increase the availability of MBBS seats in the country. Academic year (A.Y.) wise number of Undergraduate (MBBS) seats increased in last Five years are as under:

S.No.	Academic Year	No of UG seats increased (Academic year wise)	Total No. of UG (MBBS) seats in the Country
1.	2022-23	7,398	99,463
2.	2023-24	9,652	1,09,115
3.	2024-25	8,641	1,17,756

4.	2025-26	11,682	1,28,976
5.	2026-27	10,513	1,39,489

Further, The Medical Counselling Committee (MCC) of Directorate General of Health Services (DGHS) conducts the counselling for seats of undergraduate (UG/MBBS) and postgraduate (PG) medical courses as per the scheme devised by the Hon'ble Supreme Court of India. Counselling for UG covers 15% all India quota seats; 100% seats of Central Institutes/ Universities, Deemed Universities; 100% seats in all the Institutes of National Importance (INI). Counselling for PG courses covers 50% seats of All India Quota seats, 100% seats of Central Institutes/Universities and Deemed Universities. Counselling for the State quota seats in UG and PG medical courses is conducted by the respective State Governments.

NATIONAL WATERWAYS IN TAMIL NADU

951. SHRI ESWARASAMY K.:

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

(a) whether the Government has undertaken development of the declared National Waterways in Tamil Nadu, namely Buckingham Canal, Bhavani River, Kaveri River (including Kollidam Stretch), Pazhayar River and Ponniyar River and if so, the present status thereof;

(b) whether the Government has completed feasibility studies for the said National Waterways;

(c) if so, the details thereof including the Detailed Project Reports (DPRs) prepared/under preparation along with the funds allocated and released therefor so far;

(d) whether the Government has fixed any timeline for the operationalisation of cargo and passenger/tourism services on these National Waterways and if so, the details thereof; and

(e) whether the Government has taken steps to ensure time-bound implementation of these projects and inter-State coordination for effective utilisation of the said National Waterways and if so, the details thereof?

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

(a) to (c): Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping and Waterways has completed the feasibility study for the National Waterways (NW), namely Buckingham Canal (part of NW-4), Bhavani River (NW-20), Kaveri River (including Kollidam stretch) (NW-55), Pazhayar River (NW-77) and Ponniyar River (NW-80). In the feasibility study, no cargo potential envisaged except limited tourism development potential in Bhavani River (NW-20), Kaveri River (including Kollidam stretch) (NW-55), Pazhayar River (NW-77) and Ponniyar River (NW-80). However, cargo and tourism potential has been envisaged in Buckingham Canal (part of NW-4). Accordingly, updation of DPR for NW-4 including Buckingham Canal has been awarded at a cost of Rs. 5.24 crore. In case of other NWs, DPRs were not prepared as no cargo potential was

envisaged in the feasibility study.

(d) and (e): IWAI has prepared and shared an action plan for tourism development in the above NWs with the Government of Tamil Nadu for their recommendation as given at **Statement**.

STATEMENT

National Waterways planned for development within Tamil Nadu:

(a) Buckingham Canal (constituent of NW-4): Jetty proposed for the following Cargo / River Cruise Tourism circuits:

i. Mahabalipuram to Ediyur Bridge

ii. Cooum River portion of Buckingham Canal near Marina Beach

iii. Pulicat Lake

iv. Ennore Port to ETPS for Cargo movement

(b) River Bhavani (NW-20): Jetty proposed for River Cruise Tourism at Bhavani-Sangmeswar Temple

(c) River Kaveri- Kollidam (NW-55): Jetty proposed for River Cruise Tourism near Chidambaram

(d) River Pazhyar (NW-77): Jetty proposed near Kanyakumari for River Cruise Tourism

(e) River Ponniyar (NW-80) : Jetty proposed for River Cruise Tourism.

IMPORT OF STANDARD QUALITY CHEMICALS

952. SHRI RAJA RAM SINGH:

SHRI SRIBHARAT MATHUKUMILLI:

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

(a) the details of most imported Chemicals and Petrochemicals by value and volume during the last three years, year-wise;

(b) the measures undertaken to ensure that imported Chemicals and Petrochemicals meet Indian and global health and environmental standards;

(c) whether the Government is aware that imported Chinese PVC Resin contains Residual Vinyl Chloride Monomer (VCM) upto ten ppm, far exceeding WHO, US and EU limits, posing carcinogenic risks, if so, the details thereof;

(d) whether any study has been undertaken regarding its possible impact on public health, so, the findings thereof;

(e) whether the Government had issued a Quality Control Order (QCO) on PVC Resin issued in February 2024 and subsequently repealed before its implementation in November 2025, if so, the reasons therefor and factors considered while taking the said decision; and

(f) the measures being taken to reduce dependence on imported PVC Resin and ensure the safety of PVC used in drinking water supply and public health?

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 top ten Chemical and Petrochemical products with high imports are given below:

S. No.	HS Code	Commodity	FY 2023 - 24	FY 2024 - 25	FY 2025 - 26	FY 2023 -24	FY 2024 - 25	FY 2025 - 26
			Import value in Rs Crore			Import Volume in Kilo tonnes (KT)		
1	28092010	Phosphoric Acid	18132.33	17,899.82	23,666.45	2263.26	2116.24	2155.96
2	39041020	Suspension Grade PVC Resin	15616.55	17,951.40	14,399.05	2262.48	2670.17	2380.69
3	29173600	Terephthalic Acid And Its Salts	10944.77	13,501.00	12,985.41	1623.24	2093.44	2211.71
4	39021000	Polypropylene	10586.43	9,738.52	12,098.11	1245.47	1075.73	1421.08
5	29025000	Styrene	9315.86	11,104.63	9,990.17	1064.75	1136.77	1208.84
6	29051100	Saturated Methanol	7425.41	7,754.38	9,586.09	3066.22	2995.89	3577.74
7	28141000	Anhydrous Ammonia	7620.26	8,754.00	9,564.03	2175.80	2535.80	2504.91
8	39012000	Polyethylene (Specific Gravity 0.94 /More)	16379.72	9,711.88	8,277.47	1871.85	1145.73	1001.88
9	29339990	Other Heterocyclic Compounds With Nitrogen Hetero Atom (S) Only	22603.97	6,910.63	6,876.11	24.38	24.60	27.84
10	29024300	P-Xylene	7624.54	7,965.41	6,375.66	844.94	964.81	821.31

(Source: Directorate General of Commercial Intelligence and Statistics)

(b) and (f): The Government has notified several rules and regulations to ensure that imported chemicals and petrochemicals meet prescribed standards, namely:

- Manufacture, Storage, Import of Hazardous Chemicals Rule, 1979 administered by Ministry of Environment, Forest and Climate Change;
- Plastic Waste Management Regulations and its various amendments administered by Ministry of Environment, Forest and Climate Change;
- Food Safety and Standards (Packaging) Regulation, 2018 administered

by Food Safety and Standards Authority of India.

- Quality Control Order under which specified Chemicals and Petrochemicals must comply with applicable standards set by the Bureau of Indian Standards.

The Department has implemented the following schemes to boost domestic production in the chemical and petrochemical industry and reduce dependence on imports:

(i) **Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs):** The Government of India has notified the PCPIR Policy to attract investment and generate employment in the petroleum, chemical, and petrochemical sectors. PCPIRs promote these sectors in an integrated and environmentally friendly manner on a large scale. They are conceptualized using a cluster-based approach with common infrastructure and support services to create a competitive environment conducive to business development. At present, PCPIRs have been notified in Andhra Pradesh (Visakhapatnam), Gujarat (Dahej), and Odisha (Paradeep) to promote investment and industrial growth in these sectors.

(ii) Skill Development – Central Institute of Petrochemicals Engineering and Technology (CIPET): CIPET conducts regular long-term diploma and degree programmes with a strong emphasis on practical training in plastics engineering and technology, aiming to develop a skilled workforce for the sector.

(iii) Centres of Excellence (CoEs): To promote research and development in

the chemicals and petrochemicals sector, the Department of Chemicals and Petrochemicals implement a scheme for setting up Centres of Excellence. Under this scheme, grant-in-aid is provided to selected research institutes to improve existing technologies and develop new applications. The focus is on modernization, upgradation of manufacturing processes, and enhancement of product quality.

(c): The Department has recently received a communication alleging that imported Chinese PVC resin contains Residual Vinyl Chloride Monomer (VCM) up to 10 ppm; however, no verifiable evidence has been provided to indicate that RVCM levels in PVC pipes exceed prescribed limits. The matter is under examination.

(d): The Department has not undertaken any study regarding Residual Vinyl Chloride Monomer (VCM) content in the imported PVC and its impact on public health.

(e): The PVC Homopolymer Quality Control Order was notified with a future (deferred) implementation date to mandate compliance with Bureau of Indian Standards; however, before its implementation, it was rescinded in November 2025, based on recommendations of the NITI Aayog High-Level Committee, to enhance competitiveness of the downstream industry.

STRENGTHENING OF ANGANWADI SERVICES

953. SHRIMATI BHARTI PARDHI:

SHRI SHRIRANG APPA CHANDU BARNE:

SHRI VISHALDADA PRAKASHBAPU PATIL:

SHRI NARESH GANPAT MHASKE:

SHRI RAVINDRA DATTARAM WAIKAR:

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

(a) whether the Government has initiated revision of honorarium for Anganwadi Workers (AWWs) and Helpers (AWHs) whose compensation has remained stagnant despite expanded scope of responsibilities, if so, the details thereof;

(b) the measures undertaken to address the shortfall in sanctioned strength of Child Development Project Officers whose positions have not been revised since the implementation period;

(c) whether States demonstrating exemplary performance receive matching central incentives for topping-up worker payments to recognize and sustain quality service delivery, if so, the details thereof;

(d) the framework for expeditious filling of field-level supervisory vacancies through flexible cadre restructuring or contractual appointments preventing programme disruption; and

(e) the manner in which enhanced workforce compensation and supervision capacity strengthens nutritional service delivery to vulnerable children while ensuring dignified livelihood for frontline care workers under Mission Saksham Anganwadi framework?

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

(a) to (e): Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are honorary workers drawn from the local community who voluntarily come forward to render their services in the area of child care and development to help the local community for which they are paid honorarium. This honorarium is increased from time to time. From 1st October, 2018, Government of India has enhanced the honorarium of AWWs at Anganwadi centres (AWCs) from Rs.3,000/- to Rs.4,500/- per month and AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the Centre and States and UTs. In addition, States and UTs are also paying additional monetary incentives and top ups to these functionaries from their own resources which vary from State to State. Details of additional top ups provided by States and UTs are at **Statement**.

Besides, performance linked incentive of Rs.500/- per month is provided to AWWs and Rs.250/- per month to AWHs.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient monitoring and delivery of services. Poshan Tracker which is a mobile phone application that has digitized physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously enabling them for real-time monitoring of all activities going on in the Anganwadis.

To incentivize and encourage the AWWs and AWHs, various initiatives have been undertaken including the following:

i. Promotion: Under Mission Saksham Anganwadi and Poshan 2.0,

promotional opportunities for AWWs and AWHs have been enhanced. 50% posts of AWWs are to be filled by AWHs with 5 years of experience and 50% posts of Supervisors are to be filled by promotion of AWWs with 5 years of experience subject to fulfilment of other criteria.

ii. Leave: 20 days' annual leave and paid maternity absence of 180 days and paid absence on abortion/ miscarriage once for 45 days.

iii. State Governments and UT Administrations have been requested to encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which is a voluntary and contributory pension scheme for the unorganized sector in the country to ensure old age protection.

iv. Social Security Insurance Schemes: Insurance benefits have been provided to AWWs and AWHs under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death due to any reason) in the age group of 18 to 50 years and under Pradhan Mantri Suraksha Bima Yojana for accidental cover of Rs.2.00 Lakh (accidental death and permanent full disability) /Rs.1.00 Lakh (partial but permanent disability) in the age group of 18-59 years.

v. Retirement date: States and UTs have been requested to adopt a uniform retirement date i.e 30th April of each year with respect to AWWs and AWHs to ensure proper human resource planning.

vi. Annual Healthcare coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all AWWs and

AWHs in pursuance to budget announcement in FY 2024-25.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The Central Government is responsible for policy and planning and the State Governments/UT Administrations are responsible for day-to-day program implementation including recruitment of staff for implementation of the scheme. The matter regarding filling up of vacant posts at various levels is regularly taken up with them through sustained engagements and video conferences so as to ensure uninterrupted delivery of services to the beneficiaries.

STATEMENT

Details of additional top ups as provided by States and UTs:

(In Rs.)

S.No	State/UT	Additional Top-ups paid to AWW	Additional Top-ups paid to AWH
1	Andaman and Nicobar	7,500	5,750
2	Andhra Pradesh	7,000	4,750
3	Arunachal Pradesh	3,000	3,000
4	Assam	3,500	1,750
5	Bihar	4,500	2,250
6	Chandigarh	3,600	1,800
7	Chhattisgarh	5,500	2,750
8	Dadra and Nagar Haveli and Daman and Diu	3,500	1,750
9	Delhi	6,720	3,360
10	Goa	15,000 - 23,000	8,500 - 11,500
11	Gujarat	5,500	3,250
12	Haryana	10,250	5,650
13	Himachal Pradesh	6,000	3,550
14	Jammu and Kashmir	600	300
15	Jharkhand	7,000	3,500

16	Karnataka	8,000	5,250
17	Kerala	8,300	6,800
18	Ladakh	1,300	650
19	Lakshadweep	5,500	4,750
20	Madhya Pradesh	8,500	4,250
21	Maharashtra	8,500	5,250
22	Manipur	1,000	600
23	Meghalaya	3,000	1,000
24	Mizoram	950	725
25	Nagaland	NIL	NIL
26	Odisha	5,500	2,750
27	Puducherry	1,950	2,125
28	Punjab	5,000	2,850
29	Rajasthan	6,061	4,041
30	Sikkim	7,000	4,500
31	Tamil Nadu	9,780	6,270
32	Telangana	9,150	5,550
33	Tripura	5,946-3,500	4,218-2,750
34	Uttar Pradesh	1,500	750
35	Uttarakhand	4,800	3,000
36	West Bengal	4,500	4,550

DIGITAL UPGRADATION OF AWCs

954. SHRI BASAVARAJ BOMMAI:

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

(a) whether pursuant to the restructured Integrated Child Development Services (ICDSs)/Mission Poshan framework, the Government has undertaken a comprehensive programme for the digital upgradation of Anganwadi Centres across the country;

(b) if so, the number of Anganwadi Centres that have been provisioned with

digital hardware and software infrastructure, including but not limited to smartphones, tablets and computerised data-entry systems, State/UT-wise; and

(c) whether any outcome-based assessment has been undertaken to quantify the impact of such digitalisation on nutrition surveillance, Early Childhood Care and Education (ECCE), beneficiary authentication and service-delivery efficiencies, if so, the details thereof?

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

(a) to (c): The Ministry has introduced 'Poshan Tracker' digital application as an important governance tool for real time monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators under Mission Saksham Anganwadi and Poshan 2.0. Poshan Tracker app has enabled the Ministry to review the implementation of the scheme on various parameters and to make course correction. It has facilitated near real time data collection for Anganwadi Services such as, opening of AWCs, daily attendance of children, ECCE activities, Growth Monitoring of children, Provision of Hot Cooked Meal (HCM) and Take-Home Ration (THR), Growth Measurement etc.

This Mission is a universal umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. Every beneficiary who is willing to undergo the e-KYC procedure for Facial Recognition System (FRS), is fully entitled to receive the benefits of the scheme. This aadhaar

based tracking has enabled proper identification of beneficiaries, prevention of leakages and eliminating ghost entries. As per the data available on the Poshan Tracker dashboard, 99.88% registered beneficiaries are Aadhaar verified. 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 (THR) to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker.

The Nominee Module has also been introduced in Poshan Tracker to ensure uninterrupted delivery of Take-Home Ration (THR) to the beneficiaries. If due to any reason, the registered beneficiary is unable to visit the Anganwadi Centre to receive their THR through FRS, she can choose 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 continue to receive THR, if they so wish to. This has improved ease of living for the beneficiaries.

The Ministry releases funds to all States and UTs for procurement of Smart Phones to Anganwadi Workers (AWWs), Lady Supervisors and Block Coordinators for registration, data entry, tracking and monitoring of all beneficiaries in the Poshan Tracker application. Funds for Growth Monitoring Devices (Infantometer and Stadiometer for length and height measurement, Weighing Scale-Infant and Weighing Scale-Mother and Child for weight

measurement of the beneficiaries) are also released to all the States and UTs. An amount of ₹10,000+ GST per Smart phone and ₹8,000/- for a set of 4 GMDs is provided by the Central Government on cost-sharing basis.

Outcome-based assessment and continuous monitoring are being carried out through system-generated analytics of the Poshan Tracker to evaluate the impact of digitalization on nutrition monitoring, ECCE delivery, beneficiary verification, and service efficiency. Digital learning support has been strengthened by integrating ECCE content aligned with the Navchetana (National Framework of Early Childhood Stimulation) and Aadharshila (National Curriculum for Early Childhood Care and Education) on the Poshan Tracker in the form of videos, activity modules, and home-based learning materials. The application currently hosts 249 ECCE videos, 190 audio messages, and over 130 activity-based learning resources. For children in the 0–3 years age group, 140 home-based activities through 14 videos have been developed in the light of Navchetana framework, to support structured home visits and promote caregiver engagement for early childhood stimulation.

These initiatives have contributed to improved uniformity, quality, and effectiveness of Early Childhood Education and Care (ECCE) at Anganwadi Centres. The beneficiary interface further enables dissemination of learning content and messages to parents on ECCE, early stimulation, and childcare practices, thereby strengthening caregiver awareness and community participation in early childhood development.

An outcome-based evaluation study of Mission Saksham Anganwadi and

Poshan 2.0 was conducted by Development Monitoring and Evaluation Office (DMEO), NITI Aayog (2025). As per the study, evidence from institutional assessments and household surveys indicates that digitalization through Poshan Tracker Application has a multi-dimensional impact on nutrition monitoring, Early Childhood Care and Education (ECCE), beneficiary authentication, and service delivery efficiency. The Report also highlighted Poshan Tracker as a significant shift from manual, paper-based systems to a technology-enabled governance framework under the Supplementary Nutrition Programme (SNP). As per the report Poshan Tracker, introduced by MoWCD, has become the cornerstone for digital monitoring of beneficiaries, inventory, and service delivery at Anganwadi Centres (AWCs).

TRADITIONAL MEDICAL SERVICES UNDER NKJSP

955. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

(a) the number of AYUSH doctors, nurses and health workers trained for traditional medical services under the National Karmayogi Jan Seva Programme (NKJSP) in the State of Gujarat and the District with the highest number of trained personnel;

(b) whether any plan has been formulated to identify the areas deprived of AYUSH based health facilities in Gujarat and appoint or deploy mission workers there, if so, the details thereof; and

(c) the special measures taken by the Government to promote traditional tribal

healing practices in Gujarat?

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

(a): The Ministry of Ayush implements the Rashtriya Karmayogi Jan Seva Programme as per the instructions issued by the Capacity Building Commission (CBC), Department of Personnel and Training (DoPT) from time to time. Capacity Building Commission mentioned that the number of AYUSH doctors, nurses and health workers trained for traditional medical services under the National Karmayogi Jan Seva Programme in the State of Gujarat is as follows:

Department (Ministry / State)	**Onboarded**	**Enrolments**	**Completions**	**Learning Hours**
Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar (under the administrative control of Ministry of Ayush)	199	199	196	1176
Directorate of Ayush (Govt. of Gujarat, Health Department)	1	1	0	0
Total	**200**	**200**	**196**	**1176**

(b): No such information is available.

(c): For the welfare of tribal populations, the Central Council for Research in Ayurvedic Sciences (CCRAS) provides doorstep Ayurveda healthcare services in tribal-dominated areas across the country through its Tribal Health Care

Research Programme (THCRP) under the Tribal Sub Plan (TSP). The program is implemented by 14 CCRAS institutes across 14 states, including the Regional Ayurveda Research Institute (RARI), Ahmedabad in Gujarat. The initiative also involves documenting prevalent Local Health Traditions (LHT) and folklore practices among tribal populations by the following 02 programs-

I. Medico Ethno-Botanical Survey (MEBS)

II. Tribal Health Care Research Programme (THCRP)

Local Health Traditions (LHT), Ethno-Medical Practices (EMP) and folklore claims are documented and validated by the council for uniqueness/ novelty.

INTERNSHIP STIPEND OF FMGS

956. SHRI SELVARAJ V.:

SHRI SUBBARAYAN K.:

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

(a) whether it is a fact that, despite a recent Supreme Court order that Foreign Medical Graduates (FMGs) are entitled to internship stipends at par with Indian Medical Graduates(IMGs) and the National Medical Commission (NMC) guidelines in this regard, most States have not made such payments leaving thousands of FMG interns in limbo;

(b) if so, the details thereof, State/UT-wise, who have complied with this order and which have not done so far; and

(c) the details of the action taken thereon, if any, to help FMG interns in this regard?

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

(a) to (c): The payment of stipend to medical interns, including Foreign Medical Graduates (FMGs) is regulated in accordance with the stipend rates prescribed by the respective State Governments or Universities, as applicable to the concerned medical college/institution.

The National Medical Commission (NMC), an apex statutory body responsible for regulating medical education in India has issued Circulars/Public Notices dated 04.03.2022, 19.05.2022, and 07.12.2023 clarifying that Foreign Medical Graduates (FMGs) undergoing Compulsory Rotatory Medical Internship (CRMI) are entitled to receive stipend, which is to be determined and disbursed by the respective State Government/State Authorities.

Also, the Hon’ble Supreme Court has passed an interim order in WP(C) No.793 of 2025 that FMGs are entitled to Internship Stipends at par with Indian students. The NMC has, vide its Public Notice dated 12.03.2026, reiterated the existing regulatory position, penal provisions and the directions of the Hon'ble Court to ensure strict compliance with the prescribed norms relating to the payment of stipend by all medical colleges, State Medical Councils and Directorates of Medical Education (DMEs).

EXPANSION OF ONE STOP CENTRE

957. SHRIMATI SHAMBHAVI:

DR. LATA WANKHEDE:

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

(a) whether the Government has expanded One Stop Centre coverage with enhanced staffing norms reflecting district-wise caseload variations for trauma support to women, if so, details thereof;

(b) the details of the measures being undertaken to integrate police personnel and legal aid services within centres eliminating requirement for victims to narrate trauma at multiple locations;

(c)whether structured migration support functions providing transitional accommodation and city orientation services for women migrating independently for employment have been piloted, if so, details thereof;

(d) the details of the rehabilitation frameworks established for ensuring that women receive comprehensive post-crisis support including livelihood linkages and sustained monitoring after leaving centres; and

(e) the manner in which reformed One Stop Centre architecture transforms crisis-response institutions into preventive platforms supporting safe migration and sustained workforce participation under Mission Shakti framework?

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

(a) to (e): One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated and immediate support and assistance under one roof to women affected by violence and

those in distress, both in private and public spaces all across the country. So far, 1,033 One Stop Centres (OSCs) have been approved across the country. Out of which, 985 One Stop Centres have been made operational across the country and since inception, i.e. 1st April, 2015 to 30th June, 2026, over 15.20 lakh women have been assisted in the country. The Central Government provides 100% financial assistance to States/ UTs for appointment/hiring 13 manpower resources including 1 Centre Administrator, 2 Case Workers, 1 Psycho-social Counsellor, 1 Para Legal Personnel/ Lawyer, 1 Para Medical Personnel at each OSC with a provision of flexibility in the staffing composition based on local needs and operational feasibility. The overall implementation of the OSC scheme lies with the State Governments and UT Administrations.

To strengthen convergence and ensure seamless access to support services, OSCs have been integrated with the Women Helpline (WHL), and so far, 657 OSCs have been integrated. Through this integration, women can be referred to appropriate services in a timely and coordinated manner. Further, the Women Helpline has been integrated with the Emergency Response Support System (ERSS-112), Child Helpline (1098) and other relevant service delivery mechanisms to facilitate prompt emergency response and effective inter-agency coordination. In addition, OSCs have also been integrated with Shakti Sadan to enable referral of women requiring long-term institutional support, rehabilitation and safe accommodation, thereby ensuring a continuum of care under the Mission Shakti framework.

Under the overarching ‘Mission Shakti’, erstwhile schemes of ‘Swadhar Greh’ – Home for women in difficult circumstances and ‘Ujjawala’- Home for women rescued from Trafficking, have been merged and are now known as ‘Shakti Sadan Scheme’, which is an Integrated Relief and Rehabilitation Home for women in distressful situations including trafficked women. It aims at creating a safe and enabling environment for the women in such difficult situations, to enable them to overcome the adverse circumstances.

Under Shakti Sadan Scheme, the residents of Shakti Sadan are provided with shelter, food, clothing, counselling, primary health facilities and other daily requirements. The residents also to be provided vocational training, facility for opening of bank accounts, social security benefits etc. in convergence with the relevant departments. Further, arrangement is made by the implementing organization for providing vocational training/ skill development classes to the women through the Vocational Training Institutes recognized by the Directorate General of Employment and Training under the Ministry of Labour and Employment/ Training Partners of National Skill Development Council (NSDC). Training and examination fee, if not provided under any other scheme/ programmes of the Central/ State Government, would be reimbursed on submission of the certificate issued by the vocational training institute on successful completion of training. Micro Credit will be facilitated through SIDBI, Mudra and other relevant schemes of Central/State government in case residents want to start small-scale industry/ business.

Further, Sakhi Niwas Scheme (Working Women Hostel) under the

overarching Mission Shakti, aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunity for women exists. Under the Scheme, financial assistance is provided for running of Sakhi Niwas in rented premises for working women and for those women who are under training for job. Provision of Day Care Centre for children of the residents of the Sakhi Niwas is an important aspect of the scheme. Presently, 575 Sakhi Niwas are functional across the country.

CITIZENS ENROLLMENT UNDER ABDM

958. SHRI THARANIVENTHAN M. S.:

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

(a) the total number of citizens enrolled under the Ayushman Bharat Digital Mission (ABDM) in the country so far, State-wise, particularly in Arani Lok Sabha Constituency of Tamil Nadu;

(b) the number of hospitals, clinics and health providers registered under ABDM and their geographical distribution;

(c) whether the Government has evaluated the impact of ABDM on patient care, access to healthcare services and efficiency of health services delivery in the country especially in rural areas, if so, the details thereof;

(d) the steps taken by the Government to ensure data security, privacy and interoperability of health records under ABDM; and

(e) the measures adopted by the Government to integrate ABDM with existing

public health programmes, insurance schemes and State health databases?

THE MINISTER 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 of 20th July 2026, under the Ayushman Bharat Digital Mission (ABDM), 94.87 crore ABHAs have been created across the country, including 2.57 crore in Tamil Nadu. While creating ABHAs, Lok Sabha constituency details are not captured. As of 20th July 2026, 17,81,231 (10,25,823 in Tiruvannamalai District and 7,55,408 in Viluppuram District) ABHA registrations have been registered in the Arani Lok Sabha constituency of Tamil Nadu:

Under ABDM, Health Facility Registry (HFR) has been created which includes verified healthcare facilities such hospitals, clinics, pharmacies, blood banks etc. As of 20th July 2026, 5.36 lakh facilities are registered on the HFR. Similarly, the Healthcare Professionals Registry is a registry of verified healthcare professionals. As of 20th July 2026, 10.09 lakh healthcare professionals are registered on the HPR. The state-wise and district-wise distribution, is available on the real-time ABDM dashboard at https://dashboard.abdm.gov.in/

A third-party evaluation study of the ABDM was conducted between June-August 2025. The key findings of the evaluation study are highlighted below

- ABDM has reduced waiting times, enabled cost savings, and improved service access, particularly benefiting women and underserved

populations.

- Considering the well-structured strategic foundation, robust digital infrastructure rollout, and effective stakeholder engagement across public and private sectors, ABDM has brought in efficiency in the health service delivery ecosystem.
- Unified Health Interface (UHI) serves as a key digital gateway under ABDM, facilitating seamless discovery and delivery of health services and significantly enhancing accessibility, convenience, and reach of healthcare services for citizens
- ABDM has shown impact by enhancing healthcare efficiency, accessibility, and affordability, especially for underserved groups. Its interoperable infrastructure and cross-sectoral collaborations have driven systemic shifts, through broader integration and measurable health outcomes which are key to sustaining long term success

‘Privacy by Design’ is one of the key guiding principles of ABDM and there is no centralised repository of health data. ABDM facilitates secure data exchange between the intended stakeholders on the ABDM network after the patient’s consent. Also, before integrating with ABDM, digital health applications are validated in a Sandbox environment, and they also undergo security audits like WASA (Web Application Security Audit) to ensure data security.

ABDM enables interoperability by establishing common health data standards and developing registries for individuals, health facilities, healthcare

professionals, and other necessary components. This allows various digital health systems across both public and private healthcare ecosystems to exchange data across healthcare providers, even when they use different digital platforms.

Technical support is provided for integration of any digital health solution with ABDM, including public health programs. Several national and state public health programme platforms including Pradhan Mantri Jan Arogya Yojana (PM-JAY), Nikshay, Reproductive and Child Health (RCH), Non-Communicable Diseases (NCD), Gujarat's TECHO, Uttar Pradesh's eKavach, Rajasthan's Pregnancy, Child Tracking and Health Services Management (PCTS), Tamil Nadu CMCHIS (Comprehensive Health Insurance Scheme) are integrated with ABDM.

REVAMPING OF SHIPBUILDING INDUSTRY

959. SHRI RAO RAJENDRA SINGH:

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

(a) whether the Government has reviewed the progress made towards enhancing share of the country in global shipbuilding and ship repair since the announcement of measures under the Union Budget 2025–26 and in alignment with Maritime India Vision 2030 and Maritime Amrit Kaal Vision 2047;

(b) the status of revamping of the Shipbuilding Financial Assistance Policy and the operationalization of the proposed Maritime Development Fund with a

corpus of Rs. 225,000 crore;

(c) the details of shipbuilding clusters proposed to be developed, including infrastructure, skilling initiatives and technology support provided so far; and

(d) the measurable outcomes achieved in terms of private investment attracted, orders secured by Indian shipyards, employment generated and capacity augmentation in the shipbuilding and ship repair sector during the last two years?

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

(a): The Government has reviewed the India's Shipbuilding sector following the announcement of measures under the Union Budget 2025–26 and adopted a 4-pillar strategy to revitalize shipbuilding sector. The Government has accordingly approved a comprehensive package of ₹ 69,725 crore to strengthen domestic shipbuilding capacity, maritime financing and skilling. The key components of the shipbuilding package include:

i. Shipbuilding Financial Assistance Scheme (SBFAS), an extension of Shipbuilding Financial Assistance Policy (SBFAP), with outlay of ₹ 24,736 crore to address cost disadvantages of Indian shipyards vis-a-vis global shipyards;
ii. Maritime Development Fund (MDF) corpus of ₹ 25,000 crore for providing long term financing support to shipbuilding and maritime sector comprising a Maritime Investment Fund (MIF) of ₹ 20,000 crore and Interest Incentivisation Fund (IIF) of ₹ 5,000 crore;

iii. Shipbuilding Development Scheme (SbDS) with ₹19,989 crore outlay to expand Indian shipbuilding output capacity to 4.5 million Gross Tonnage annually by setting up greenfield shipbuilding clusters and capacity expansion of the existing shipyards. These targets have been set to position India as a competitive global shipbuilding force in line with vision contained in Maritime India Vision 2030 and Maritime Amrit Kaal Vision 2047 documents.

iv. Policy reforms have been undertaken to revamp shipbuilding industry including implementation of classification of large vessels as infrastructure and demand aggregation. Government on 19th September 2025, notified infrastructure status to Indian-flagged commercial vessels with a Gross Tonnage (GT) of 10,000 or above. For vessels constructed in India infrastructure status was accorded to vessels of size 1,500 GT or above. As part of demand aggregation, a fleet acquisition plan of 400+ vessels has been prepared which provide long term order visibility to the Indian shipyards.

(b): The scheme guidelines to operationalize SBFAS have been issued on 26.12.2025 and in-principle approvals for shipbuilding financial support are given in accordance with scheme guidelines. The guidelines for MDF have also been issued on 20.02.2026. Further, SBI Ventures Limited has been appointed as the Fund Manager for MIF on 26.05.2026.

(c): As on-date, under SbDS, Government has accorded in-principle approval for the development of three greenfield shipbuilding clusters at Andhra

Pradesh, Gujarat and Tamil Nadu. SbDS provides financial assistance for development of common maritime and land based infrastructure for the greenfield clusters. Further, under SbDS, the India Ship Technology Centre (ISTC) has been established as a Section 8 company to promote the overall development of the Indian shipbuilding sector by enhancing capabilities in ship design, research and development (R & D), skill development, software, and other related areas. As regards skilling development, the details of various steps taken are as under:

- 11 shipyards have signed MoUs with 34 ITIs across 8 coastal States towards implementation of on the job trainings (OJTs). As part of this, 150-hour OJT model has been introduced. 727 trainees have already been trained till date in these yards.
- Training of Trainers (ToT) program has been implemented at 2 Industrial Training Institutes (ITIs) in West Bengal by Centre of Excellence in Maritime and Shipbuilding (CEMS).
- A preliminary Skill Gap Study has been completed across 9 shipyards.
- A total of 92,697 candidates have been trained/skilled/upskilled during the last 3 years.
- A Plan of Implementation (PoI) has been signed between MoPSW and Korea International Cooperation Agency (KOICA) for a skill development project in the shipbuilding sector.

(d) As per latest UN Trade and Development (UNCTAD) report, India's

shipbuilding output increased by 41% from 40,923 GT in 2024 to 57,637 GT in 2025 . The comprehensive shipbuilding package of Government of India has instilled confidence in Indian shipyards, resulting in the placement of several large commercial and export shipbuilding orders to existing shipyards. In the last two years in-principle approvals have given for financial assistance under SBFAP and SPFAS to the Indian shipyards for a total contract value of ₹15,234 crore. Under the SbDS scheme, so far, in-principle approval has been given to proposals of four shipyards for brownfield capacity augmentation of their facilities for ship-building and ship-repair at total estimated cost of over ₹2,500 crore. Given the high employment multiplier of 6.4 in shipbuilding industry, the above developments has catalysed generation of large number of direct as well as indirect employment.

सरकारी अस्पतालों में रिक्त पदों की स्थिति

960. श्रीमती कलाबेन मोहनभाई देलकर:

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

(क) क्या प्रधानमंत्री स्वास्थ्य सुरक्षा योजना के अंतर्गत आने वाले संस्थानों सहित देश भर के सरकारी अस्पतालों और मेडिकल कॉलेजों को चिकित्सकों, नर्सों और आवश्यक चिकित्सा उपकरणों की कमी का सामना करना पड़ रहा है;

(ख) यदि हां, तो संघ राज्य क्षेत्र दादरा और नगर हवेली में इन संस्थानों में रिक्त पदों की वर्तमान स्थिति क्या है;

(ग) पिछले तीन वर्षों के दौरान संघ राज्य क्षेत्र दादरा और नगर हवेली में तृतीयक स्वास्थ्य देखभाल अवसंरचना को मजबूत करने के लिए जारी की गई धनराशि का ब्यौरा क्या है; और

(घ) संघ राज्य क्षेत्र दादरा और नगर हवेली में गुणवत्तापूर्ण और किफायती स्वास्थ्य देखभाल सेवाएं सुनिश्चित करने के लिए सरकार द्वारा क्या प्रभावी कदम उठाए गए हैं?

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

(क) और (ख): स्वास्थ्य राज्य का विषय होने के नाते, जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने की प्राथमिक जिम्मेदारी, जिसमें स्वास्थ्य सुविधाकेंद्रों में रिक्तियों को भरना और पर्याप्त डॉक्टरों, नर्सों और आवश्यक चिकित्सा उपकरणों की उपलब्धता सुनिश्चित करना शामिल है, संबंधित राज्य/संघ राज्य क्षेत्र सरकारों पर निहित है। राष्ट्रीय स्वास्थ्य मिशन के तहत, स्वास्थ्य और परिवार कल्याण मंत्रालय, दादरा और नगर हवेली तथा दमन और दीव संघ राज्य क्षेत्र सहित राज्यों/संघ राज्य क्षेत्रों को, कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में राज्यों/संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों के आधार पर, विशेष रूप से ग्रामीण क्षेत्रों में जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है।

देश भर में सामुदायिक स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों और जिला अस्पतालों में डॉक्टरों और नर्सों की उपलब्धता का विवरण, जिसमें संघ राज्य क्षेत्र दादरा और नगर हवेली तथा दमन और दीव भी शामिल हैं, 'हेल्थ डायनेमिक्स ऑफ इंडिया (एचडीआई) (अवसंरचना और मानव संसाधन), 2023-24 के निम्नलिखित लिंक पर देखा जा सकता है।

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

(ग): पिछले तीन वर्षों के दौरान दादरा और नगर हवेली और दमन और दीव संघ राज्य क्षेत्र को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के तहत जारी की गई केंद्रीय निधियों का ब्यौरा नीचे दिया गया है:

(करोड़ रु. में)

वित्त वर्ष	केंद्रीय निर्गत	
	एनएचएम	पीएम-एबीएचआईएम
2023-24	39.92	0.28
2024-25	40.96	0.53
2025-26	49.12	7.18

(घ): राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत, भारत सरकार ने देश में दादरा और नगर हवेली तथा दीव और दमन संघ राज्य क्षेत्र सहित गुणवत्तापूर्ण और किफायती स्वास्थ्य परिचर्या संबंधी सेवाओं को सुनिश्चित करने के लिए कई कदम उठाए हैं, जिनका ब्यौरा **विवरण** में दिया गया है।

विवरण

स्वास्थ्य प्रणालियों का सुदृढ़ीकरण

1. आयुष्मान भारत – आयुष्मान आरोग्य मंदिर (एबी-एएएम): एबी-एएएम के तहत, मौजूदा उप स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को आयुष्मान आरोग्य मंदिर (एएएम) में उन्नत किया जा रहा है, ताकि आरोग्य को ध्यान केंद्रित करते हुए और समुदाय के करीब सेवाओं की एक विस्तृत श्रृंखला प्रदान करके सार्वभौमिक, नि:शुल्क व्यापक प्राथमिक स्वास्थ्य सेवाएं प्रदान की जा सकें। एएएम **ई-संजीवनी** टेलीकंसल्टेशन सेवाएं प्रदान करते हैं, जो सीएचओ/एमओ सहित सेवा प्रदाताओं को मध्यम और विशिष्ट केंद्रों के विशेषज्ञों से जोड़ती हैं।

2. आयुष्मान आरोग्य शिविर स्वास्थ्य संबंधी समस्याओं की एक व्यापक श्रृंखला का समाधान करने के लिए 'वन-स्टॉप' मंच हैं, जो जनसामान्य तक पहुंचने और स्वास्थ्य सेवाओं के उपयोग को बढ़ाने के लिए एक प्रभावी कार्यनीति सिद्ध हुए हैं। इनका आयोजन उप स्वास्थ्य केंद्र, प्राथमिक स्वास्थ्य केंद्र और सामुदायिक स्वास्थ्य केंद्र पर किया जाता है।

3. मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ता (आशाकर्मी) कार्यक्रम राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की सामुदायिक प्रक्रियाओं का एक प्रमुख घटक है। ये कार्यकर्ता स्थानीय समुदाय की महिलाएँ होती हैं जो समुदाय की स्वास्थ्य परिचर्या की आवश्यकताओं का ध्यान रखती हैं। समुदाय

में अपनी सुदृढ़ पहुंच के कारण, वे विभिन्न प्रकार की सेवाओं, घर-घर सर्वेक्षण, टीकाकरण, स्वच्छता संबंधी आदतों, पोषण और स्वच्छता, प्रजनन और बाल परिचर्या सेवाओं और संचारी तथा गैर-संचारी रोगों की रोकथाम और नियंत्रण संबंधी जानकारी प्रदान करना सुनिश्चित करती हैं।

4. नि:शुल्क निदान सेवा पहल (एफडीएसआई): स्वास्थ्य और परिवार कल्याण मंत्रालय ने सार्वभौमिक स्वास्थ्य कवरेज (यूएचसी) हासिल करने और जन स्वास्थ्य सुविधाकेंद्रों में आवश्यक निदानों की नि:शुल्क उपलब्धता सुनिश्चित करके स्वास्थ्य परिचर्या पर जेबी व्यय को कम करने के लिए वर्ष 2015 में राष्ट्रीय नि:शुल्क निदान सेवा पहल (एफडीएसआई) शुरू की थी।

5. नि:शुल्क दवा सेवा पहल (एफडीएसआई): नि:शुल्क दवा सेवा पहल के तहत, स्वास्थ्य और परिवार कल्याण मंत्रालय दवाओं के अधिप्रापण और अधिप्रापण की ठोस प्रणाली का सुदृढ़ीकरण, गुणवत्ता संबंधी आश्वासन, आपूर्ति श्रृंखला प्रबंधन और भंडार, प्रेसक्रिप्शन ऑडिट, शिकायत निवारण, मानक उपचार दिशानिर्देशों के प्रसार और आईटी सक्षम प्लेटफॉर्म डीवीडीएमएस (दवा और टीका वितरण प्रबंधन प्रणाली) की स्थापना करने में सहायता करता है।

6. मोबाइल चिकित्सा इकाइयां (एमएमयू): जन स्वास्थ्य सेवाओं तक पहुंच विशेष रूप से दूरस्थ, दुर्गम और अल्प सेवित क्षेत्रों की आबादी के लिए सुधार हेतु मोबाइल मेडिकल यूनिट्स (एमएमयू) स्थापित किए गए हैं। इस पहल का प्राथमिक लक्ष्य ग्रामीण, कमजोर और हाशिए पर पड़े समुदायों तक सीधे स्वास्थ्य सेवाएं पहुंचाना है।

7. राष्ट्रीय एम्बुलेंस सेवा (एनएएस): एनएचएम, एनएएस के माध्यम से अभिघात सहित विकट और गंभीर बीमारियों वाले रोगियों के आपातकालीन परिवहन को सुदृढ़ करने के लिए राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है।

8. भारतीय जन स्वास्थ्य मानक (आईपीएचएस) 2022: सरकार ने जन स्वास्थ्य सुविधाकेंद्रों में स्वास्थ्य अवसंरचना और सेवाओं की निगरानी और सुधार करने के लिए आईपीएचएस 2022 मानक स्थापित किए हैं। इन मानकों में जन स्वास्थ्य सुविधाकेंद्रों, जैसे उप-केंद्र (एससी), प्राथमिक स्वास्थ्य केंद्र (पीएचसी), सामुदायिक स्वास्थ्य केंद्र (सीएचसी), और जिला अस्पताल (डीएच) की

स्थापना के लिए जनसंख्या मानदंड शामिल हैं। इन मानकों में सेवा, अवसंरचना, मानव संसाधनों, निदान, उपकरणों और दवाओं को शामिल किया गया हैं और राज्यों तथा संघ राज्य क्षेत्रों में जन स्वास्थ्य परिचर्या अवसंरचना संबंधी योजना और उन्नयन के लिए संदर्भ के रूप में कार्य करते हैं।

9. राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएएस): राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्सूएएस) सेवा प्रावधान, रोगी के अधिकार, नैदानिक परिचर्या, संक्रमण नियंत्रण और गुणवत्ता प्रबंधन पर ध्यान केंद्रित करके सार्वजनिक सुविधा केंद्रों में स्वास्थ्य सेवा की गुणवत्ता सुनिश्चित करने और उसमें सुधार करने के लिए एक व्यापक ढांचे के रुप में कार्य करता है। एनएसक्यूएएस को 2013 में जिला अस्पतालों के लिए शुरू किया गया और बाद में अन्य प्रकार के सुविधा केंद्रों तक विस्तारित किया गया, इसे आईएसक्यूएए, आईआरडीए, और एनएचए जैसे संगठनों द्वारा अंतरराष्ट्रीय स्तर पर प्रत्यायित और मान्यता प्राप्त है।

10. प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम): वर्ष 2021 में शुरू की गई, पीएम-एबीएचआईएम एक केंद्रीय रूप से प्रायोजित योजना है जिसमें कुछ केंद्रीय क्षेत्र के घटक शामिल हैं, जिसका उद्देश्य प्राथमिक, मध्यम और विशिष्ट स्वास्थ्य सुविधाकेंद्रों को सुदृढ़ करना है। यह मिशन व्यापक प्राथमिक स्वास्थ्य सेवाओं, जिसमें निदान और गहन परिचर्या शामिल हैं, तक सार्वभौमिक पहुंच सुनिश्चित करने के लिए जमीनी स्तर के जन स्वास्थ्य संस्थानों को प्रोत्साहित करने पर केंद्रित है। पीएम-एबीएचआईएम के तहत, ग्रामीण और शहरी क्षेत्रों में भवनरहित उप-केंद्रों, ब्लॉक-स्तरीय जन स्वास्थ्य इकाइयों, एकीकृत जन स्वास्थ्य प्रयोगशालाओं और गहन परिचर्या अस्पताल ब्लॉकों सहित अवसंरचना के विकास के लिए सहायता प्रदान की जाती है।

11. आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना (एबी-पीएमजेएवाई) सरकार की एक प्रमुख योजना है जो भारत की आबादी के आर्थिक रूप से कमजोर निचले 40% हिस्से, अर्थात् 12 करोड़ परिवारों को मध्यम और विशिष्ट परिचर्या के लिए अस्पताल में भर्ती होने पर प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। दिनांक 29.10.2024 को, इस योजना

का विस्तार करते हुए 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को, उनकी सामाजिक-आर्थिक स्थिति पर ध्यान दिए बिना जो 4.5 करोड़ परिवारों का प्रतिनिधित्व करते हैं, वय वंदना कार्ड के माध्यम से शामिल किया गया है।

12. आयुष्मान भारत डिजिटल मिशन (एबीडीएम) का उद्देश्य एक ऑनलाइन प्लेटफॉर्म बनाना है जो स्वास्थ्य पारितंत्र के भीतर स्वास्थ्य डेटा की अंतर-संचालनीयता को सक्षम बनाता है। मिशन के मुख्य घटकों में नागरिकों के लिए आयुष्मान भारत स्वास्थ्य लेखा (आभा), स्वास्थ्य पेशेवर रजिस्ट्री (एचपीआर), स्वास्थ्य सुविधा केंद्र रजिस्ट्री (एचएफआर), और एबीएचए एप्लिकेशन शामिल हैं। एबीडीएम द्वारा बनाया गया डिजिटल स्वास्थ्य पारितंत्र प्राथमिक, मध्यम और विशिष्ट स्वास्थ्य देखभाल में परिचर्या का निर्बाध रूप से अनुरक्षण करता है।

13. प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी): भारत सरकार के स्वास्थ्य और परिवार कल्याण मंत्रालय ने 07 अप्रैल 2016 को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के भाग के रूप में गरीबों को नि:शुल्क डायलिसिस सेवाएं प्रदान करने के लिए प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी) शुरू किया था, ताकि बीपीएल (गरीबी रेखा से नीचे) नागरिकों के लिए डायलिसिस सेवाएं वहनीय और सुलभ हो सकें। पीएमएनडीपी को कुल 36 राज्यों/संघ राज्य क्षेत्रों के 751 जिलों (44 संबद्ध) में 1856 एचडी केंद्रों पर 13,535 हेमोडायलिसिस मशीनों के साथ लागू किया गया है। (संदर्भ: राज्य/संघ राज्य क्षेत्र पीएमएनडीपी रिपोर्ट)

14. मानव संसाधन स्वास्थ्य (एचआरएच) की उपलब्धता बढ़ाने के लिए, एनएचएम लचीले प्रावधान प्रदान करता है, जिसमें "यू कोट वी पे" जैसी पहल, कठिन/दुर्गम क्षेत्र भत्ता, निष्पादन-आधारित/टीम-आधारित प्रोत्साहन, अल्पकालिक इन-सर्विस प्रशिक्षण कार्यक्रमों के माध्यम से बहु-कौशल और सेवाकालीन प्रशिक्षण के माध्यम से निरंतर क्षमता निर्माण शामिल हैं।

15. इन प्रावधानों का उपयोग दादरा और नगर हवेली तथा दमन और दीव सहित सभी राज्यों/संघ राज्य क्षेत्रों द्वारा किया जा सकता है और वे अपनी विशिष्ट आवश्यकताओं और उपलब्ध संसाधन सीमा के आधार पर अपनी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में बजटीय सहायता का

प्रस्ताव कर सकते हैं।

स्वास्थ्य अनुसंधान पर सरकारी व्यय

961. श्री हनुमान बेनीवाल:

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

(क) क्या सरकार इस तथ्य से अवगत है कि देश में स्वास्थ्य अनुसंधान पर सरकारी व्यय, सकल घरेलू उत्पाद के अनुपात के रूप में कई विकसित और उभरती अर्थव्यवस्थाओं की तुलना में अपेक्षाकृत कम है और यदि हां, तो इसके क्या कारण हैं और इस पर सरकार की क्या प्रतिक्रिया है;

(ख) पिछले तीन वर्षों के दौरान भारतीय आयुर्विज्ञान अनुसंधान परिषद और अन्य राष्ट्रीय स्वास्थ्य अनुसंधान संस्थानों के लिए किए गए बजट आवंटन, वास्तविक व्यय तथा स्वीकृत और लंबित अनुसंधान परियोजनाओं का वर्ष-बार ब्यौरा क्या है, और धन की कमी या अन्य कारणों से लंबित परियोजनाओं की वर्ष-वार संख्या कितनी है।

(ग) क्या अत्याधुनिक अनुसंधान उपकरणों की कमी, प्रयोगशालाओं के आधुनिकीकरण की आवश्यकता तथा वैज्ञानिकों और तकनीकी कर्मियों के रिक्त पदों के कारण अनुसंधान कार्य प्रभावित हो रहा है; और

(घ) यदि हां, तो तत्संबंधी संस्थान-वार ब्यौरा क्या है और सरकार द्वारा इन कमियों को दूर 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): स्वास्थ्य अनुसंधान विभाग (डीएचआर) का आवंटन सकल घरेलू उत्पाद का 0.012% है। तथापि, हाल के वर्षों में सरकार ने अनुसंधान अनुदानों को और अधिक प्रतिस्पर्धात्मक और सुलभ बनाने के लिए नए कार्यक्रमों/पहल के साथ-साथ स्वास्थ्य अनुसंधान में बजट में वृद्धि की है। डीएचआर के लिए बजटीय आवंटन में 5 गुना से अधिक बढ़ोत्तरी हुई है – जो 2014-15 (बजट अनुमान) में ₹ 932.00 करोड़ से बढ़कर 2026-27 (बजट अनुमान) में ₹ 4,821.21 हो गया है।

2025-26 के संशोधित अनुमान (3,900.69 करोड़ रुपये) की तुलना में 2026-27 में बजटीय आवंटन में लगभग 24 प्रतिशत की वृद्धि हुई है, जो देश में स्वास्थ्य अनुसंधान को सुदृढ़ करने के प्रति केंद्र सरकार की कड़ी प्रतिबद्धता को दर्शाता है।

(ख): सरकार ने स्वास्थ्य अनुसंधान वित्तपोषण पारिस्थितिकी तंत्र को व्यापक और सुदृढ़ करने के लिए उपाय किए हैं। भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर) ने अपने इंट्रा-म्यूरल और एक्स्ट्रा-म्यूरल अनुदान ढांचे को युक्तिसंगत और विस्तारित किया है ताकि वित्त पोषण सहायता को अनुसंधान प्रस्ताव के पैमाने, परिपक्वता, जोखिम और ट्रांसलेशनल चरण के अनुसार आकलन किया जा सके। आईसीएमआर ने प्रारंभिक अनुसंधान अनुदानों से प्राप्त जानकारी का उपयोग करने के लिए नए अनुवर्ती अनुदान शुरू किए हैं। विवरण नियमित रूप से आईसीएमआर ईपीएमएस (ICMR-ePMS) पोर्टल पर प्रकाशित किए जाते हैं।

वर्तमान संरचना में 2 करोड़ रुपये तक का लघु या अन्वेषण अनुदान, 2 करोड़ रुपये से 8 करोड़ रुपये तक का मध्यवर्ती या निश्चायक अन्वेषण अनुदान, 8 करोड़ रुपये तक के चरण आधारित समर्थन के साथ फर्स्ट-इन-द-वर्ल्ड चैलेंज और 15 करोड़ रुपये तक के समर्थन के साथ उन्नत अनुसंधान केंद्र शामिल हैं। ये उपाय अन्वेषक द्वारा शुरू किए गए अनुसंधान, अवधारणा के प्रमाण, हस्तक्षेपों के सत्यापन, उच्च जोखिम और उच्च-स्तरीय नवाचार, बहु-विषयक अनुसंधान और उन्नत अनुसंधान कार्यक्रमों का समर्थन करते हैं।

पिछले तीन वर्षों में आईसीएमआर में बजट आवंटन, व्यय और स्वीकृत परियोजनाओं की संख्या का ब्यौरा नीचे दिया गया है-

वर्ष	**आईसीएमआर का बजट आवंटन (संशोधित अनुमान)**	**आईसीएमआर का वास्तविक व्यय (वास्तविक व्यय)**	**स्वीकृत परियोजनाओं की संख्या**
2023-24	₹2295.12 करोड़	₹2343.18 करोड़	989
2024-25	₹2869.99 करोड़	₹2869.57 करोड़	759

2025-26	₹3150.00 करोड़	₹3149.79 करोड़	795

आईसीएमआर ने यह भी सूचित किया है कि कोई भी परियोजना लंबित नहीं है क्योंकि स्वीकृत परियोजनाओं की संख्या उपलब्ध निधि के भीतर ही है। हालांकि, अगर आईसीएमआर को अधिक धन आवंटित किया जाता है, तो यह अधिक संख्या में परियोजनाओं को मंजूरी दे सकता है।

(ग) और (घ): आईसीएमआर ने सूचित किया है कि वह प्रयोगशालाओं और उपकरणों सहित अपनी अवसंरचना का लगातार उन्नयन कर रहा है ताकि अत्याधुनिक अनुसंधान उपकरणों की कमी, प्रयोगशालाओं के आधुनिकीकरण की आवश्यकता के कारण अनुसंधान कार्य प्रभावित न हो। आईसीएमआर ने प्रयोगशालाओं और पशु आवास सुविधाओं के आधुनिकीकरण, प्रमुख उपकरणों के लिए केंद्रीकृत/पूल खरीद और नेटवर्क प्रयोगशालाओं के लिए अनुदान स्तर की पूंजी सहायता सहित चरणबद्ध पूंजी उन्नयन भी किया है। आईसीएमआर नेटवर्क के बाहर के संगठनों के साथ प्रयोगशाला उपकरण साझा करने के लिए आईसीएमआर आई-राइज प्लेटफॉर्म उपलब्ध है। अनुसंधान आवश्यकताओं के लिए खरीद को कारगर बनाने के लिए आईसीएमआर मुख्यालय में एक समर्पित केन्द्रीय खरीद प्रकोष्ठ है। आज की तारीख में आईसीएमआर के पास वैज्ञानिकों की कुल स्वीकृत संख्या 923 है, जिनमें से 778 वैज्ञानिक पहले से ही तैनात हैं। इसके अलावा, तकनीकी संवर्ग में 2137 कार्मिक तैनात हैं। आईसीएमआर ने नियमित और संविदा कर्मचारियों के लिए भर्ती अभियानों में भी तेजी लाई है और आईसीएमआर चिकित्सा अनुसंधान संकाय के माध्यम से युवा शोधकर्ताओं को प्रशिक्षित करने के लिए वैज्ञानिक और अभिनव अनुसंधान अकादमी (एसीएसआईआर) के साथ भी सहयोग किया है।

UPGRADATION/MODERNISATION OF AWC

962. SHRI KAMAKHYA PRASAD TASA:

SHRI MANISH JAISWAL:

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

(a) whether it is a fact that Anganwadi Centres is a type of rural child care centres in the country, if so, the details thereof;

(b) the number of Anganwadi Centres (AWCs) functioning in the country, along with the funds allocated, released and utilised during the last three years, State/UT-wise;

(c) whether the Government is aware that these Anganwadi Centres are functioning in dilapidated/damaged buildings;

(d) if so, the details thereof and the total number of such buildings identified which require urgent repairs, State-wise;

(e) the number of AWCs which are operating from permanent and rented buildings in the country separately, State/UT-wise; and

(f) whether there is any proposal to modernise/upgrade the AWCs in the country, if so, the details of fund allocated, released and utilized for this purpose?

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

(a) to (e): Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services i.e Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition and Health Education, Immunization, Health Check-up, and Referral Services are provided to the eligible beneficiaries through Anganwadi Centres. Three of the six services, viz., Immunization, Health

check-up and Referral Services are related to health and are provided through National Health Mission (NHM) and Public Health Infrastructure. These services are provided to the eligible registered beneficiaries i.e children up to the age of 6 years, Pregnant Women and Lactating Mothers across the country and Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts of States and all districts of North Eastern Region by through the platform of Anganwadi Centre.

Under Mission Saksham Anganwadi and Poshan 2.0, various steps have been undertaken to improve the infrastructure facilities at Anganwadi Centres (AWCs). During 15th Finance Commission cycle, 40,000 Anganwadi Centres have been sanctioned for construction in convergence with MGNREGS.

Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

Directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available. Guidelines for Co-locating Anganwadi Centres within Government Primary Schools have been issued jointly with Ministry of Education.

Various other initiatives have been undertaken for construction of AWCs under PM JANMAN and Dharti Aaba Janjatiya Gram Utkarsh Abhiyan for the targeted development of tribal population and VVP (Vibrant Village Programme) - Phase I, focusing on Northern border areas.

Also, in order to improve the infrastructure facilities at AWCs, funds @Rs.17,000/- for providing drinking water facilities and @Rs.36,000/- for construction of toilets are provided to States and UTs. A total of 1,58,966 AWCs have been approved for providing drinking water facilities and 1,42,522 AWCs for construction of toilets across the country.

The State/UT wise number of AWCs functioning in the country and AWCs running in own building is available on the Poshan Tracker public dashboard at the link: https://www.poshantracker.in/statistics.

The State and UT wise details of funds released and utilized during the last three years under Mission Saksham Anganwadi and Poshan 2.0 are placed at **Statement**.

(f): Under Mission Saksham Anganwadi and Poshan 2.0, two lakh Anganwadi Centres (AWCs) located in Government buildings have been sanctioned as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education in the 15th Finance Commission cycle. Saksham Anganwadis are provided with infrastructure such as LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BALA) paintings. As on 10.07.2026, funds amounting to Rs. 1232.65 Cr has been allocated out of

which Rs. 836.27 Cr has been released across the country for the upgradation.

STATEMENT

Mission Saksham Anganwadi and Poshan 2.0

(Rs in crore)

SN	Name of the State/UT	2023-24		2024-25		2025-26
		Funds released	Fund utilised	Funds released	Fund utilised	Funds released
1	Andaman and Nicobar Islands	12.15	11.06	9.63	9.21	8.10
2	Andhra Pradesh	705.68	734.52	645.73	641.23	759.76
3	Arunachal Pradesh	162.06	139.34	102.61	99.58	118.5
4	Assam	2233.31	2804.16	2482.34	2605.14	1548.67
5	Bihar	1859.29	1703.55	2262.92	1659.24	905.43
6	Chandigarh	19.79	19.26	14.56	14.31	9.87
7	Chhattisgarh	579.46	664.31	733.30	730.29	518.22
8	Dadra and Nagar Haveli and Daman and Diu	11.97	11.57	9.13	9.07	5.92
9	Delhi	161.81	135.31	160.41	152.34	150.21
10	Goa	13.95	12.22	13.44	11.52	19.74
11	Gujarat	1126.80	658.81	601.32	598.35	699.13
12	Haryana	225.78	183.94	232.69	212.49	67.12
13	Himachal Pradesh	301.09	146.69	313.07	311.04	328.59
14	Jammu and Kashmir	530.88	595.21	662.79	634.78	401.62
15	Jharkhand	664.30	560.25	496.95	465.21	429.26
16	Karnataka	912.96	729.26	886.85	875.36	863.64
17	Kerala	306.64	359.22	435.74	429.54	283.81
18	Ladakh	19.62	18.06	18.89	18.49	16.41

19	Lakshadweep	2.88	2.73	1.35	1.24	0.82
20	Madhya Pradesh	1123.11	1048.42	1144.54	1123.54	937.45
21	Maharashtra	1699.52	1219.66	1368.84	1354.26	1405.45
22	Manipur	201.28	224.68	342.87	316.82	199.99
23	Meghalaya	269.69	193.30	137.93	135.26	182.04
24	Mizoram	100.27	72.19	55.29	54.26	52.69
25	Nagaland	262.91	209.24	147.01	146.32	146.29
26	Odisha	968.80	891.06	948.16	906.51	911.27
27	Puducherry	4.48	8.35	3.68	3.65	4.02
28	Punjab	307.87	220.55	265.48	262.45	190.73
29	Rajasthan	1091.96	880.87	741.85	735.82	843.51
30	Sikkim	33.49	23.77	18.07	18.02	18.21
31	Tamil Nadu	880.79	662.40	638.47	632.41	636.6
32	Telangana	507.87	522.99	430.76	419.75	209.2
33	Tripura	244.22	211.20	153.41	145.25	154.73
34	Uttar Pradesh	2668.69	2510.27	2694.62	2498.26	2145.42
35	Uttarakhand	288.24	426.34	216.33	207.52	271.05
36	West Bengal	1237.56	1522.40	1513.80	1497.52	1333.9

AVAILABILITY OF FERTILIZERS IN TELANGANA

963. SHRI ARVIND DHARMAPURI:

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

(a) the quantity of Urea, DAP, MOP and complex fertilizers supplied to Telangana during the last ten years, district-wise and year-wise;

(b) the number of fertilizer retail outlets equipped with PoS devices under the fertilizer Direct Benefit Transfer (DBT) system in Telangana;

(c) whether the Government has received reports of shortage, delay, diversion or black-marketing of fertilizers in Telangana, particularly during peak

agricultural seasons, if so, the details thereof; and

(d) the steps taken to ensure timely supply of Bharat brand fertilizers to farmers in the said State including Nizamabad, Jagtial and other major agricultural districts, district-wise?

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

(a): The quantity of Urea, DAP, MOP and Complex fertilizers supplied to Telangana during the last ten years, year-wise and district-wise, is given at **Statement.**

(b): As on 21.07.2026, there are total 11529 retailers outlet equipped with PoS devices for sale of subsidized fertilizers under the fertilizer Direct Benefit Transfer (DBT) system in Telangana.

(c): The availability of fertilizers has remained adequate in the State of Telangana during the ongoing Kharif 2026 season.

Further, in order to address the issues such as black-marketing and diversion, fertilizers are declared as an essential commodity under the Essential Commodities (EC) Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act.

Accordingly, as per the information received from Department of Agriculture and Farmers Welfare (DA&FW), during the period from April to July 2026 (as on 17.07.2026), in cases related to the black-marketing of fertilizers in the State of Telangana, 28 show-cause notices were issued, 9 licences were

cancelled/suspended, and 3 FIRs were registered. In cases related to the diversion of fertilizers, 3 show-cause notices were issued, 2 licences were cancelled/suspended, and 1 FIR was registered.

(d): As per the information received from the State Government of Telangana, the following steps have been taken by the State Government to ensure the timely supply of Bharat brand fertilizers to farmers across the State, including Nizamabad, Jagtial and other major agricultural districts:

I. Fertilizers are allocated by the Department of Fertilizers to the State based on seasonal demand assessed by the State Government.

II. Regular review meetings are held with fertilizer companies, Railways and other stakeholders to monitor production, availability and movement of fertilizers.

III. Daily monitoring of fertilizer stocks, dispatches and sales is carried out through the by the State Government.

IV. Bharat brand fertilizers are supplied through fertilizer companies and made available through the existing retail distribution network based on demand and availability.

V. Additional supplies are arranged, wherever required, to meet any localized increase in demand, including in major agricultural districts such as Nizamabad, Jagtial and other districts of Telangana.

STATEMENT

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2016–17
(Quantity in Metric Tonnes)

Sl. No.	District	Urea (MT)	DAP (MT)	Complex Fertilizers (MT)	MOP (MT)	Total (MT)
1	Adilabad	112182	16317	55955	10962	195417
2	Warangal	217227	29426	115483	31118	393253
3	Karimnagar	240121	26283	119653	28826	414883
4	Khammam	134481	24480	120821	21687	301470
5	Mahbubnagar	105356	29200	108631	4753	247941
6	Medak	89612	9908	37940	4780	142240
7	Nalgonda	218652	25708	144999	20693	410053
8	Nizamabad	165705	15432	80381	10241	271758
9	Rangareddy	87578	29953	81843	36537	235911
	TOTAL	1370914	206707	865707	169597	2612925

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2017-18 (Quantity in Metric Tonnes).

Sl. No.	District	Urea (MT)	DAP (MT)	Complex Fertilizers (MT)	MOP (MT)	Total (MT)
1	Adilabad	107039	26343	57607	14162	205151
2	Bhadradri	22637	3772	30741	5494	62644
3	Hanamkonda	171446	19725	112389	26461	330021
4	Rangareddy	47124	11613	30993	20480	110210
5	Jagitial	10289	1404	6228	721	18642
6	Jangoan	6678	1782	5733	846	15038
7	Jayashankar	9353	1329	4013	824	15518
8	Jogulamba	14562	3847	26915	1726	47050
9	Kamareddy	22873	1659	17547	1527	43606
10	Karimnagar	160793	24065	124274	25433	334565
11	Khammam	117403	22371	112185	20238	272197
12	Komaram Bheem	756	244	576	112	1689
13	Mahabubabad	9351	836	3231	643	14061
14	Mahbubnagar	78007	30172	107798	10099	226075

15	Mancherial	12810	3302	13388	2312	31812
16	Medak	85137	13136	63717	8886	170876
17	Medchal	38752	15108	42473	11603	107936
18	Nagarkurnool	5349	1397	3405	265	10416
19	Nalgonda	129870	20561	119699	17928	288058
20	Nirmal	16394	615	4693	386	22087
21	Nizamabad	138314	14964	87462	10865	251605
22	Peddapalli	20092	4011	17756	3638	45497
23	Rajanna	1556	173	1688	103	3520
24	Rangareddy	31577	5714	13361	321	50973
25	Sangareddy	8246	2480	5933	1353	18012
26	Siddipet	16510	3324	16700	1452	37986
27	Suryapet	50274	5761	37180	6143	99358
28	Vikarabad	10320	10238	9984	6499	37041
29	Wanaparthy	9907	1201	6211	1030	18349
30	Warangal	12667	1490	6713	745	21615
31	Yadadri	9025	2732	6204	730	18691
	TOTAL	1375112	255368	1096795	203024	2930298

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2018-19 (Quantity in Metric Tonnes).

Sl. No.	District	Urea (MT)	DAP (MT)	Complex Fertilizers (MT)	MOP (MT)	Total (MT)
1	Adilabad	43702	13680	37042	4736	99159
2	Bhadradri	27538	6424	44221	3726	81909
3	Hanamkonda	115943	11289	59336	11353	197922
4	Hyderabad	25022	7888	22225	19035	74170
5	Jagitial	43078	2682	17032	1314	64106
6	Jangoan	19877	4516	19484	2746	46623
7	Jayashankar	23204	4352	14085	2477	44119
8	Jogulamba	21260	5308	50059	2124	78751
9	Kamareddy	34686	2121	28126	1799	66731
10	Karimnagar	120052	18597	104541	19775	262965
11	Khammam	88277	20129	86906	12587	207899

12	Komaram Bheem Asifabad	19421	4188	7570	641	31821
13	Mahabubabad	24621	3340	19383	1543	48887
14	Mahbubnagar	58329	26011	93690	6002	184033
15	Mancherial	29732	8436	35234	4385	77788
16	Medak	31722	1864	18427	1342	53354
17	Medchal	42190	17376	59231	14075	132872
18	Nagarkurnool	14162	4711	19840	1998	40711
19	Nalgonda	117705	17593	112195	14368	261861
20	Nirmal	41479	3563	22944	1121	69106
21	Nizamabad	136161	12634	108271	9676	266741
22	Peddapalli	51201	7080	37296	5553	101129
23	Rajanna	6394	435	7727	386	14942
24	Rangareddy	19941	10466	20920	921	52248
25	Sangareddy	21479	5772	10269	1677	39197
26	Siddipet	46128	3614	34880	3073	87695
27	Suryapet	70097	9427	63819	4104	147447
28	Vikarabad	13307	8186	5375	721	27590
29	Wanaparthy	14458	2803	16704	1867	35832
30	Warangal	44047	5618	27623	3748	81036
31	Yadadri	17586	3747	14629	2120	38082
	TOTAL	1382797	253851	1219084	160993	3016725

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2019-20 (Quantity in Metric Tonnes).

Sl. No.	District	Urea (MT)	DAP (MT)	Complex Fertilizers (MT)	MOP (MT)	Total (MT)
1	Adilabad	40553	14223	38161	5959	98896
2	Bhadradri	29699	6608	54232	4353	94892
3	Hanamkonda	88608	11314	60487	11038	171447
4	Hyderabad	31022	12229	31157	20964	95372
5	Jagitial	56187	4042	21889	1686	83804
6	Jangoan	28394	4404	23151	3357	59307
7	Jayashankar	43853	5123	19480	5552	74008
8	Jogulamba	27554	6199	64128	3520	101401

9	Kamareddy	57317	4082	36408	3739	101546
10	Karimnagar	119476	20197	116386	22460	278520
11	Khammam	110370	19542	100784	15303	246000
12	Komaram Bheem	18777	2105	7405	676	28963
13	Mahabubabad	40669	3247	23887	1300	69102
14	Mahbubnagar	81984	23862	70655	7318	183820
15	Mancherial	44789	9791	38844	5821	99246
16	Medak	34351	1413	19702	1162	56628
17	Medchal	50242	18226	80988	23112	172567
18	Nagarkurnool	17260	7850	22403	2485	49997
19	Nalgonda	117582	15390	118029	13952	264953
20	Nirmal	46968	3581	21270	1499	73318
21	Nizamabad	144695	18249	113431	10115	286490
22	Peddapalli	55050	9504	39140	6736	110430
23	Rajanna	22390	691	9747	731	33559
24	Rangareddy	28352	9369	26715	2714	67151
25	Sangareddy	24795	5717	13379	893	44784
26	Siddipet	58438	5333	42380	3637	109788
27	Suryapet	78841	9106	75393	6222	169562
28	Vikarabad	18475	6179	6248	1099	32001
29	Wanaparthy	19919	3649	18492	3007	45068
30	Warangal	62731	5457	32900	4247	105335
31	Yadadri	24050	4237	17481	2411	48179
	TOTAL	1623390	270919	1364753	197069	3456131

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2020-21 (Quantity in Metric Tonnes).

Sl. No.	District	Urea (MT)	DAP (MT)	Complex Fertilizers (MT)	MOP (MT)	Total (MT)
1	Adilabad	41452	14469	40996	7146	104064
2	Bhadradri	33257	6076	60433	6537	106304
3	Hanamkonda	81910	8042	54393	13169	157514
4	Hyderabad	70945	11792	44180	24591	151508
5	Jagitial	61500	3888	26059	3306	94753
6	Jangoan	40955	6664	31169	6010	84797
7	Jayashankar	52381	6530	27051	5081	91043

8	Jogulamba	33433	10084	76386	5547	125450
9	Kamareddy	68448	3863	44725	7544	124581
10	Karimnagar	122017	18178	102276	25370	267841
11	Khammam	102653	17584	101659	20207	242103
12	Komaram Bheem Asifabad	23413	2945	10792	1137	38287
13	Mahabubabad	45723	4513	34015	3076	87328
14	Mahbubnagar	90043	30144	93364	11768	225320
15	Mancherial	50140	9141	42324	6831	108436
16	Medak	36297	958	27042	2320	66617
17	Medchal	67314	18337	94782	26944	207377
18	Nagarkurnool	30334	6846	29461	3294	69934
19	Nalgonda	120200	15748	127612	16689	280249
20	Nirmal	50139	3567	21963	1936	77605
21	Nizamabad	134406	12427	109687	12724	269243
22	Peddapalli	58083	8082	40470	7783	114418
23	Rajanna	27244	1022	13776	1547	43589
24	Rangareddy	40808	9476	26236	1942	78462
25	Sangareddy	38503	6132	22658	1793	69086
26	Siddipet	69036	5721	64048	6973	145778
27	Suryapet	85642	10849	86637	8759	191887
28	Vikarabad	27281	7375	7749	1426	43831
29	Wanaparthy	33789	5407	23425	3619	66240
30	Warangal	65235	6319	36092	5410	113056
31	Yadadri	29574	5412	23713	3738	62436
	TOTAL	1832155	277592	1545173	254216	3909135

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2021-22 (Quantity in Metric Tonnes).

Sl. No.	District	Urea (MT)	DAP (MT)	Complex Fertilizers (MT)	MOP (MT)	Total (MT)
1	Adilabad	30835	10987	36032	2671	80525
2	Bhadradri	39140	6126	46343	1396	93004
3	Hanamkonda	50260	7682	35889	5310	99140
4	Hyderabad	51650	14839	42182	13969	122640
5	Jagitial	45062	4210	21539	819	71630
6	Jangoan	37073	7241	24977	3180	72470

7	Jayashankar	32345	5189	21912	969	60415
8	Jogulamba	24847	6462	63114	874	95297
9	Kamareddy	56814	4814	34569	2937	99133
10	Karimnagar	96234	17685	99727	13402	227048
11	Khammam	74311	16350	80678	6801	178140
12	Komaram Bheem	19990	2102	6477	303	28871
13	Mahabubabad	41079	4136	25477	756	71448
14	Mahbubnagar	63929	21522	80427	5029	170906
15	Mancherial	29100	7864	32751	1980	71694
16	Medak	31892	2956	20747	166	55761
17	Medchal	53082	19951	88965	10053	172051
18	MULUGU	4662	446	2249	71	7428
19	Nagarkurnool	21977	7358	21358	682	51376
20	Nalgonda	105707	23872	102707	7034	239319
21	Narayanpet	3398	1283	3573	122	8376
22	Nirmal	36331	3374	18777	286	58768
23	Nizamabad	118304	19136	97271	6278	240988
24	Peddapalli	42388	6388	34770	1812	85357
25	Rajanna	27499	1452	9495	355	38801
26	Rangareddy	24710	6927	25355	211	57202
27	Sangareddy	25963	7661	17691	493	51808
28	Siddipet	69544	8010	48742	4495	130790
29	Suryapet	78509	15400	67226	1955	163089
30	Vikarabad	17591	8282	9769	145	35786
31	Wanaparthy	24781	4578	17977	718	48054
32	Warangal	58202	7114	28794	2029	96140
33	Yadadri	26730	4401	19564	825	51520
	TOTAL	1463936	285794	1287124	98122	3134976

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2022-23 (Quantity in Metric Tonnes).						
Sl. No.	**District**	**Urea (MT)**	**DAP (MT)**	**Complex Fertilizers (MT)**	**MOP (MT)**	**Total (MT)**
1	Adilabad	49890	13059	39550	1248	103746
2	Bhadradri	48522	10016	55325	1201	115064
3	Hanamkonda	49295	13912	31882	1815	96904

4	Hyderabad	41409	19830	47050	11763	120053
5	Jagitial	69556	9820	25872	215	105463
6	Jangoan	45143	9348	28598	3434	86523
7	Jayashankar	34302	4992	10696	452	50442
8	Jogulamba	42479	11240	85637	1410	140765
9	Kamareddy	85365	12284	37291	1460	136401
10	Karimnagar	121102	30212	111797	8400	271511
11	Khammam	100138	25570	99297	6135	231139
12	Komaram Bheem	29064	2676	7385	173	39297
13	Mahabubabad	56230	7892	23558	189	87868
14	Mahbubnagar	72325	26258	77754	3976	180313
15	Mancherial	39299	8737	36324	2343	86703
16	Medak	41801	4814	21189	100	67903
17	Medchal	57479	29199	95378	7900	189957
18	MULUGU	18358	5827	13310	1011	38506
19	Nagarkurnool	35429	11277	27775	1124	75605
20	Nalgonda	146668	25429	122127	5439	299663
21	Narayanpet	18837	7839	21995	389	49060
22	Nirmal	44282	9657	15040	366	69345
23	Nizamabad	154604	40846	114724	3035	313209
24	Peddapalli	63055	8308	35211	322	106895
25	Rajanna	34490	3357	11383	287	49517
26	Rangareddy	35423	14810	39240	433	89905
27	Sangareddy	40627	15132	19161	277	75196
28	Siddipet	91438	12242	55704	1708	161092
29	Suryapet	104311	20143	86039	2108	212600
30	Vikarabad	27592	10294	9441	181	47508
31	Wanaparthy	34749	7227	26410	908	69294
32	Warangal	91915	16859	53723	5357	167854
33	Yadadri	34277	6015	23935	449	64676
	TOTAL	1959453	455121	1509798	75605	3999978

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2023-24 (Quantity in Metric Tonnes).						
Sl. No.	**District**	**Urea (MT)**	**DAP (MT)**	**Complex Fertilizers (MT)**	**MOP (MT)**	**Total (MT)**
1	Adilabad	55678	16060	47574	1933	121246
2	Bhadradri	57555	9456	53022	2376	122410
3	Hanamkonda	52403	8330	19312	2346	82392
4	Hyderabad	22304	19856	66702	8988	117851
5	Jagitial	73604	8037	23540	1061	106242
6	Jangoan	52709	7314	30794	3631	94449
7	Jayashankar	35540	2442	6892	490	45364
8	Jogulamba	36342	10259	80546	1752	128899
9	Kamareddy	86086	8022	43123	2327	139558
10	Karimnagar	118749	26156	133835	14954	293694
11	Khammam	110679	21660	104421	7979	244739
12	Komaram Bheem	35410	3482	9700	248	48840
13	Mahabubabad	72363	5246	23963	858	102429
14	Mahbubnagar	74475	23407	72105	3731	173719
15	Mancherial	47224	10087	47613	2740	107665
16	Medak	42338	3159	16077	823	62397
17	Medchal	44824	24319	122028	9325	200497
18	MULUGU	24290	4669	13515	1557	44030
19	Nagarkurnool	39551	8820	25245	1673	75289
20	Nalgonda	157901	22821	123734	8956	313413
21	Narayanpet	23322	7978	23140	946	55386
22	Nirmal	65970	8597	13069	467	88103
23	Nizamabad	167723	37369	124503	6306	335901
24	Peddapalli	71879	6292	39424	1473	119068
25	Rajanna	32825	1525	7282	573	42205
26	Rangareddy	43816	7717	32658	1734	85926
27	Sangareddy	45970	7771	16109	1055	70905
28	Siddipet	95678	10209	64256	3313	173456
29	Suryapet	106724	12396	74636	3158	196915
30	Vikarabad	29518	6993	6566	462	43539

31	Wanaparthy	36130	4263	18303	1798	60494
32	Warangal	108979	14706	70744	8119	202548
33	Yadadri	41245	4860	20406	1056	67567
	TOTAL	2109806	374278	1574840	108207	4167132

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2024-25 (Quantity in Metric Tonnes).

Sl. No.	District	Urea (MT)	DAP (MT)	Complex Fertilizers (MT)	MOP (MT)	Total (MT)
1	Adilabad	49737	15769	44422	1892	111820
2	Bhadradri	49556	9953	51559	2658	113726
3	Hanamkonda	32855	7184	16651	2050	58739
4	Hyderabad	20339	9567	42200	9687	81791
5	Jagitial	60996	8497	23921	1501	94915
6	Jangoan	34722	7115	24417	3698	69952
7	Jayashankar	22729	2487	8375	535	34127
8	Jogulamba	43289	8705	78290	3834	134118
9	Kamareddy	79935	8952	43445	3435	135767
10	Karimnagar	117218	23608	113717	21638	276181
11	Khammam	76384	24777	96916	8609	206687
12	Komaram Bheem Asifabad	34445	2700	10933	151	48229
13	Mahabubabad	49495	4793	28239	1329	83857
14	Mahbubnagar	49575	20602	66023	6153	142353
15	Mancherial	48262	8628	48291	2509	107690
16	Medak	36874	3170	17300	887	58231
17	Medchal	36898	17996	88733	9909	153536
18	MULUGU	23057	5470	14574	1089	44189
19	Nagarkurnool	33393	8577	26089	1900	69959
20	Nalgonda	128973	22726	122979	8535	283212
21	Narayanpet	16511	7676	24773	704	49663
22	Nirmal	60888	7747	14375	855	83864

23	Nizamabad	138694	31586	117799	6229	294307
24	Peddapalli	62750	6538	36115	2690	108092
25	Rajanna	25926	1484	7884	272	35566
26	Rangareddy	32264	8644	27906	1021	69834
27	Sangareddy	39560	9395	16918	870	66743
28	Siddipet	72411	10533	51127	3674	137744
29	Suryapet	84158	12563	74913	4941	176575
30	Vikarabad	24879	7990	7772	398	41038
31	Wanaparthy	33666	3634	22423	2081	61804
32	Warangal	88607	14180	68770	9633	181190
33	Yadadri	35984	4042	24197	1411	65634
	TOTAL	1745028	347288	1462045	126774	3681134

District-wise supplies of Urea, DAP, MOP and Complex Fertilizers in Telangana during 2025-26 (Quantity in Metric Tonnes).

Sl. No.	District	Urea (MT)	DAP (MT)	Complex Fertilizers (MT)	MOP (MT)	Total (MT)
1	Adilabad	45872	17091	51781	1815	116559
2	Bhadradri	53671	11488	57006	2458	124623
3	Hanamkonda	42390	6513	18146	2410	69459
4	Hyderabad	18422	17730	52372	9866	98391
5	Jagitial	61308	9161	28157	737	99363
6	Jangoan	49045	10531	30855	4144	94575
7	Jayashankar	29773	3545	8808	447	42573
8	Jogulamba	40454	14976	86385	2747	144562
9	Kamareddy	88474	15632	45760	2232	152097
10	Karimnagar	107785	35352	130614	18144	291895
11	Khammam	110607	33621	114163	10929	269320
	Komaram Bheem Asifabad	40244	3867	18857	93	63060

12						
13	Mahabubabad	69018	7683	29249	738	106688
14	Mahbubnagar	69663	21982	80866	6379	178890
15	Mancherial	45831	12874	51022	2375	112101
16	Medak	37215	4253	19216	410	61094
17	Medchal	40163	24853	107196	7366	179578
18	MULUGU	23402	6359	16025	1121	46906
19	Nagarkurnool	46891	10937	26201	1650	85679
20	Nalgonda	160550	31723	143682	8950	344905
21	Narayanpet	20654	9648	26183	667	57152
22	Nirmal	68083	10184	17142	289	95698
23	Nizamabad	154674	41746	132496	8571	337487
24	Peddapalli	53844	9018	39295	1422	103579
25	Rajanna	28644	2800	9549	225	41218
26	Rangareddy	37128	8719	37229	327	83402
27	Sangareddy	37735	12379	20840	699	71652
28	Siddipet	76345	16315	57115	2472	152247
29	Suryapet	110043	19459	87155	4440	221097
30	Vikarabad	28142	9732	9602	151	47626
31	Wanaparthy	37086	7139	23997	2491	70712
32	Warangal	99661	22167	78580	8770	209178
33	Yadadri	44060	6173	31099	971	82302
	TOTAL	1976877	475649	1686640	116503	4255670

योग और प्राकृतिक चिकित्सा के लिए शीर्ष अनुसंधान संस्थान की स्थापना

964. श्री संदिपनराव आसाराम भुमरे:

श्री ज्ञानेश्वर पाटील:

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

(क) महाराष्ट्र और मध्य प्रदेश में योग और प्राकृतिक चिकित्सा के लिए शीर्ष अनुसंधान संस्थान स्थापित करने के प्रस्ताव तथा उनकी अनुमानित लागत, संस्थागत संरचना और शासन ढांचे का ब्यौरा क्या है;

(ख) इसके प्रथम चरण में स्नातक और स्नातकोत्तर सीटों की प्रस्तावित संख्या कितनी है;

(ग) क्या महाराष्ट्र और मध्य प्रदेश की राज्य सरकारों से इन संस्थानों की स्थापना के लिए भूमि आवंटित करने का अनुरोध किया गया है;

(घ) यदि हां, तो भूमि आवंटन की वर्तमान स्थिति और संबंधित प्रशासनिक स्वीकृतियों सहित तत्संबंधी ब्यौरा क्या है; और

(ङ) महाराष्ट्र और मध्य प्रदेश में उच्च शिक्षा के अवसरों के विस्तार, अनुसंधान क्षमता को बढ़ाने तथा योग और प्राकृतिक चिकित्सा स्वास्थ्य सेवाओं तक जनता की पहुंच में सुधार के संदर्भ में इस पहल के अपेक्षित परिणामों का ब्यौरा क्या है?

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

(क) से (ङ): वर्तमान में, महाराष्ट्र और मध्य प्रदेश में योग और प्राकृतिक चिकित्सा के लिए एक शीर्ष अनुसंधान संस्थान स्थापित करने का मंत्रालय में कोई प्रस्ताव नहीं है।

DEVELOPMENT OF INLAND WATERWAYS

965. SHRIMATI MAHIMA KUMARI MEWAR:

SHRI VIJAY KUMAR DUBEY:

SHRI PRAVEEN PATEL:

CAPTAIN BRIJESH CHOWTA:

SHRI TAPIR GAO:

SHRI KRISHNA PRASAD TENNETI:

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

(a) whether the Government has made progress in the development of inland

waterways under the Jal Marg Vikas Project and National Waterways and if so, the details thereof;

(b) whether the Government has taken measures to promote coastal shipping, riverine transport and multimodal logistics and if so, the details thereof;

(c) the details of role of National Logistics Policy in reducing logistics costs and integrating ports with inland waterways;

(d) whether the Government has assessed the expected outcomes regarding decongestion of road and rail networks, environmental benefits and growth of the blue economy and if so, the details thereof;

(e) whether the Government has taken up any projects under the National Logistics Policy/inland waterways, multimodal logistics/coastal shipping/port connectivity in Andhra Pradesh; and

(f) if so, the details thereof, district-wise including Bapatla district along with their present status and expected economic benefits therefrom?

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

(a): Progress made in the development of inland waterways under the Jal Marg Vikas Project (JMVP) and National Waterways (NWs) is given at **Statement-I**.

(b): Infrastructure and policy measures taken by the Government for promotion of Inland Water Transport (IWT) on NWs, coastal shipping and multimodal logistics are given at **Statement-II**.

(c): The National Logistics Policy (NLP) aims to reduce logistics costs and

improve efficiency by promoting seamless multimodal transportation and integrated logistics planning. In the inland waterways sector, the policy supports the integration of ports with NWs through the development of multimodal terminals, last-mile connectivity, digital integration, and multimodal logistics parks. The Government is implementing infrastructure projects such as multimodal terminals, inter-modal terminals, Ro-Ro/Ro-Pax facilities, and navigational fairway development to facilitate seamless cargo movement between ports, inland waterways, railways, and road networks. These initiatives enhance modal shift from road to waterways, improve supply chain efficiency, and contribute to reduce overall logistics costs.

(d): IWT is an alternate mode of transport to the Rail and Road and it helps to reduce congestion in those areas wherever navigable waterways are available. Benefits for movement of per ton cargo by IWT in comparison to Road and Rail in terms of reduced cost and carbon emissions are given at **Statement-III**.

(e) and (f): Inland Waterways Authority of India (IWAI), an autonomous organisation under the Ministry of Ports, Shipping and Waterways has undertaken the development of fairway channel in Vijayawada–Muktyala stretch (82 km) of NW-4 in the year 2014. The construction work of IWT terminal facilities at Muktyala (NTR District) and Harischandrapuram (Guntur District) on River Krishna (NW-4) was awarded and the terminal at Muktyala has been completed. In addition, IWAI has also taken up the updation of Detailed Project Report (DPR) of NW-4 comprising of Kakinada–Puducherry Canal integrated with the Krishna and Godavari Rivers. The Commamuru

Canal, extending from Vijayawada (Prakasam Barrage) to Pedaganjam Lock (113 km) passes through Bapatla District, forms part of NW-4 and connects with the North Buckingham Canal towards Chennai.

Further, under Sagarmala Scheme, 9 projects worth Rs.1286 crore have been sanctioned related to Coastal Shipping and IWT, Port Connectivity, Coastal Community development and Port modernization in the state of Andhra Pradesh. The details of the projects and their status are given at **Statement-IV**. The expected economic benefits are logistics cost reduction and efficiency, employment and skill development, improved evacuation of agriculture and aquaculture produce etc.

STATEMENT-I

Progress of Inland Water Transport Projects/ Schemes on National Waterways:

Sl.	Name of Project	Sanctioned Amount (Rs. in Crore)	Progress as on 30.06.26 (in %)
1	JMVP-1 on NW-1 (Ganga River)	5061.15	81.97
2	JMVP-II (Arth Ganga) on NW-1 (Ganga River)		
3	8 Hybrid Electric Catamaran vessels	144	60.91
4	Comprehensive Development of NW-2 (Brahmaputra River)	639.92	99.96
5	Development of Approach Road from Pandu Port Terminal to NH-27 and Ship Repair Facility at Pandu, Guwahati on NW-2	419.00	96.84 (Approach Road completed)
6	Comprehensive Development of NW-16 (Barak River)	134.72	48.94
7	Development of 23 NW's (Phase-1) (3 existing and 20 new NW's) in various States		
(i)	NW-3-West Coast Canal (Kottapuram - Kollam),		

	Champakara and Udyogmandal Canals in Kerala	266.06	90.00
(ii)	Part of NW-4- Krishna River (Vijayawada – Muktyala) in Andhra Pradesh		
(iii)	NW-5- Dhamra-Paradip via Mangalagadi to Pankopal of Brahmani River in Odisha		
(iv)	NW-8 (Alappuzha-Changanassery Canal) in Kerala		
(v)	NW-9 (Alappuzha-Athirampuza Canal) in Kerala		
(vi)	NW-10 (Amba River) in Maharashtra		
(vii)	NW-27 (Cumberjua River) in Goa		
(viii)	NW-28 (Dabhol Creek Vashisthi River) in Maharashtra		
(ix)	NW-31 (Dhansiri / Chathe River) in Assam		
(x)	NW-37 (Gandak River) in U.P. and Bihar		
(xi)	NW-40 (Ghaghra River) in U.P. and Bihar		
(xii)	NW-44 (Ichamati River) in West Bengal		
(xiii)	NW-53 (Kalyan-Thane-Mumbai Waterway, Vasai Creek and Ulhas River System) in Maharashtra		
(xiv)	NW-57 (Kopili River -Banthai Gaon Tinali Bus Stop to Chandrapur No.2 confluence with Brahmaputra) in Assam,		
(xv)	NW-64 (Mahanadi River) in Odisha		
(xvi)	NW-68 (Mandovi River) in Goa		
(xvii)	NW-73 (Narmada River) in Gujarat		
(xviii)	NW-86- (Rupnarayan River) in West Bengal		
(xix)	NW-91 (Shastri River - Jaigad Creek System) in Maharashtra		
(xx)	NW-97 (Sundarbans Waterways) in West Bengal		
(xxi)	NW-100 (Tapi River) in Gujarat		
(xxii)	NW-110 (Yamuna River) in Delhi, Mathura and Vrindavan.		
(xxiii)	NW-111 (Zuari River) in Goa		
8	Other 11 National Waterways (NWs) namely; NW-26 (Chenab River), NW-49 (Jhelum River) and NW-84 (Ravi River) in Jammu and Kashmir; NW-46 (Indus River) in Laddhakh, NW-17 (Beas River) and NW-98 (Sutluj River) in Hiamachal Pradesh and Punjab; NW-51 (Kabini River), NW-52 (Kali River), NW-90	242.74	23.19

	(Sharavati River) and NW-105 (Udayavara River) in Karnataka and NW-14 (Baitrani River) in Odisha		
Total		**6907.59**	

STATEMENT-II

Infrastructure and policy measures taken by the Government for promotion of Inland Water Transport (IWT) on NWs, coastal shipping and multimodal logistics:

1. Infrastructure measures:

(i) 66 community jetties, 20 floating terminals, 3 Multi-Modal Terminals (MMT), 1 Inter-Modal Terminal (IMT) and 4 Ro-Pax terminals have been constructed on NW-1 in addition to 5 pre-existing permanent terminals.

(ii) 13 floating terminals provided on NW-2 along with MMTs at Pandu, Jogighopa and terminals at Bogibeel and Dhubri. Four dedicated Jetties for cruise vessels have been provided at Jogighopa, Pandu, Biswanath Ghat and Neamati. In addition to this, Jetties for cruise and passengers have been constructed at Sadiya, Lyka and Orium Ghat in Assam.

(iii) 2 existing terminals at Badarpur and Karimganj on NW-16 have been upgraded/ renovated and 1 terminal at Sonamura on Gumati river in Tripura on IBP route has been constructed.

(iv) 9 Permanent IWT terminals with godowns and 2 Ro-Ro/Ro-Pax terminals have been constructed on NW-3 in Kerala.

(v) 4 floating concrete jetties have been provided to Govt. of Goa and installed on NW-68.

(vi) 4 Tourist Jetties on NW-4 in Andhra Pradesh have been commissioned

and 8 Floating Jetties on NW-110 in Mathura-Vrindavan stretch in Uttar Pradesh, 2 Jetties on NW-73 and 2 Jetties on NW-37 in Bihar have been established.

(vii) A new Navigation Lock at Farakka has been constructed.

(viii) 2 Quick Pontoon Opening Mechanisms (QPOMs) have been constructed on NW-1 to facilitate smooth and faster movement of vessels.

(ix) Fairway maintenance works (river training, maintenance dredging, channel marking and regular hydrographic surveys) have been taken up in various National Waterways for providing a navigation channel of 35/45 m width and 2.0 / 2.2 / 2.5 / 3.0 m least available depth (LAD) for operation of vessels.

2. Policy Measures:

Jalvahak Scheme: A scheme for providing 35% incentive to promote the utilization of inland waterways transport sector by cargo owners and for scheduled service for cargo movement on NW-1 and NW-2 and NW-16 via IBP route by Inland and Coastal Shipping Limited (ICSL) has been approved by the Government. The scheme is implemented at a cost of INR 95.42 Crore for three years.

- **Tonnage tax:** An extension of the tonnage tax scheme to inland vessels registered under the Indian Vessels Act, 2021 was announced during the budget presented on 01.02.2025. Inland vessels operating on NWs, rivers, and canals, will be benefited. This move is expected to boost the industry's competitiveness and encourage more cargo owners to use inland waterways for transportation. A tonnage tax system is a special

taxation policy for shipping companies where tax is not based on actual profits but on the size (tonnage) of the vessel. It provides stable, predictable, and lower taxation for vessel owners, reducing their financial burden.

- **The National Waterways (Construction of Jetties / Terminals) Regulations 2025** has been notified, allowing private companies to invest and operate Inland Waterways infrastructure by providing a clear regulatory framework to attract private sector investment for facilitating the growth of inland waterways sector.
- **Jalyan and Navic** : To increase ease of doing business in the IWT sector, along the same lines as ‘vahan’ and ‘sarathi’, a central data base and portal has been developed for registration of vessels and crew all over the country. This will facilitate registration of vessels and crew digitally and would also provide accurate status on number of vessels and crew in the country and thus help in planning.
- **Cargo Aggregation** : The cargo movement on the waterways suffer from problems of multimodality because of lack of industries along the waterways. Therefore, projects for development of cargo aggregation hub – MMLP at Varanasi and Integrated Cluster- cum-Logistics Park, Sahibganj have been taken up. NHLML, a PSU under the Ministry of Road Transport and Highways has been engaged for development of these MMLPs. The work of Rail connectivity for three MMTs has been assigned to M/s Indian Port and Rail Company Ltd. (a PSU under

MoPSW).

- **IBP Route** : Indo Bangladesh Protocol route no. 5 and 6 between Maia and Sultanganj has been operationalized recently with successful trial movements.
- **Shift of cargo by PSUs**: For modal shift of cargo to waterways, more than 140 PSUs have been approached to plan their movement using IWT mode. They have been requested to outline their current status of cargo movement through the waterways and their plan for modal shift of cargo. Ministries of PNG, Co-operation, Fertiliser, Food and Public Distribution, Heavy industries, Steel and Coal have been requested to advise the PSUs under their jurisdiction to utilise IWT mode as far as possible and earmark certain percentage of their cargo for IWT mode keeping in line the MIV targets.
- **The Coastal Shipping Act, 2025** enacted to introduce a framework of regulation at par with up-to date domestic and international standards to promote the economic activity of coastal shipping. It also aims to reduce the compliance burden and accelerate ease of doing business in India by expanding the list of entities that can charter vessels in line with changing domestic policy and global best practices. The Act came into force w.e.f. 15.03.2026. Further, Union Budget 2026–27 has announced the launch of a Coastal Cargo Promotion Scheme to increase the share of Inland Waterways and Coastal Shipping from 6% to 12% by 2047.

STATEMENT-III

Benefits for movement of per ton cargo by IWT in comparison to Road and Rail

(i) Economic mode of Transport (at price level of 2014):

Mode	Freight (Rs/TKm)
Railways	1.36
Highways	2.50
IWT	1.06

Source: Railways- Ministry of Railways, Road- TTSS, IWT – IWAI

(ii) More environment friendly mode of transportation

Factor considered	Rates Considered (Rs/TKm)		
	Waterways	Road	Rail
Emission of GHGs	0.0006	0.0031	0.0006

Source: 12th Five Year Plan

(iii) Less polluting mode of transportation

Factors considered	Rates Considered (Rs./TKm)			Source
	Waterways	Road	Rail	
Air Pollution	0.03	0.202	0.0366	Planning Commission : TTS Study
Noise Pollution	Negligible	0.0032	0.0012	Permanent International Association of Navigation Congresses (PIANC)
Soil and Water Pollution	Negligible	0.005	Negligible	PIANC

STATEMENT-IV

List of Sagarmala- funded Projects in Andhra Pradesh

Sl. No.	Name of Project	Implementing Agency	Status	District	Project Cost (Rs. in crore)	MoPSW Share (Rs. in crore)
1	Construction of coastal Berth at Visakhapatnam port	Visakhapatnam Port Authority (VPA)	Completed	Visakhapatnam	43	30
2	Construction of grade separator from H-7 area to Port connectivity Road by passing Convent Junction - Visakhapatnam Port	National Highways Authority of India (NHAI)	Completed	Visakhapatnam	60	23.17
3	2 to 4 laning of port road connectivity to NH – 5 -Phase II	NHAI	Completed	Visakhapatnam	77.00	20.00
4	Centre of Excellence in Maritime and Shipbuilding - CEMS - AP-18 out of 24 Labs in Andhra Pradesh	Indian Register of Shipping (IRS)	Completed	Visakhapatnam	574.00	36.76

5	Coastal Districts Skill Development Program - Phase I - Andhra Pradesh	Ministry of Rural Development (DDU-GKY)	Completed	Multiple districts	0.14	0.14
6	Development of Fishing Harbour in Juvvaladinne in SPSR Nellore District, Andhra Pradesh	Andhra Pradesh Maritime Infrastructure Development Corporation (APMIDCL)	Completed	Nellore	288	69.14
7	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district, Andhra Pradesh	Andhra Pradesh Maritime Board	Completed	Kakinada	85.83	36.67
8	Modernisation of Visakhapatnam Fishing Harbour	VPA	Under Implementation	Visakhapatnam	178.51	50.00
9	Coastal Districts Skill Development Program - Phase 2 - Andhra Pradesh	Ministry of Rural Development (DDU-GKY)	Under Implementation	Multiple districts	5.98	5.98

ELIMINATION OF DOG-MEDIATED RABIES

966. SHRI NAVEEN JINDAL:

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

(a) whether the Government has launched the National Action Plan for Dog-Mediated RabiesElimination;

(b) if so, the salient features thereof; and

(c) the steps taken by the Government to check the incidence of deaths due to Zoonotic diseases such as rabies and to ensure availability of rabies and other vaccines?

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

(a) and (b): Under National Rabies Control Program (NRCP), the National Action Plan for Dog-Mediated Rabies Elimination (NAPRE) has been launched by the Ministry of Health and Family Welfare in collaboration with the Department of Animal Husbandry, and Dairying.The details of the NAPRE may be seen at the link below;

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

(c): The States/UTs have been advised to notify rabies as a notifiable disease and report rabies cases and deaths on the Integrated Disease Surveillance Program-Integrated Health Information Platform from time to time. The Government continuously reviews the implementation of the NRCP through periodic review meetings with States/UTs.

Further, advisories are issued from time to time to all States/UTs to

ensure the uninterrupted availability of Anti-Rabies Vaccine (ARV) and Rabies Immunoglobulin (RIG). Financial support for procurement of ARV and RIG is provided to the States/UTs under the National Free Drug Service Initiative of the National Health Mission.

नकली दवाएं

967. श्री संजय हरिभाऊ जाधव:

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

(क) सरकार द्वारा नकली दवाओं पर अंकुश लगाने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है;

(ख) नकली दवाओं के व्यापार की जांच करने के लिए विभिन्न राज्यों में, विशेषकर महाराष्ट्र में, कार्य कर रहे औषधि परीक्षण प्रयोगशालाओं की संख्या कितनी है;

(ग) पिछले तीन वर्षों के दौरान इन प्रयोगशालाओं द्वारा परीक्षण किए गए नमूनों की संख्या कितनी है और इन नमूनों में पाई गई नकली या घटिया दवाओं की संख्या कितनी है;

(घ) क्या सरकार का विचार नकली दवाओं के निर्माण और बिक्री में शामिल लोगों को सख्त सजा देने के लिए एक नया कानून लाने का है और यदि हां, तो तत्संबंधी विवरण क्या है; और

(ङ) दवाओं की बढ़ती ऑनलाइन बिक्री के मद्देनजर नकली दवाओं की आपूर्ति रोकने के लिए क्या किया जा रहा है और तत्संबंधी विवरण क्या है?

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

(क): देश में दवाओं का विनिर्माण, विक्रय और वितरण, ओषधि और प्रसाधन सामग्री अधिनियम, 1940 और उसके अंतर्गत नियमों के प्रावधानों के तहत लाइसेंसिंग और निरीक्षण की एक प्रणाली के माध्यम से विनियमित किए जाते हैं। दवाओं के विनिर्माण, बिक्री और वितरण के लिए लाइसेंस

संबंधित राज्य सरकारों द्वारा नियुक्त राज्य लाइसेंसिंग प्राधिकरणों (एसएलए) द्वारा प्रदान किए जाते हैं।

केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) और स्वास्थ्य और परिवार कल्याण मंत्रालय ने देश भर में सुरक्षित, कारगर और गुणवत्तापूर्ण दवाओं के आयात और विनिर्माण को सुनिश्चित करने के लिए निम्नलिखित नियामक उपाय किए हैं:

(i) सभी राज्य/संघ राज्य क्षेत्रों के स्वास्थ्य विभागों और स्वास्थ्य सुविधाकेंद्रों को दिनांक 03.10.2025 को बाल चिकित्सा के संबंध में कफ सिरप का विवेकपूर्ण उपयोग सुनिश्चित करने के लिए परामर्शी जारी की गई है। और यह भी, औषधि नियंत्रक (भारत) ने दिनांक 07.10.2025 को सभी राज्य/संघ राज्य क्षेत्रों के औषधि नियंत्रकों को औषधि नियम, 1945 के तहत परीक्षण अपेक्षाओं का कड़ाई से अनुपालन सुनिश्चित करने का निर्देश दिया और दिनांक 27.10.2025 को ओषधि और प्रसाधन सामग्री अधिनियम, 1940 के तहत उन्हें नकली और घटिया दवाओं के खिलाफ कड़ी निगरानी रखने और त्वरित कार्रवाई करने का निर्देश दिया।

(ii) देश में औषधि विनिर्माण परिसरों के विनियामक अनुपालन का आकलन करने के लिए, सीडीएससीओ ने राज्य औषधि नियंत्रकों (एसडीसी) के साथ मिलकर दिसंबर, 2022 से 1040 से अधिक परिसरों का जोखिम-आधारित निरीक्षण किया है और निष्कर्षों के आधार पर, राज्य लाइसेंसिंग प्राधिकरणों द्वारा कारण बताओ नोटिस, उत्पादन रोकने का आदेश, निलंबन, लाइसेंस/उत्पाद लाइसेंस रद्द करना, चेतावनी पत्र जारी करने जैसी 950 से अधिक कार्रवाइयां की गई हैं।

(iii) और यह भी, राज्य के प्राधिकारियों के समन्वय से 1100 से अधिक कफ सिरप विनिर्माताओं और 420 रक्त केंद्रों की गहन संपरीक्षा की गई है। केंद्रीय और राज्य औषधि विनियामकों द्वारा सिरप फॉर्मूलेशन की बाजार निगरानी करके नमूने लेने की संख्या भी बढ़ाई गई है।

(iv) केंद्र सरकार ने औषधि नियम 1945 में सा.का.नि. 922 (अ) दिनांक 28.12.2023 के माध्यम से औषधि उत्पादों के लिए उत्तम विनिर्माण प्रथाओं तथा परिसर, संयंत्र और उपकरण की

अपेक्षाओं से संबंधित अनुसूची 'एम' का संशोधन किया है। संशोधित अनुसूची 'एम' दिनांक 29.06.2024 से 250 करोड़ रुपये से अधिक के कारोबार वाले औषधि विनिर्माताओं के लिए और दिनांक 01.01.2026 से 250 करोड़ रुपये से कम के कारोबार वाले विनिर्माताओं के लिए प्रभावी हो गई है।

(v) फरवरी, 2024 में सीडीएससीओ ने केंद्रीय और राज्य औषधि निरीक्षकों द्वारा दवाओं, प्रसाधन सामग्री और चिकित्सा उपकरणों के नमूने लेने संबंधी नियामक दिशानिर्देश प्रकाशित किए। ये दिशानिर्देश एक समान औषधि नमूना-चयन पद्धति के माध्यम से बाजार में उपलब्ध उत्पादों की गुणवत्ता और प्रभावकारिता सुनिश्चित करने के लिए एक संरचित दृष्टिकोण प्रदान करते हैं।

(vi) सीडीएससीओ की औषधि परीक्षण प्रयोगशालाओं को एकीकृत करने के लिए सितंबर, 2023 से एक ऑनलाइन पोर्टल, सुगम लैब्स कार्यशील है। यह चिकित्सा उत्पादों (दवाओं, टीके, प्रसाधन सामग्री और चिकित्सा उपकरण) के परीक्षण की संपूर्ण कार्यगति को स्वचालित करता है, ताकि गुणवत्ता विनिर्देशों का पालन हो और प्रयोगशालाओं में परीक्षण की स्थिति का पता लगाया जा सके।

(vii) औषधि नियम, 1945 में वर्ष 2023 में संशोधन अनुसूची एच2 में सूचीबद्ध शीर्ष 300 औषधि विनिर्माण ब्रांडों के विनिर्माताओं के लिए प्राथमिक पैकेजिंग लेबल पर या अपर्याप्त स्थान होने पर द्वितीयक लेबल पर, प्रमाणीकरण के लिए सॉफ़्टवेयर एप्लीकेशन के माध्यम से पठनीय डेटा संगृहीत करने हेतु एक बार कोड या क्यूआर कोड मुद्रित करना या चिपकाना अनिवार्य किया गया है। इसी प्रकार, नियमों में प्रत्येक सक्रिय फार्मास्युटिकल घटक (थोक औषधि), चाहे विनिर्मित हो या आयातित, के पैकेजिंग के प्रत्येक स्तर पर एक क्यूआर कोड होना अनिवार्य है, जिसमें ट्रैकिंग और ट्रेसिंग को सुगम बनाने के लिए सॉफ़्टवेयर एप्लीकेशन के माध्यम से पठनीय डेटा हो, के लिए भी संशोधन किया गया है।

(viii) केंद्रीय नियामक राज्य औषधि नियंत्रण संगठनों के कार्यकलापों का समन्वय करता है और औषधि और प्रसाधन सामग्री अधिनियम को लागू करने में एकरूपता के लिए राज्य औषधि

नियंत्रकों के साथ आयोजित औषधि परामर्श समिति (डीसीसी) की बैठकों के माध्यम से विशेषज्ञ सलाह प्रदान करता है।

(ix). केंद्र सरकार सीडीएससीओ और राज्य औषधि नियामक प्राधिकरणों के अधिकारियों को उत्तम विनिर्माण प्रथाओं संबंधी नियमित आवासीय, क्षेत्रीय प्रशिक्षण और कार्यशालाएं प्रदान कर रही है। वित्त वर्ष 2023-24 में सीडीएससीओ ने 22854 व्यक्तियों को प्रशिक्षित किया है, जबकि वित्त वर्ष 2024-25 में 20551 व्यक्तियों को प्रशिक्षित किया गया है।

(ख): उपलब्ध सूचना के अनुसार, देश के विभिन्न राज्यों/संघ राज्य क्षेत्रों में 80 औषधि परीक्षण प्रयोगशालाएं सहित महाराष्ट्र में 8 कार्यशील हैं।

(ग) से (ङ): फरवरी 2024 में, सीडीएससीओ ने केंद्रीय और राज्य औषधि निरीक्षकों द्वारा दवाओं, प्रसाधन सामग्री और चिकित्सा उपकरणों के नमूने लेने संबंधी नियामक दिशानिर्देश प्रकाशित किए। ये दिशानिर्देश एक समान दवा नमूना-चयन पद्धति के माध्यम से बाजार में उपलब्ध उत्पादों की गुणवत्ता और प्रभावकारिता सुनिश्चित करने के लिए एक संरचित दृष्टिकोण प्रदान करते हैं।

विभिन्न राज्य/संघ राज्य क्षेत्रों के औषधि नियंत्रकों (एसडीसी) से प्राप्त जानकारी के अनुसार, पिछले पाँच वर्षों के दौरान राज्य/संघ राज्य क्षेत्रों के औषधि नियंत्रकों द्वारा मानक गुणवत्ता का नहीं/नकली/मिलावटी रिपोर्ट किए गए औषधि नमूनों की संख्या निम्नलिखित है:

वित्त वर्ष	**जांचे गए औषधियों के नमूनों की संख्या**	**अवमानक गुणवत्ता की औषधियों के नमूनों की संख्या**	**नकली/मिलावटी घोषित किए गए औषधियों के नमूनों की संख्या**
2023-24	1,06,150	2,988	282
2024-25	1,16,323	3,104	245
2025-26	1,41,322	3,012	283

ओषधि और प्रसाधन सामग्री अधिनियम, 1940 में उक्त अधिनियम और नियमों के विभिन्न प्रावधानों के उल्लंघन पर दंड के प्रावधान हैं। इस अधिनियम में दवा और प्रसाधन सामग्री (संशोधन) अधिनियम, 2008 के माध्यम से संशोधन कर नकली और मिलावटी दवाओं के

विनिर्माण के लिए अधिक कठोर दंड का प्रावधान किया गया है। कुछ अपराधों को संज्ञेय और गैर-जमानती भी बना दिया गया है।

योग हेतु राष्ट्रीय स्तर के अनुसंधान एवं प्रशिक्षण संस्थान की स्थापना

968. श्री दर्शन सिंह चौधरी:

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

(क) क्या होशंगाबाद-नरसिंहपुर संसदीय क्षेत्र में योग, प्राकृतिक चिकित्सा और समग्र स्वास्थ्य सेवाओं के क्षेत्र में राष्ट्रीय स्तर के अनुसंधान और प्रशिक्षण संस्थान की स्थापना के लिए पर्याप्त संभावनाएं मौजूद हैं;

(ख) क्या उक्त संसदीय क्षेत्र में योग और प्राकृतिक चिकित्सा के एक उत्कृष्ट अनुसंधान संस्थान (उत्कृष्टता केंद्र/राष्ट्रीय संस्थान) स्थापित करने हेतु सरकार को कोई प्रस्ताव प्राप्त हुआ है या ऐसा कोई प्रस्ताव सरकार के विचाराधीन है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार इस संस्थान में अनुसंधान, नैदानिक सेवाओं, शिक्षा, प्रशिक्षण, पंचकर्म, प्राकृतिक चिकित्सा, योग थेरेपी और जन जागरूकता कार्यक्रमों के संचालन के लिए आवश्यक वित्तीय और तकनीकी सहायता प्रदान करने पर विचार कर रही है;

(घ) यदि हां, तो प्रस्तावित कार्य योजना, अनुमानित लागत, समय-सीमा और अपेक्षित लाभों सहित तत्संबंधी ब्यौरा क्या है; और

(ङ) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) और (ख): वर्तमान में, होशंगाबाद-नरसिंहपुर संसदीय निर्वाचन क्षेत्र में योग, प्राकृतिक चिकित्सा और समग्र स्वास्थ्य सेवाओं के क्षेत्र में कोई राष्ट्रीय स्तर का अनुसंधान और प्रशिक्षण संस्थान नहीं है और उक्त संसदीय निर्वाचन क्षेत्र में योग और प्राकृतिक चिकित्सा के लिए एक

प्रमुख अनुसंधान संस्थान (उत्कृष्टता केन्द्र/राष्ट्रीय संस्थान) की स्थापना के लिए आयुष मंत्रालय में कोई प्रस्ताव प्राप्त नहीं हुआ है।

(ग) से (ङ): उपर्युक्त बिन्दु (क) और (ख) को ध्यान में रखते हुए प्रश्न नहीं उठता।

IMPACT OF MISSION SHAKTI SCHEME

969. SHRIMATI RACHNA BANERJEE:

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

(a) whether the Government has undertaken any assessment of the implementation/impact of the Mission Shakti Scheme during the last two years, State/UT-wise, if so, the details thereof, State/UT-wise;

(b) the details of funds allocated, released/utilised under the said scheme, State-wise;

(c) whether any new measures are proposed to strengthen women's safety, rehabilitation and economic empowerment; and

(d) if so, the details thereof?

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

(a) to (d): The Government gives utmost priority to the safety, security, rehabilitation and empowerment of women in the country. Government has adopted multi-pronged approach to address the needs of women on a life-cycle continuum basis for their educational, social, economic and political empowerment so that they become equal partners in fast paced and

sustainable national development. This vision of ‘Women led development’ is essential for realising the goal of a developed India, or ‘Viksit Bharat’ by 2047. Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals 'sambal' for safety and security of women and 'Samarthya' for empowerment of women across the country.

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

1. **One Stop Centre (OSC)** provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women across the country. As on date, 985 One Stop Centres have been made operational across the country and since inception, i.e. 1st April, 2015 to 30th June, 2026, over 15.80 lakh women have been assisted in the country.
2. **Women Helpline (WHL-181)** provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. Since inception, i.e. 1st April, 2015 upto 30th June, 2026, WHLs have assisted over 1.04 crore women in the country.
3. **Beti Bachao Beti Padhao** helps to address Child Sex Ratio (CSR) and

related issues of empowerment of girls and women. The scheme tries to create mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering various stakeholders. In the 15th Finance Commission Period, BBBP as a component under the SAMBAL vertical of Mission Shakti, has been expanded to cover all the districts of the country through multi-sectoral interventions encouraging greater spend on activities that have on ground impact. BBBP has transformed from a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, media, civil society, and the public at large.

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

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

1. **Pradhan Mantri Matru Vandana Yojana (PMMVY)** is a centrally sponsored scheme implemented by States/UTs across the country (except Telangana) w.e.f. 01.01.2017. The PMMVY is a Centrally

Sponsored Maternity Benefit Scheme under which cash incentives of ₹5,000/- is provided directly to the Bank/Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for first child. The eligible beneficiaries receive the remaining cash incentive, as per approved norms towards maternity benefit under Janani Suraksha Yojana after institutional delivery, so that on an average a woman gets ₹6,000/-. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child subject to the second child being a girl.

2. **Shakti Sadan-** Under the overarching 'Mission Shakti', erstwhile schemes of 'Swadhar Greh' for women in difficult circumstances and 'Ujjawala Home' for Prevention of Trafficking, have been merged w. e. f. 01.04.2022 and known as 'Shakti Sadan Scheme', which is an Integrated Relief and Rehabilitation Home-for women in distressful situations including trafficked women. It aims at creating a safe and enabling environment for the women in such difficult situations, to enable them to overcome the adverse circumstances.

   The States/UTs assess their requirement as per local needs and proposals are approved by the Programme Approval Board (PAB) after discussion with States/UTs. Under the Scheme, financial assistance is provided for running of Shakti Sadan in rented premises. Presently, 433 Shakti Sadans are functional benefiting about 11,306 women across the country.

3. **Sakhi Niwas-** The Sakhi Niwas Scheme (Working Women Hostel) is a demand driven centrally sponsored scheme, under which funds are released directly to the States/UTs for implementation of the scheme and aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and even rural areas where employment opportunity for women exist.
4. **Palna-** Palna Scheme is implemented with the aim of expanding the outreach of crèches to ensure that women everywhere have the opportunity to work and do not drop out from workforce because of care responsibilities. Palna aims to provide day-care crèche facilities to the children (06 months – 06 years).
5. **SANKALP: Hub for Empowerment of Women (HEW)-** The SANKALP: HEW (Hub for Empowerment of Women) functions as a Project Monitoring Unit (PMU) for all components of Mission Shakti. It serves as a single window system to bridge the information and knowledge gap regarding schemes and facilities available for women as well as guide them to avail the benefits and entitlements.

Once in a year, the Programme Approval Board (PAB) monitors with States and UTs the progress of activities under the scheme and reviews status of achievement of objectives, effective delivery of services to women and children. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time.

Two third party evaluations of the schemes of the Ministry, including the Mission Shakti Umbrella Scheme have been conducted in 2020 and again in 2025 through NITI Aayog. The studies have found the relevance, effectiveness and sustainability of the scheme as satisfactory.

Mission Shakti is a Centrally Sponsored Scheme and overall implementation of the Scheme lies with the State Government and UT Administration. Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS). The State-wise details of funds released under Mission Shakti are at **Statement.**

STATEMENT

Details of State-wise and year-wise funds released under Mission Shakti during the last 2 years i.e., FY 2024-25 and 2025-26

One Stop Centre (OSC)

(Rupees in Lakhs)

S. No.	State/UT	FY 2024-25	FY 2025-26
1	Andaman and Nicobar Island	0.00	0.00
2	Andhra Pradesh	189.07	1207.87
3	Arunachal Pradesh	757.4	486.46
4	Assam	282.76	976.54
5	Bihar	0.00	700.47
6	Chandigarh	19.04	19.05
7	Chhattisgarh	945.91	1016.39
8	DNHDD	57.14	0.00
9	Delhi	314.29	663.02
10	Goa	54.89	93.43
11	Gujarat	857.38	1096.75

12	Haryana	419.06	299.45
13	Himachal Pradesh	47.22	377.05
14	Jammu and Kashmir	470.88	638.29
15	Jharkhand	0.00	341.13
16	Karnataka	921.81	1407.57
17	Kerala	400.01	590.63
18	Ladakh-UT	38.1	38.10
19	Lakshadweep^	0.00	0.00
20	Madhya Pradesh	2225.83	1105.70
21	Maharashtra	0.00	249.10
22	Manipur	304.77	300.00
23	Meghalaya	228.58	556.14
24	Mizoram	563.26	570.24
25	Nagaland	647.55	323.82
26	Odisha	818.62	1313.81
27	Puducherry	0.00	40.81
28	Punjab	438.10	423.65
29	Rajasthan	752.03	1141.76
30	Sikkim	114.29	124.05
31	Tamil Nadu	1059.64	1831.83
32	Telangana	256.42	777.37
33	Tripura	0.00	140.15
34	Uttar Pradesh	1801.43	1777.12
35	Uttarakhand	53.8	417.39
36	West Bengal	641.93	291.57

^ In Lakshadweep, women are assisted through ERSS-112

Funds could not be released in Andaman and Nicobar in FY 2024-25 and 2025-26 due to availability of the funds in SNA Account as per SNA norms.

Note-2:- 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).

Women Helpline (WHL)

(Rupees in Lakhs)

S. No	State /UT	FY 2024-25	FY 2025-26
1	Andaman and Nicobar Islands	55.20	25.5
2	Andhra Pradesh	0.00	53.1
3	Arunachal Pradesh	27.60	25.5
4	Assam	41.40	53.1
5	Bihar	37.80	53.45
6	Chandigarh	27.60	25.5
7	Chhattisgarh	26.69	26.73
8	Dadra and Nagar Haveli and Daman and Diu	27.60	0.00
9	Delhi	41.40	28.43
10	Goa	27.60	25.82
11	Gujarat	37.80	75.6
12	Haryana	27.60	25.55
13	Himachal Pradesh	27.60	42.94
14	Jammu and Kashmir-UT	0.00	0.407
15	Jharkhand	13.80	122.6
16	Karnataka	16.60	68.84
17	Kerala	27.60	53.1
18	Ladakh-UT	13.80	0.00
19	Lakshadweep	0.00	0.00
20	Madhya Pradesh	56.70	66.64
21	Maharashtra	37.80	13.83
22	Manipur	27.60	25.5
23	Meghalaya	31.81	53.1
24	Mizoram	41.40	90.1
25	Nagaland	69.00	35.5
26	Odisha	27.60	18.21
27	Puducherry	0.00	1.356
28	Punjab	0.00	46.44
29	Rajasthan	56.70	64.99
30	Sikkim	41.40	52.97
31	Tamil Nadu	2.24	37.8

32	Telangana	0.00	47.94
33	Tripura	0.00	27.42
34	Uttar Pradesh	75.60	67.75
35	Uttarakhand	9.81	45.93
36	West Bengal	0.00	0.00

In Lakshadweep, women are assisted through ERSS-112

West Bengal is in the process of implementing the scheme of WHL

Note:-Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

Beti Bachao Beti Padhao (BBBP)

(Rupees in Lakhs)

S.No.	State/UT	FY 2024-25	FY 2025-26
1	Andaman and Nicobar Island^	0.00	0.00
2	Andhra Pradesh	365.0	573.10
3	Arunachal Pradesh	0.00	399.08
4	Assam	485.0	477.37
5	Bihar	322.5	594.16
6	Chhattisgarh	29.06	566.12
7	Goa	0.00	29.16
8	Gujarat	0.00	524.95
9	Haryana	1.39	279.04
10	Himachal Pradesh	0.00	261.77
11	JandK	305.0	250.67
12	Jharkhand	0.00	328.84
13	Karnataka	0.00	426.57
14	Kerala	165.0	153.32
15	Madhya Pradesh	0.00	649.58
16	Maharashtra	265.0	40.88
17	Manipur	215.0	50.00
18	Meghalaya	262.5	344.29

19	Mizoram	140.0	280.00
20	Nagaland	529.85	190.00
21	Odisha	0.00	408.45
22	Punjab	0.00	354.40
23	Rajasthan	7.32	563.15
24	Sikkim	0.00	68.40
25	Tamil Nadu	0.00	1,090.53
26	Telangana	83.62	448.51
27	Tripura	0.00	93.96
28	Uttar Pradesh	0.00	1,138.08
29	Uttarakhand	43.49	325.72
30	Chandigarh	15	7.50
31	Dadra Nagar Haveli and Daman and Diu	57.65	0.00
32	NCT DELHI	0.00	28.22
33	Lakshadweep^	0.00	0.00
34	Puducherry	0.00	52.72
35	Ladakh	20	0.00
36	West Bengal	0.00	0.00

West Bengal is in the process of implementing the scheme of BBBP

^Funds could not be released in Lakshadweep and Andaman and Nicobar Island in FY 2024-25 and 2025-26 due to availability of the funds in SNA Account as per SNA norms.

Note-2:- 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).

Nari Adalat

(Rupees in Lakhs)

State/UT	FY 2025-26
Andaman and Nicobar Islands	2.16
Assam#	7.37
Bihar	0.39
Dadra and Nagar Haveli and Daman and Diu	2.16
JandK#	21.58
Kerala	0.01
Nagaland	2.67
Sikkim	0.79
Uttar Pradesh	0.60

#Nari Adalat was piloted in the State of Assam and UT of Jammu and Kashmir from FY 2022-23. An amount of Rs. 21 lakh was released in FY 2023-24 to the State of Assam and a total amount of Rs. 30 lakh was released to the UT of Jammu and Kashmir in FY 2023-24 and FY 2024-25.

Nari Adalat piloted in the rest of the above States and UTs from FY 2025-26.

Note:- Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

PMMVY

(Rupees in Crores)

Sl. No.	State/UT	FY 2024-25	FY 2025-26
1	Andaman and Nicobar Islands	0.33	0.68
2	Andhra Pradesh	44.96	22.85
3	Arunachal Pradesh	1.98	0.82
4	Assam	77.07	14.68
5	Bihar	141.53	201.67
6	Chandigarh	NIL	NIL
7	Chhattisgarh	68.72	71.58
8	Dadra and Nagar Haveli and	2.44	2.15

	Daman and Diu		
9	Goa	1.86	0.44
10	Gujarat	72.48	51.33
11	Haryana	33.3	25.43
12	Himachal Pradesh	26.85	16.24
13	Jammu and Kashmir	41.9	22.12
14	Jharkhand	39.31	48.44
15	Karnataka	159.96	54.78
16	Kerala	NIL	63.48
17	Ladakh	0.62	1.23
18	Lakshadweep	0.27	0.5
19	Madhya Pradesh	257	110.52
20	Maharashtra	141.17	152.14
21	Manipur	NIL	12.76
22	Meghalaya	3.45	7.18
23	Mizoram	2.55	2.53
24	Nagaland	4.18	3.39
25	NCT of Delhi	20.08	NIL
26	Odisha	43.48	9.25
27	Puducherry	1.76	1.73
28	Punjab	32.03	27.56
29	Rajasthan	98.17	93
30	Sikkim	NIL	2.36
31	Tamil Nadu	95.62	109.58
32	Telangana	0.00	0.00
33	Tripura	5.42	11.75
34	Uttar Pradesh	NIL	0
35	Uttarakhand	26.41	37.09
36	West Bengal	NIL	NIL

Telangana is in the process of onboarding on PMMVY portal.

Funds not released to State due to availability of adequate funds in SNA account.

Shakti Sadan

(Rupees in Lakhs)

S. No.	State/UT	FY 2024-25	FY 2025-26
1.	Andaman and Nicobar	0.00	0.00

	Island		
2.	Andhra Pradesh	0.00	600.00
3.	Arunachal Pradesh	0.00	49.99
4.	Assam	1171.84	200.00
5.	Bihar	302.90	69.41
6.	Chandigarh	10.91	10.23
7.	Chhattisgarh	34.33	115.71
8.	Dadra and Nagar Haveli and Daman and Diu	0.00	0.00
9.	Delhi	18.24	13.10
10.	Goa	0.00	9.75
11.	Gujarat	0.00	0.00
12.	Haryana	0.00	0.00
13.	Himachal Pradesh	47.45	36.34
14.	Jammu and Kashmir	235.71	18.10
15.	Jharkhand	4.77	6.47
16.	Karnataka	120.62	759.91
17.	Kerala	420.49	84.49
18.	Ladakh	0.00	0.00
19.	Lakshadweep	0.00	0.00
20.	Madhya Pradesh	0.00	149.02
21.	Maharashtra	1016.77	500.00
22.	Manipur	1993.58	1070.00
23.	Meghalaya	89.58	24.79
24.	Mizoram	0.00	300.00
25.	Nagaland	328.36	50.00
26.	Odisha	490.33	970.44
27.	Puducherry	0.00	18.71
28.	Punjab	1.66	25.00
29.	Rajasthan	10.08	147.25
30.	Sikkim	15.64	23.99
31.	Tamil Nadu	1153.51	1300.00
32.	Telangana	229.60	1146.53
33.	Tripura	17.37	92.98
34.	Uttar Pradesh	784.02	418.49
35.	Uttarakhand	0.00	28.26

36.	West Bengal	0.00	500.00

No Shakti Sadan is functional

Sakhi Niwas

(Rupees in Lakhs)

S. No.	States/UTs	FY 2024-25	2025-26
1	A & N Islands	0.00	0.00
2	Andhra Pradesh	0.00	38.28
3	Arunachal Pradesh	147.02	9
4	Assam	54.84	78.25
5	Bihar	90	0.47
6	Chandigarh	0.00	35
7	Chhattisgarh	4.98	70.13
8	Dadra, Nagar Haveli, DandD	0.00	0.00
9	Delhi	3.02	0.00
10	Goa	0.00	0.00
11	Gujarat	0.00	0.00
12	Haryana	0.00	0.00
13	Himachal Pradesh	4.65	28.54
14	Jammu and Kashmir	37.24	5.83
15	Jharkhand	0.00	0.00
16	Karnataka	0.00	0.00
17	Kerala	102.12	92.5
18	Ladakh	0.00	0.00
19	Lakshadweep	0.00	0.00
20	Madhya Pradesh	0.00	11.54
21	Maharashtra	25.55	66.28
22	Manipur	81.55	62.5
23	Meghalaya	0.00	49.97
24	Mizoram	49.67	25
25	Nagaland	27.87	0.00
26	Odisha	24.99	39.49
27	Puducherry	0.00	0.8

28	Punjab	0.00	1.004
29	Rajasthan	0.00	0.00
30	Sikkim	12.14	3.25
31	Tamil Nadu	108.31	45
32	Telangana	0.00	11.77
33	Tripura	0.00	13.12
34	Uttarakhand	0.00	0.00
35	Uttar Pradesh	39.71	4.84
36	West Bengal	0.00	0.00

Funds not released due to non-functional Sakhi Niwas, non-compliance of SNA norms, no demand of funds and non-receipt of UC/SoE.

Palna

(Rupees in Lakhs)

S.No.	States/UTs	FY 2024-25	FY 2025-26
1	Andaman and Nicobar Islands	0.00	0.00
2	Andhra Pradesh	0.00	0.00
3	Arunachal Pradesh	86.80	0.00
4	Assam	0.00	0.18
5	Bihar	0.17	39.02
6	Chandigarh	423.80	474.70
7	Chhattisgarh	6.93	211.61
8	Dadra and Nagar Haveli and Daman and Diu	65.32	0.00
9	Delhi	0.00	166.75
10	Goa	0.00	2.09
11	Gujarat	0.00	0.00
12	Haryana	99.94	145.60
13	Himachal Pradesh	267.46	117.71
14	Jammu and Kashmir	322.86	73.97
15	Jharkhand	0.00	16.74
16	Karnataka	56.12	78.14
17	Kerala	0.00	264.68
18	Ladakh	0.00	8.00

19	Lakshadweep	0.00	0.00
20	Madhya Pradesh	0.00	0.00
21	Maharashtra	0.00	0.01
22	Manipur	0.00	0.00
23	Meghalaya	0.00	99.97
24	Mizoram	591.95	520.56
25	Nagaland	202.27	269.37
26	Odisha	0.00	50.40
27	Puducherry	0.00	2.63
28	Punjab	161.95	151.72
29	Rajasthan	0.00	0.00
30	Sikkim	0.00	12.13
31	Tamil Nadu	587.88	214.31
32	Telangana	979.80	1.22
33	Tripura	663.11	96.23
34	Uttar Pradesh	0.00	0.00
35	Uttarakhand	1.01	108.02
36.	West Bengal	0.00	0.00

No AWCC is functional.

SANKALP: HEW

(Rupees in Lakhs)

Sl. No.	States/ UTs	FY 2024-25	FY 2025-26
1.	Andaman and Nicobar Islands	0.00	74.70
2.	Andhra Pradesh	0.00	55.42
3.	Arunachal Pradesh	0.00	154.13
4.	Assam	121.40	964.52
5.	Bihar	312.54	415.79
6.	Chandigarh	0.00	43.80
7.	Chhattisgarh	35.92	415.46
8.	Dadra Nagar Haveli and Daman and Diu	74.70	69.87
9.	Delhi	198.29	46.57
10.	Goa	0.00	6.87
11.	Gujarat	95.36	567.72
12.	Haryana	0.25	91.61

13.	Himachal Pradesh	118.63	309.38
14.	Jammu and Kashmir	317.12	367.55
15.	Jharkhand	1.38	100.57
16.	Karnataka	381.84	456.09
17.	Kerala	0.00	219.57
18.	Ladakh	59.25	109.52
19.	Lakshadweep	0.00	0.00
20.	Madhya Pradesh	0.00	215.16
21.	Maharashtra	0.00	38.35
22.	Manipur#	0.00	0.00
23.	Meghalaya	67.87	458.98
24.	Mizoram	317.79	324.41
25.	Nagaland	432.92	150.77
26.	Odisha	0.00	514.96
27.	Puducherry	54.09	34.12
28.	Punjab	0.09	125.17
29.	Rajasthan	0.00	518.50
30.	Sikkim	106.18	130.99
31.	Tamil Nadu	11.27	676.31
32.	Telangana	54.37	467.50
33.	Tripura	136.84	78.12
34.	Uttar Pradesh	779.76	244.83
35.	Uttarakhand	58.08	365.83
36.	West Bengal	0.00	0.00

West Bengal is in the process of implementing the scheme of SANKALP: HEW

Funds could not be released in Lakshadweep in FY 2024-25 and 2025-26 due to availability of the funds in SNA Account as per SNA norms.

 # 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). However, the State has not raised bill on SNA SPARSH

एम्स में रिक्तियां

970. श्री मुरारी लाल मीना:

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

(क) क्या देश के विभिन्न अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) में बड़ी संख्या में स्वीकृत संकाय (फैकल्टी) और गैर-संकाय (नॉन-फैकल्टी) पद रिक्त पड़े हैं और यदि हां, तो संस्थान-वार स्वीकृत, भरे गए और रिक्त पदों का ब्यौरा क्या है;

(ख) क्या एम्स, नई दिल्ली में भी संकाय और गैर-संकाय पदों पर काफी रिक्तियां हैं और यदि हां, तो इन रिक्तियों के कारण चिकित्सीय परीक्षण और उपचार कराने वाले मरीजों के लंबे प्रतीक्षा समय, चिकित्सा शिक्षा तथा अस्पताल प्रशासन पर क्या प्रभाव पड़ रहा है;

(ग) पिछले तीन वर्षों के दौरान विभिन्न एम्स संस्थानों में की गई नियुक्तियों की संख्या कितनी है और इसके साथ ही वर्तमान रिक्तियों को भरने के लिए सरकार द्वारा क्या कार्रवाई की गई है; और

(घ) क्या सरकार सभी एम्स संस्थानों में समयबद्ध भर्ती, विशेषज्ञ डॉक्टरों की उपलब्धता और मरीजों के लिए समय पर निदान तथा उपचार सुनिश्चित करने के लिए एक विशेष कार्य योजना लागू करने जा रही 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): पिछले तीन वर्षों और वर्तमान वर्ष के दौरान विभिन्न कार्यशील अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) में स्वीकृत, भरे गए और रिक्त संकाय एवं गैर-संकाय पदों का ब्यौरा **विवरण** में दिया गया है।

पदों का सृजन और भर्ती एक सतत और गतिशील प्रक्रिया है। रिक्त संकाय/गैर-संकाय पदों की भर्ती विभिन्न कारकों पर निर्भर करती है, जिनमें उपयुक्त/योग्य/पात्र चिकित्सकों/स्वास्थ्य पेशेवरों की उपलब्धता, आरक्षण रोस्टर, संस्थान का स्थान आदि शामिल हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा विभिन्न एम्स में रिक्त स्वीकृत पदों को शीघ्रता से भरने के लिए निम्नलिखित विशेष

उपाय किए गए हैं:

(i) संकाय आदि के चयन के लिए प्रत्येक संस्थान में उनके संबंधित अधिनियम के प्रावधानों के अनुसार स्थायी चयन समिति का गठन किया गया है।

(ii) राष्ट्रीय महत्व के संस्थानों (आईएनआई) और सरकारी चिकित्सा कॉलेज (जीएमसी) से सेवानिवृत्त संकाय सदस्यों को नए एम्स में प्रोफेसर, एडिशनल प्रोफेसर और एसोसिएट प्रोफेसर स्तर पर संविदा आधार पर 70 वर्ष की आयु तक नियुक्त करने का प्रावधान किया गया है।

(iii) भारत में सरकारी संस्थानों या भारत से बाहर के शैक्षणिक संस्थानों में शैक्षणिक पदों पर कार्यरत प्रोफेसरों, एडिशनल प्रोफेसरों और एसोसिएट प्रोफेसरों को शिक्षण संबंधी प्रयोजनों के लिए नए एम्स में विजिटिंग फैकल्टी के रूप में नियुक्त करने की अनुमति देने हेतु विजिटिंग फैकल्टी योजना तैयार की गई है।

(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) वर्ष, 2025 में एम्स दिल्ली द्वारा विभिन्न एम्स में समूह- ख और ग के गैर-संकाय पदों पर भर्ती हेतु सामान्य भर्ती परीक्षा (सीआरई) वर्ष में दो बार आयोजित की गई थी।

(vi) जूनियर रेजिडेंट (शैक्षिक) के चयन के लिए राष्ट्रीय महत्व संस्थान संयुक्त प्रवेश परीक्षा (आईएनआई-सीईटी) और सीनियर रेजिडेंट (शैक्षिक) के चयन के लिए राष्ट्रीय महत्व संस्थान सुपर स्पेशलिटी (आईएनआई - एसएस) परीक्षा एम्स दिल्ली द्वारा वर्ष में दो बार आयोजित की जाती है।

संस्थान कई रोगी-केंद्रित पहलें, जैसे प्रौद्योगिकी का उपयोग, बाह्य रोगी विभाग (ओपीडी) सेवाओं के विस्तार से प्रशासनिक प्रक्रियाओं को व्यवस्थित करके, रोगी पंजीकरण क्षमता को बढ़ाकर, ऑनलाइन अपॉइंटमेंट प्रणाली, आयुष्मान भारत डिजिटल मिशन (एबीडीएम) सक्षम डिजिटल स्वास्थ्य सेवाओं का कार्यान्वयन, एक ही दिन में जांच, नैदानिक सुविधाकेंद्रों का

विस्तार, एकीकृत विशेषज्ञ परिचर्या, सरकारी योजनाओं के तहत कैशलेस उपचार आदि कर रहे हैं।

<u>विवरण</u>

विभिन्न एम्स में संकाय और गैर-संकाय पदों का ब्यौरा

क्र. सं.	एम्स	वर्ष	संकाय			गैर-संकाय		
			स्वीकृत	भरे हुए पद	रिक्त पद	स्वीकृत	भरे हुए पद	रिक्त पद
1	नई दिल्ली (दिल्ली)	2023-24	1207	850	357	12875	10761	2114
		2024-25	1235	803	432	13464	10914	2550
		2025-26	1306	860	446	13911	11369	2542
		2026-27	1313	877	436	13913	11452	2461
2	भोपाल (मध्य प्रदेश)	2023-24	305	218	87	3876	1920	1956
		2024-25	305	232	73	3884	2846	1038
		2025-26	312	241	71	3874	2920	954
		2026-27	312	244	68	3874	3021	853
3	भुवनेश्वर (ओडिशा)	2023-24	315	236	79	3904	2302	1602
		2024-25	315	237	78	3904	2794	1110
		2025-26	337	238	99	3963	2937	1026
		2026-27	337	238	99	3963	2918	1045
4	जोधपुर (राजस्थान)	2023-24	305	227	78	3876	2534	1342
		2024-25	305	222	83	3884	3203	681
		2025-26	405	221	184	4084	3322	726
		2026-27	405	221	184	4048	3353	695
5	रायपुर (छत्तीसगढ़)	2023-24	305	188	117	3876	2331	1545
		2024-25	305	187	118	3884	2748	1136
		2025-26	305	200	105	3884	2815	1069
		2026-27	305	213	92	3982	2914	1068
6	पटना (बिहार)	2023-24	305	212	93	3876	2815	1061
		2024-25	305	224	81	3884	2493	1391
		2025-26	305	219	86	3884	2752	1132
		2026-27	305	217	88	3884	2781	1103
7	ऋषिकेश (उत्तराखंड)	2023-24	305	213	92	3876	2231	1645
		2024-25	355	214	141	4095	2714	1381
		2025-26	355	229	126	4095	2951	1144
		2026-27	355	228	127	4095	3122	973
8		2023-24	259	134	125	1461	759	702

क्र.	एम्स	वर्ष	संकाय			गैर-संकाय		
	मंगलागिरी (आंध्र प्रदेश)	2024-25	259	152	107	1469	1138	331
		2025-26	309	171	138	1953	1291	662
		2026-27	309	219	90	1953	1474	479
9	नागपुर (महाराष्ट्र)	2023-24	298	148	150	1451	841	610
		2024-25	298	227	71	1459	1108	351
		2025-26	373	238	135	2107	1395	712
		2026-27	373	282	91	2107	1619	488
10	कल्याणी (पश्चिम बंगाल)	2023-24	259	108	151	1520	708	812
		2024-25	259	168	91	1527	982	545
		2025-26	309	175	134	2221	1171	1050
		2026-27	309	194	115	2221	1717	504
11	गोरखपुर (प्रदेश)	2023-24	183	104	79	1338	773	565
		2024-25	183	117	66	1346	931	415
		2025-26	213	117	96	1492	949	543
		2026-27	213	121	92	1523	1030	493
12	बठिंडा (पंजाब)	2023-24	209	143	66	1233	771	462
		2024-25	209	138	71	1624	1067	557
		2025-26	219	143	76	2090	1453	637
		2026-27	219	148	71	2090	1708	382
13	बिलासपुर (हिमाचल प्रदेश)	2023-24	188	96	92	1305	629	676
		2024-25	217	103	114	1511	917	594
		2025-26	217	130	87	1511	987	524
		2026-27	217	139	78	1511	1038	473
14	गुवाहाटी (असम)	2023-24	183	91	92	1019	250	769
		2024-25	183	105	78	1410	734	676
		2025-26	183	117	66	1630	879	751
		2026-27	183	119	64	1630	945	685
15	देवघर (झारखंड)	2023-24	183	110	73	1356	450	906
		2024-25	183	124	59	1364	848	516
		2025-26	208	132	76	1712	940	772
		2026-27	208	136	72	1712	1073	639
16	बीबीनगर (तेलंगाना)	2023-24	183	109	74	1366	428	938
		2024-25	183	121	62	1374	899	475
		2025-26	183	132	51	1374	898	476
		2026-27	183	131	52	1374	896	478

क्र.	एम्स	वर्ष	संकाय			गैर-संकाय		
17	रायबरेली (प्रदेश)	2023-24	201	102	99	1417	698	719
		2024-25	201	106	95	1425	1019	406
		2025-26	209	111	98	1613	1120	493
		2026-27	209	113	96	1613	1188	425
18	राजकोट (गुजरात)	2023-24	183	70	113	1215	396	819
		2024-25	183	75	108	1247	527	720
		2025-26	183	78	105	1410	665	745
		2026-27	183	94	89	1410	760	650
19	जम्मू (जम्मू और कश्मीर)	2023-24	183	84	99	951	442	509
		2024-25	183	102	81	1267	772	495
		2025-26	183	119	64	1311	935	376
		2026-27	183	114	69	1311	985	326
20	मदुरै (तमिलनाडु)	2023-24	183	47	136	903	4	899
		2024-25	183	50	133	911	40	871
		2025-26	183	70	113	911	40	871
		2026-27	183	75	108	1011	72	939

STOCK POSITION OF FERTILIZERS

971. ADV. DEAN KURIAKOSE:

SHRI K. C. VENUGOPAL:

SHRI ANTO ANTONY:

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

(a) the current opening stock position of Urea, Diammonium Phosphate (DAP), Muriate of Potash (MoP) and Nitrogen, Phosphorus and Potassium (NPK) fertilizers available in the country and the projected requirement as on date, fertilizer-wise, season-wise and year-wise;

(b) the quantum of fertilizers allocated and actually supplied by the Union Government to each State against projected demand as on date, State/UT-

wise, fertilizer-wise and year-wise;

(c) the fertilizer production and import figures for Urea, DAP and NPK from 2023-24 till date, month-wise and year-wise;

(d) whether the Government is aware of reports that several States have received substantially lower quantities of fertilizers than demanded ahead of the Kharif sowing season; and

(e) if so, the details thereof along with the measures taken by the Government to remedy the crisis?

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

(a) to (e): Following measures are taken by the Government every season for ensuring adequate and timely availability of fertilizers to the farmers 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 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. Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The distribution of fertilizers within the State at district/ block level is done by the concerned State Government.

In view of above, the availability of all the fertilizers viz. Urea, DAP, MOP and NPKS, has remained adequate across the States during the ongoing Kharif 2026 season. The information regarding requirement, availability, sales and closing stock of these fertilizers in the States during the period 01.04.2026 to 21.07.2026 is placed at **Statement-I**.

Further, information regarding month-wise and year-wise production of Urea, DAP and NPK from 2023-24 till date is placed at **Statement-II** whereas the information regarding imports of Urea, DAP and NPK for the period 2023-24 to 2026-27 (till June) is placed at **Statement-III.**

STATEMENT-I

STATE WISE REQUIREMENT, AVAILABILITY and SALES OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.2026 TO 21.07.2026)

Fig. in LMT

		UREA				DAP				MOP				NPKS			
S.No	State	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	3.38	6.45	2.56	3.88	0.70	1.58	0.76	0.82	0.36	0.71	0.30	0.41	1.91	6.48	2.53	3.96
3	Arunachal Pradesh	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	1.28	2.13	1.60	0.54	0.19	0.41	0.24	0.17	0.14	0.42	0.19	0.23	0.13	0.28	0.09	0.19
5	Bihar	4.20	7.66	3.07	4.59	1.47	2.26	0.83	1.42	0.77	0.80	0.12	0.69	1.76	3.22	0.67	2.55
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	5.67	7.33	4.93	2.40	2.42	1.97	1.36	0.61	0.61	0.82	0.50	0.32	1.93	2.29	1.54	0.76
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.02	0.09	0.08	0.01	0.00	0.03	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.02	0.02	0.01	0.00
12	Gujarat	5.79	8.21	5.42	2.79	2.47	2.21	1.56	0.65	0.29	0.41	0.20	0.21	3.34	4.19	2.23	1.96
13	Haryana	6.05	9.52	7.31	2.21	1.25	1.61	1.17	0.44	0.39	0.38	0.13	0.25	0.30	0.42	0.16	0.26
14	Himachal Pradesh	0.16	0.39	0.25	0.14	0.01	0.03	0.00	0.03	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	Jammu and kashmir	0.58	1.15	0.76	0.39	0.17	0.29	0.19	0.10	0.08	0.15	0.10	0.04	0.01	0.06	0.02	0.04
16	Jharkhand	1.37	2.08	0.96	1.12	0.42	0.38	0.22	0.16	0.04	0.06	0.01	0.05	0.52	0.59	0.25	0.34
17	Karnataka	6.19	8.48	4.51	3.98	2.65	3.11	2.27	0.83	1.27	1.59	0.76	0.84	7.26	12.10	6.76	5.35
18	Kerala	0.31	0.64	0.39	0.26	0.06	0.18	0.09	0.09	0.21	0.43	0.28	0.15	0.49	0.57	0.32	0.25
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

20	Madhya Pradesh	9.84	14.42	8.97	5.45	3.01	3.13	2.13	1.00	0.77	0.58	0.27	0.31	4.26	6.69	3.54	3.16
21	Maharashtra	9.73	14.08	8.63	5.45	3.30	3.61	2.55	1.06	0.82	1.80	0.83	0.96	11.20	21.23	11.49	9.73
22	Manipur	0.10	0.18	0.11	0.07	0.02	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.01	0.02	0.00	0.01
23	Meghalaya	0.02	0.01	0.01	0.00	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.02	0.01	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	2.73	4.17	1.67	2.49	1.22	1.53	0.80	0.73	0.55	0.76	0.21	0.55	1.68	2.12	0.81	1.32
27	Puducherry	0.04	0.05	0.04	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.02	0.05	0.03	0.02
28	Punjab	11.69	15.01	11.77	3.24	1.50	2.33	1.31	1.02	0.57	0.64	0.21	0.43	0.48	0.50	0.18	0.32
29	Rajasthan	5.93	10.61	6.73	3.87	2.85	2.60	1.85	0.75	0.04	0.14	0.04	0.10	0.67	1.38	0.65	0.73
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	2.57	4.49	2.89	1.60	0.75	1.02	0.56	0.46	0.58	0.70	0.40	0.31	2.59	3.80	1.97	1.83
32	Telangana	7.02	7.51	3.93	3.58	1.97	1.71	1.43	0.28	0.54	0.53	0.13	0.40	6.85	7.46	4.02	3.44
33	Tripura	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	Uttarakhand	0.68	0.95	0.69	0.25	0.14	0.30	0.14	0.15	0.04	0.05	0.01	0.05	0.11	0.04	0.02	0.02
35	Uttar Pradesh	23.38	33.66	17.36	16.30	4.92	8.63	3.45	5.17	1.42	1.37	0.23	1.14	1.95	6.26	1.28	4.98
36	West Bengal	3.26	7.30	3.26	4.04	0.79	1.33	0.55	0.79	0.76	1.51	0.39	1.12	1.97	5.67	1.75	3.92
	All India	**112.09**	**166.78**	**97.98**	**68.79**	**32.35**	**40.29**	**23.52**	**16.77**	**10.29**	**13.91**	**5.32**	**8.61**	**49.58**	**85.56**	**40.39**	**45.17**

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

STATEMENT -II

Month-wise production of fertilizers during 2026-27			
Month	Production in '000' MT		
	Urea	DAP	NPKs
Apr.26	2097.7	303.2	577.7
Mai.26	2519.5	392.7	744.1
Jun.26	2537.5	288.3	755.1

Month-wise production of fertilizers during 2025-26			
Month	Production in '000' MT		
	Urea	DAP	NPKs
Apr.25	2189.0	312.6	762.8
Mai.25	2238.1	381.1	1041.7
Jun.25	2361.5	341.2	1041.5
Jul.25	2572.4	333.3	1147.7
Aug.25	2655.8	316.0	1204.0
Sep.25	2431.2	317.1	1139.9
Okt.25	2688.0	316.3	1190.9
Nov.25	2625.2	361.5	1170.8
Dez.25	2691.3	349.5	1196.6
Jän.26	2673.4	342.0	1226.6
Feb.26	2448.4	333.2	985.1
Mär.26	1751.6	197.1	730.0
2025-26	29325.9	3900.9	12837.6

Month-wise production of fertilizers during 2024-25			
Month	Production in '000' MT		
	Urea	DAP	NPKs
Apr.24	2526.8	206	776.4
Mai.24	2569.7	450.4	904
Jun.24	2465.8	343.6	979.5
Jul.24	2653.7	373.3	1038.1
Aug.24	2620.9	402.8	1011.2
Sep.24	2480.8	376.6	1001.6
Okt.24	2583.1	350.4	948.8
Nov.24	2620.5	323.2	975.4
Dez.24	2678.6	323.7	1117.2
Jän.25	2643.9	275.6	1212.8
Feb.25	2344.5	226.3	1066
Mär.25	2478.7	117.6	1074.5
2024-25	**30667**	**3769.5**	**12105.5**

Month-wise production of fertilizers during 2023-24			
Month	Production in '000' MT		
	Urea	DAP	NPKs
Apr.23	2345.1	368.3	715.8
Mai.23	2634.4	418	950.9
Jun.23	2402.4	396.3	923.9
Jul.23	2482.3	437.6	937.5
Aug.23	2755.4	308.6	863.1
Sep.23	2650.8	400.2	804
Okt.23	2845.9	372.9	802.5
Nov.23	2764.4	349.5	864.3
Dez.23	2827.3	369.5	988.5
Jän.24	2875.3	346.6	865.8
Feb.24	2333.2	306.6	724.6
Mär.24	2492.2	218.9	744.4
2023-24	**31408.7**	**4293**	**10185.3**

STATEMENT-III

Import of Fertilizers during 2023-24			
			Qty in LMT
MONTH	**Urea**	**DAP**	**NPK**
Apr-23	2.72	5.07	3.27
May-23	4.20	5.93	2.81
Jun-23	4.49	10.41	2.79
Jul-23	3.46	5.71	0.64
Aug-23	2.62	4.46	1.62
Sep-23	5.10	2.95	1.86
Oct-23	15.33	5.15	1.21
Nov-23	9.73	6.83	2.82
Dec-23	13.06	4.49	0.99
Jan-24	3.62	0.44	0.63
Feb-24	2.34	2.22	1.62
Mar-24	3.75	2.01	1.91
Total	**70.42**	**55.67**	**22.17**

Import of Fertilizers during 2024-25			
			Qty in LMT
MONTH	**Urea**	**DAP**	**NPK**
Apr-24	3.00	2.79	1.22
May-24	3.44	5.66	3.23
Jun-24	3.16	2.73	1.98
Jul-24	0.55	3.48	3.93
Aug-24	3.39	1.22	-
Sep-24	3.12	3.79	0.61
Oct-24	8.10	8.17	1.83
Nov-24	7.79	8.04	0.87
Dec-24	10.61	4.94	1.18
Jan-25	5.54	2.27	2.31
Feb-25	2.99	1.10	1.89
Mar-25	4.78	1.50	3.67
Total	**56.47**	**45.69**	**22.72**

Import of Fertilizers during 2026-27 (Till June -26)			
			Qty in LMT
MONTH	**UREA**	**DAP**	**NPK**
Apr-26	5.83	0.49	2.22
May-26	4.10	1.32	1.40
Jun-26	15.15	5.30	1.29
Total	**25.08**	**7.11**	**4.91**

Import of Fertilizers during 2023-24			
			Qty in LMT
MONTH	**Urea**	**DAP**	**NPK**
Apr-23	2.72	5.07	3.27
May-23	4.20	5.93	2.81
Jun-23	4.49	10.41	2.79
Jul-23	3.46	5.71	0.64
Aug-23	2.62	4.46	1.62
Sep-23	5.10	2.95	1.86
Oct-23	15.33	5.15	1.21
Nov-23	9.73	6.83	2.82
Dec-23	13.06	4.49	0.99
Jan-24	3.62	0.44	0.63
Feb-24	2.34	2.22	1.62
Mar-24	3.75	2.01	1.91
Total	**70.42**	**55.67**	**22.17**

PROGRESS OF PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN

972. SHRI SANJAY DINA PATIL:

PROF. VARSHA EKNATH GAIKWAD:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

DR. AMOL RAMSING KOLHE:

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

(a) the progress made under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) in Maharashtra since its launch;

(b) the number of pregnant women in the State who have availed free ante-natal care services under PMSMA during the last five years, district-wise;

(c) the number of high-risk pregnancies identified, tracked and monitored under the Extended PMSMA (E-PMSMA) strategy in the State;

(d) the details of participation by private hospitals and specialist doctors in providing ante-natal care services under the scheme in the State;

(e) the measures taken by the Union Government to strengthen the role of ASHA workers, ANMs and frontline healthcare personnel in maternal healthcare delivery in the State; and

(f) whether the Government has assessed the impact of PMSMA on institutional deliveries, maternal health indicators and access to quality ante-natal care services in the said State, if so, the details thereof?

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

(a) to (c): The progress made under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) in Maharashtra since its launch is placed at **Statement-I**.

The number of pregnant women who have availed free antenatal care services under PMSMA during the last five years, district-wise in Maharashtra, is placed at **Statement-II.**

The number of high-risk pregnancies identified, tracked and monitored under the Extended PMSMA (E-PMSMA) strategy in Maharashtra since its launch is placed at **Statement-III**.

(d): Since its inception, a total of 1230 private doctors have been registered under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) to provide voluntary antenatal care services to pregnant women in Maharashtra. *(Source: PMSMA Portal)*

(e): Under the National Health Mission (NHM), the Government of India supports States/UTs, including Maharashtra, in strengthening the role and capacity of ASHA workers, Auxiliary Nurse Midwives (ANMs) and other frontline healthcare personnel through various initiatives, including:

- Strengthening competencies through capacity building: Regular training and refresher is provided to ASHAs, ANMs and frontline healthcare workers on antenatal care (ANC), postnatal care (PNC), identification and management of high-risk pregnancies, birth preparedness, maternal danger signs, nutrition counselling, breastfeeding, family planning and

timely referral through various modules.

- Case-based ASHA incentives for mobilizing High-Risk Pregnant Women, along with transport incentives for beneficiaries, facilitating attendance of scheduled follow-up ANC visits.
- Active engagement of frontline workers, including Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs), and Community Health Officers (CHOs) for promotion of PMSMA services at the community level and enable timely tracking and follow-up of pregnant women.

(f): The improvements made under the Maternal Health indicators in Maharashtra are as under:

- As per the Sample Registration System (SRS), Maternal Mortality Ratio of Maharashtra has declined by 24 points from 61 per one lakh live births in SRS (2014–16) to 37 per one lakh live births in SRS (2022–24).
- First trimester antenatal registration has increased from 67.6% in NFHS-4 (2015-16) to 85.4% in NFHS-6 (2023-24).
- Mothers receiving four or more antenatal care visits have increased from 72.2% in NFHS-4 (2015-16) to 77.5% in NFHS-6 (2023-24).
- Institutional deliveries have increased from 90.3% in NFHS-4 (2015-16) to 96.4% in NFHS-6 (2023-24).

STATEMENT-I

The total number of Pregnant women who received Antenatal care and high-risk pregnancies identified in Maharashtra

Pregnant women Received Antenatal care under PMSMA	High risk pregnancies identified
42,86,470	5,14,220

(Source: *PMSMA Portal)*

STATEMENT-II

District-wise Total number of Pregnant Women who received antenatal care under PMSMA in the last five years (Source: *PMSMA Portal*)

Sr.No.	District	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
1	Ahmednagar	2,182	5,126	7,135	8,955	10,724
2	Akola	0	2,484	2,843	4,030	3,009
3	Amravati	3,059	4,151	6,142	7,136	6,949
4	Aurangabad	4,996	9,624	3,750	5,032	6,943
5	Beed	18,156	18,592	17,827	30,539	35,171
6	Bhandara	1,577	3,674	892	682	2,773
7	Buldhana	923	5,320	6,981	6,656	7,202
8	Chandrapur	3,268	3,812	3,369	2,794	4,186
9	Dhule	145	36,871	43,911	34,871	33,429
10	Gadchiroli	8	1,240	1,105	694	1,137
11	Gondia	493	6,443	3,067	3,049	14,889
12	Hingoli	5,686	6,799	5,846	7,359	8,434
13	Jalgaon	546	2,899	4,097	5,534	31,521
14	Jalna	1,066	1,250	1,209	1,176	3,135
15	Kolhapur	4,515	11,046	9,807	8,401	17,743
16	Latur	2,212	25,525	26,547	17,607	18,347
17	Mumbai	126	1,426	1,527	1,023	1,535
18	Mumbai (suburban)	1,843	4,697	2,974	1,234	2,070
19	Nagpur	0	78	1,849	4,389	4,899
20	Nanded	213	17,733	13,724	18,923	19,775

21	Nandurbar	118	225	632	500	37
22	Nashik	2,149	8,160	3,172	1,649	5,175
23	Osmanabad	6,738	25,881	24,986	36,288	39,484
24	Palghar	87	12,360	13,973	20,857	30,625
25	Parbhani	0	0	0	0	530
26	Pune	28	12,028	13,899	3,876	8,135
27	Raigad	103	4,420	4,750	1,640	2,001
28	Ratnagiri	831	1,400	835	786	12,569
29	Sangli	384	3,705	5,372	7,709	20,043
30	Satara	5,712	32,704	19,072	28,015	31,334
31	Sindhudurg	1,542	4,752	4,130	4,026	3,699
32	Solapur	0	122	5,394	2,582	4,592
33	Thane	556	6,141	9,065	8,680	9,634
34	Wardha	1,836	3,357	1,894	1,411	3,354
35	Washim	3,070	5,907	7,782	12,256	9,277
36	Yavatmal	265	2,105	1,271	1,023	936

STATEMENT-III

The number of high-risk pregnancies identified, tracked and monitored under the Extended PMSMA (E-PMSMA) strategy in Maharashtra

High risk pregnancies identified under E-PMSMA	41,000

(Source: *PMSMA Portal)*

DECLINING OF TOTAL FERTILITY RATE

973. DR. RAJ KUMAR CHABBEWAL:

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

(a) whether the Government has taken note that the Total Fertility Rate (TFR) has fallen below the replacement level in several States and at the national level;

(b) if so, the details of the Total Fertility Rate during the last five years, year-wise and State/UT-wise;

(c) whether the Government has assessed the likely impact of declining fertility on population ageing, workforce availability, dependency ratio and long-term economic growth and if so, the details thereof;

(d) whether any expert committee or inter-ministerial group has been constituted to examine these issues and if so, the details thereof; and

(e) the policy measures proposed to be taken by the Government to address the demographic and economic challenges arising from below-replacement fertility in the country?

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

(a): The Total Fertility Rate (TFR) of the country stands at 2.0, as per National Family Health Survey-6 (2023-24).

(b): The State/UT-wise details of TFR are placed at **Statement**.

(c) to (e): The Government focuses on promotion of Healthy Timing and Spacing of Pregnancies for well-being of the mother and child in alignment with National Health Policy, 2017 and Sustainable Development Goals, 2030.

Various schemes implemented under the Family Planning programme include expanded basket of contraceptives, Post-Pregnancy contraception, home delivery of contraceptives by ASHA, Information Education and Communication through front line workers, implementation of Mission Parivar

Vikas in thirteen states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand, Assam, Arunachal Pradesh, Manipur, Meghalaya, Tripura, Nagaland and Mizoram) for increasing awareness and sensitization and online tracking of commodities.

A Continuum of Care integrated approach spanning from maternal, child and adolescent health is supported through various Information, Education and Communication (IEC) and awareness activities, ensuring last-mile delivery of services across the country.

The programme is reviewed through the Common Review Mission (CRM), National Programme Coordination Committee (NPCC) meetings, State/Regional/National review meetings, field monitoring visits and National Family Health Survey (NFHS). The various aspects of the Family Planning programme and related issues are also covered in the report of NITI Aayog namely "Evaluation Study of CSS Schemes of Health Sector".

STATEMENT

State/UT- wise Total Fertility Rate (TFR)

India and States/UTs	Total Fertility Rate (TFR)	
	NFHS 5 (2019-21)	NFHS 6 (2023-24)
INDIA	**2.0**	**2.0**
Andaman and Nicobar Islands	1.3	0.9
Andhra Pradesh	1.7	1.8
Arunachal Pradesh	1.8	1.5
Assam	1.9	1.6
Bihar	3.0	2.7
Chandigarh	1.4	1.8

Chhattisgarh	1.8	1.9
DNHandDD	1.8	1.7
Delhi	1.6	1.6
Goa	1.3	1.6
Gujarat	1.9	1.9
Haryana	1.9	2.0
Himachal Pradesh	1.7	1.8
Jammu and Kashmir	1.4	1.8
Jharkhand	2.3	2.2
Karnataka	1.7	1.8
Kerala	1.8	1.8
Ladakh	1.3	1.6
Lakshadweep	1.4	2.2
Madhya Pradesh	2.0	2.1
Maharashtra	1.7	1.8
Manipur	2.2	NA
Meghalaya	2.9	2.2
Mizoram	1.9	1.6
Nagaland	1.7	2.0
Odisha	1.8	1.7
Puducherry	1.5	1.6
Punjab	1.6	1.6
Rajasthan	2.0	2.1
Sikkim	1.1	1.0
Telangana	1.8	1.9
Tamil Nadu	1.8	1.7
Tripura	1.7	1.7
Uttar Pradesh	2.4	2.2
Uttarakhand	1.9	1.9
West Bengal	1.6	1.6

Source: National Family Health Survey (NFHS)

PROMOTION OF YOGA

974. PROF. VARSHA EKNATH GAIKWAD:

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

(a) whether the Government has taken note of the increasing global acceptance of Yoga as an effective tool for promoting health, wellness and mental well-being, if so, the details thereof;

(b) the steps taken by the Government to strengthen the practice and awareness of Yoga in Maharashtra, particularly in schools, colleges, workplaces and rural areas;

(c) whether any financial assistance or support has been provided to Yoga institutions, wellness centres and AYUSH facilities in Maharashtra during the last three years, if so, the details thereof;

(d) whether the Government proposes to promote Yoga tourism and organize international-level Yoga events and training programmes in Maharashtra to attract visitors and generate employment, if so, the details thereof; and

(e) the details of programmes undertaken in Maharashtra to encourage the adoption of Yoga for preventive healthcare and lifestyle disease management?

THE MINISTER 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 increasing international acceptance of Yoga, include the adoption of 21 June as the International Day of Yoga (IDY) by the United Nations in 2014 with the support of its Member States, and its observance across the world every year. Ministry of Ayush is promoting Yoga through international events, capacity-building programmes, academic collaborations, research initiatives, and cooperation with the World Health Organization (WHO), thereby

enhancing its global outreach and acceptance. WHO Technical Report on Training in Yoga, jointly developed by WHO and the Ministry of Ayush, establishes international standards for Yoga training, enhancing the quality, credibility, and global integration of Yoga into healthcare. Ministry is also promoting the “Yoga 365” initiative to encourage daily adoption of Yoga beyond the annual observance of International Day of Yoga. The initiative aims to make Yoga accessible through technology-enabled platforms and home-based practice modules, enabling wider participation in daily Yoga practice.

The Memorandum of Understanding (MoU) signed in 2025 between the Morarji Desai National Institute of Yoga (MDNIY) and the Mongolian Yoga Federation (MYF) outlines the establishment of an academic collaboration in Yoga. MoU signed in 2026 between the Morarji Desai National Institute of Yoga (MDNIY) and the Association Reunionnaise des Relations et Creations Culturelles (ARRCC) aims to strengthen and further develop cooperation in the field of Yoga. MDNIY is a WHO Collaborating Centre for Medicine (Yoga) Traditional for 4th consecutive terms from 2013.

(b): The Government of Maharashtra has undertaken various initiatives to strengthen the practice and awareness of Yoga across the State. Yoga activities are promoted through Ayush health facilities and wellness centres, including Ayushman Arogya Mandirs (Ayush), Co-located Ayush Wings, Integrated Ayush Hospitals, Yoga and Naturopathy Colleges, Ayurved Colleges and Medical Colleges, through awareness and health-promotion activities conducted at community level.

Yoga is also encouraged through educational institutions, workplaces and public awareness programmes, particularly on occasions such as the International Day of Yoga. Efforts are made to extend the benefits of Yoga to rural and underserved areas through the existing Ayush and public health delivery system.

Also, a separate Yoga unit has been established in Govt. Medical Colleges in the state. Also, in several Government Meetings Y- Break sessions are taken. At all Government Ayurveda Colleges attached Hospitals Yoga and Swasth Rakshan OPD is fully functional and benefiting the community visiting there.

To strengthen the practice and awareness of Yoga in Maharashtra, "International Yoga Day" is celebrated on a large scale across the Ayurveda, Homeopathy, and Unani colleges and Ayushman Arogya Mandir (Ayush), IAH and at Co-located Ayush Wings in the State of Maharashtra on June 21st annually including IDY countdown activities.

(c): In Maharashtra State at 390 Ayushman Arogya Mandir (Ayush) the Yoga Instructors (part time) are sanctioned and fund received statement of last 3 years is attached at **Statement.**

(d) and (e): Ministry of Ayush organizes the International Day of Yoga (IDY) every year and encourages States/UTs and other stakeholders to organize Yoga-related events. The Ministry also promotes Yoga through training programmes. Ministry promotes Yoga as an effective tool for preventive healthcare and management of lifestyle-related diseases through Celebration

of International Day of Yoga (IDY), Dissemination and implementation of the Common Yoga Protocol (CYP), Research, education and capacity-building activities undertaken by MDNIY and CCRYN, Public awareness initiatives highlighting the role of Yoga in preventive healthcare, holistic wellness and healthy lifestyle.

Various programmes are undertaken in Maharashtra to encourage the adoption of Yoga for preventive healthcare and management of lifestyle-related disorders.

Yoga is promoted as a complementary approach for improving physical fitness, reducing stress and supporting healthy lifestyle practices, particularly in relation to non-communicable and lifestyle-related diseases.

Ayush Medical Officers and Yoga Instructors provide lifestyle counselling, Yoga-based interventions with tailor made Yoga, dietary advice based as per Ayurvedic/Yogic dietetics and evidence-based Ayush therapies for the management of chronic conditions such as Hypertension, Diabetes and Cardiovascular Diseases, in accordance with the applicable clinical guidelines and protocols as a co-therapy with modern systems of medicines.

STATEMENT

National Ayush Mission

AAM Ayush- Yoga Instructor @ 8000/-pm

Provisional Statement (Unaudited) (Rs. In Lakh)

SAAP Year	Approved Fund for Yoga Instructor	Received Fund for Yoga Instructor
2023-24	374.40	253.98
2024-25	277.20	183.60

2025-26	134.82	134.82

BILATERAL MEETING WITH US PRESIDENT

975. SHRI A. RAJA:

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

(a) whether Prime Minister of India and US President had bilateral meeting in June, 2026 on the sidelines of G7 Summit in Paris, if so, the details thereof;

(b) whether the issue of safety of Indian maritime workers and sailors was raised following the killing of some Indian maritime workers in US military strike in the Gulf of Oman during the last month, if so, the response received thereon; and

(c) whether any other issues relating to trade, energy security, defence cooperation, etc., were discussed in the said meeting, if so, the details thereof?

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

(a) to (c): Prime Minister (PM) Shri Narendra Modi met with the President of the United States, Mr. Donald J. Trump, on the sidelines of the G7 Summit in Évian, France, on 17 June 2026.

PM raised the issue of safety of Indian maritime workers and sailors, both during his bilateral meeting with President Trump and during his intervention at the G7 Summit Outreach Session on 16 June 2026. He highlighted that the ongoing conflict in West Asia had disrupted global maritime trade through the

Strait of Hormuz and resulted in the loss of lives, including those of Indian seafarers. He emphasized the importance of maintaining freedom of navigation and unimpeded commerce through the Strait, while underscoring that the safety and security of seafarers who make a significant contribution to global maritime trade, should remain a shared concern of the international community.

Both sides reaffirmed their commitment to further strengthening the India-U.S. Comprehensive Global Strategic Partnership and welcomed the progress made under the India-U.S. COMPACT (Catalyzing Opportunities for Military Partnership, Accelerated Commerce and Technology), including in the areas of defence, strategic technologies, energy and bilateral trade. They noted with satisfaction the significant progress in negotiations towards an interim Bilateral Trade Agreement and directed their officials to work towards an early conclusion of a balanced, mutually beneficial and commercially meaningful agreement.

AVAILABILITY OF FERTILIZERS IN HARYANA

976. SHRI DEEPENDER SINGH HOODA:

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

(a) the details of the requirement, allocation, supply and utilisation of DAP and Urea in Haryana during the last ten years, district-wise and year-wise;

(b) whether the Government considers that the quantity supplied to meet the requirements of farmers in Haryana is sufficient, if so, the details thereof;

(c) if not, the reasons for shorter supply and the corrective measures taken to ensure timely and adequate supply of DAP and Urea to farmers in the State;

(d) the details of imports of DAP and Urea during the last ten years, including the quantity imported from each country, country-wise and year-wise; and

(e) the steps taken by the Government to increase indigenous production of DAP and Urea so as to reduce dependence on imports?

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): Following steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country, including the State of Haryana:

i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise 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. Regular Weekly Video Conference is conducted jointly by DA & FW and D/o

Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

Further, the distribution of fertilizers within the State at district level is done by the State Government. Accordingly, as per the information received from the State Government of Haryana, the information regarding requirement, receipt and sales of Urea and DAP in the districts of Haryana during the last 10 years is placed at **Statement-I**.

Moreover, the availability of Urea and DAP has remained adequate in the State of Haryana during the ongoing Kharif 2026 season as shown under:

HARYANA					
AVAILABILITY OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 21.07.26)					
					fig. in LMT
S.No	**PRODUCT**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 21.07.26**
1	UREA	6.05	9.52	7.31	2.21
2	DAP	1.25	1.61	1.17	0.44
3	MOP	0.39	0.38	0.13	0.25
4	NPKS	0.30	0.42	0.16	0.26

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

(d): The details regarding the imports of Urea and DAP for the last 10 years, including the current financial year up to June, along with the country-wise details, are placed at **Statement-II**.

(e): The Government implemented the Nutrient Based Subsidy (NBS) Scheme

for Phosphatic and Potassic (PandK) fertilizers with effect from 1st April 2010. Under the Scheme, PandK fertilizers are covered under the Open General License (OGL), allowing companies to import or manufacture these fertilizers based on their business requirements and market dynamics.

To reduce dependence on imported phosphatic fertilizers and promote self-reliance, the Government has undertaken several measures to encourage domestic production. The Guidelines dated 18th January 2024 on the reasonableness of Maximum Retail Price (MRP) provide for reasonable profit margins of 8-10% for importers/manufacturers and 12% for integrated manufacturers. Based on requests received, new manufacturing units and expansions in the production capacity of existing units have been recognized and taken on record under the NBS Scheme. Additionally, the number of P and K fertilizer grades covered under the Scheme has increased from 22 in 2021 to 28 at present. To promote the use of Single Super Phosphate (SSP), an indigenously manufactured fertilizer, freight subsidy has been provided since the Kharif season of 2022, thereby encouraging the application of phosphatic (P) nutrients to the soil. Furthermore, the nutrient-wise subsidy rates under the NBS Scheme are revised on a biannual basis to ensure the adequate availability of fertilizers under the Scheme.

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 269.42 LMTPA during 2026-27. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Further, setting up of a new Brownfield Ammonia-Urea Complex named as Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL) with an annual capacity of 12.7 Lakh Metric Tonne of Urea through Joint Venture within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Assam has been approved. These two projects are under execution phase.

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

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24. During 2025-26, 293.30 LMT of Urea was produced in the country.

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

Besides, as informed by the State Government of Haryana, State Agriculture Department has promoted the judicious and balanced use of fertilizers. The Department has also undertaken several statewide awareness initiatives, including Special Awareness Campaigns, Khet Bachao Abhiyan, and Dharti Mata Bachao Abhiyan. Through these campaigns, farmers have been sensitized for balanced nutrient application, soil health management, and the efficient use of chemical fertilizers, thereby encouraging sustainable agricultural practices across the State.

STATEMENT-I

District-season-Wise Sales and Availability as per (IFMS Portal)																	
Product Group	State	District	2016-17			2017-18			2018-19			2019-20			2020-21		
			Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales
1	2	3	4	5	6	4	5	6	4	5	6	4	5	6	4	5	6
Urea	Haryana	Ambala	48459	61986	60666	59020	78348	76274	67406	79478	78895	75557	80140	77874	66788	84505	83824
		Bhiwani	74238	94182	89621	85854	107177	102710	100714	116613	113532	105415	124096	119833	83013	113833	106877
		Faridabad	7088	9134	8937	8124	12675	12574	11204	13076	12915	10137	12047	11827	8435	12186	11710
		Fatehabad	90091	135652	115132	116374	154574	145258	147809	161776	155980	127872	146134	141900	136774	167896	163298
		Gurgaon	14004	15771	14684	17785	20033	18617	16463	18674	18589	16449	17509	17423	14966	17417	16719
		Hisar	84570	165929	133244	85874	158894	145153	120192	150508	145812	106405	152861	148214	109332	155152	149159
		Jhajjar	27843	42317	39778	29658	43029	41450	39672	46118	45433	39433	48398	47109	37232	44121	44018
		Jind	103676	152133	137179	127043	179203	173104	143425	176218	171047	132283	171050	161328	147063	193422	184779
		Kaithal	90085	135256	122282	112229	162596	150257	126305	159422	155239	133560	153480	149127	129636	169489	159971
		Karnal	124974	187635	158108	131320	217328	199054	167140	207722	194716	154565	183263	171962	162816	194951	190042
		Kurukshetra	94259	127653	108522	111729	147595	133717	140267	154863	144503	119501	134281	128406	133016	148664	146781
		Mahendragarh	51225	56252	54919	47952	53554	51152	51407	55544	55544	52777	57835	57809	40884	47068	45447
		Mewat	31315	34825	33228	33569	36122	35742	31486	33223	33072	34188	36291	35661	24791	29548	27634

		Palwal	94228	117015	110857	79174	100079	98037	91993	107411	102859	73172	87733	85383	57431	71282	67969
		Panchkula	8090	9275	9106	9716	11657	11607	10244	12183	12183	12457	13386	12871	10072	13407	13328
		Panipat	56048	74282	72228	67085	94024	87463	73264	89040	86675	74126	81451	78950	72132	81044	77440
		Rewari	49797	57085	50832	56162	56477	53379	56783	56690	56468	60436	59674	56431	52378	51580	50378
		Rohtak	41615	64572	56485	51602	68657	64386	60958	79202	76216	57934	75355	73672	60781	73737	71906
		Sirsa	142166	210275	183315	170591	221029	205789	193449	230922	223887	188494	219249	207230	192619	231158	225889
		Sonipat	89495	117492	111167	94860	128978	121784	115283	138988	133126	103351	122349	117929	107325	126903	123514
		Yamunanagar	93704	128711	122582	109736	137451	134578	124720	145734	141521	115874	130725	129432	122256	137124	133601
		Total	1416966	1997433	1792871	1605458	2189477	2062082	1890185	2233404	2158213	1793985	2107306	2030373	1769737	2164487	2094284
Product Group	State	District	2021-22			2022-23			2023-24			2024-25			2025-26		
			Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales	Requirement	Availability	Sales
1	2	3	4	5	6	4	5	6	4	5	6	4	5	6	4	5	6
Urea	Haryana	Ambala	69076	85183	85183	77621	82736	77873	88408	97350	87368	79223	89807	62655	82331	99362	97073
		Bhiwani	87011	111092	105781	91225	110168	103767	70480	83532	82990	71165	78356	44502	64257	77558	74519
		Ch.Dadri	0	0	0	1044	1104	790	20982	23447	22714	23890	26237	17796	25073	30015	28400
		Faridabad	10031	13027	12766	11954	14587	13885	12587	13507	14091	14226	15656	9459	14918	17276	15228
		Fatehabad	134400	166468	165156	146332	165965	150922	152256	173889	173664	144858	176957	108889	146570	182384	184019
		Gurgaon	15317	17485	17485	17216	18475	18033	17954	18996	19473	20532	22164	14825	21356	24194	24292
		Hisar	125685	146734	146546	128199	148600	142735	123311	149181	152335	139054	157038	94035	129675	168092	166001
		Jhajjar	35240	43732	41880	40686	44627	45160	41341	45784	43516	48071	54426	32383	41713	55441	53505
		Jind	145569	176240	173039	153658	181543	158801	165482	177511	180415	163986	189756	110318	156902	199643	189875
		Kaithal	147478	167304	164244	149460	175318	154378	163114	186264	186763	164163	187266	107437	149493	185964	178518
		Karnal	163344	192373	186722	174251	198432	182243	177869	198907	202635	180985	202506	131380	171826	205323	205538

		Kurukshetra	138024	156539	154742	135411	146528	140431	139726	148887	148773	126424	134963	92679	136466	152791	150045
		Mahendragarh	41064	47097	47097	52893	55931	52151	50480	53575	52259	54768	59543	34716	51677	61039	58115
		Mewat	28055	32467	31531	30150	34660	33829	27124	28506	31168	30796	33798	22703	34162	37402	38329
		Palwal	57583	66571	65428	66332	76407	71304	67395	70001	69585	70405	76161	49250	70711	76363	76417
		Panchkula	10190	13341	13341	11035	13034	13924	13365	15211	16541	14056	15740	10934	11356	14666	15809
		Panipat	72289	80484	78692	78215	85953	79962	82561	90946	86053	81882	88315	59330	88996	103070	95329
		Rewari	41240	47363	47309	64534	67136	58208	55879	59162	58665	64099	68647	43506	69259	78339	71110
		Rohtak	68933	81844	76711	82975	92438	85820	82234	95457	90508	87923	99663	60356	86795	119612	104602
		Sirsa	186000	224433	218626	178385	210631	200298	184401	210727	211337	189946	223537	141370	181621	233309	236820
		Sonipat	105411	123498	123496	121263	131857	123968	129939	140302	139083	121524	139236	79382	119660	142972	130915
		Yamunanagar	129461	163721	160125	94929	106892	125018	87760	114460	100952	134240	155316	78861	94935	125576	125115
		Total	1811400	2156997	2115900	1907767	2163021	2033500	1954649	2195603	2170892	2026216	2295087	1406766	1949751	2390392	2319574

STATEMENT-II

Country Wise Import of Urea and DAP for the last 10 Years 2016-17 to 2026-27 (Till June -26)

<Figures in Lakh MT)

Country Name	2016-17		2017-18		2018-19		2019-20		2020-21		2021-22		2022-23		2023-24		2024-25			2025-26	2026-27 (Till June-26)			
	Urea	DAP	Urea	DAP	Urea	DAP	Urea	DAP	Urea	DAP	Urea	DAP			Urea	DAP	Urea	DAP	Urea	DAP	UREA	DAP	UREA	DAP
Algeria	0.45	-	-	-	3.03		1.48	-	0.44		1.72	-			3.07		0.35				2.17	0.26	2.45	0.45
Australia		0.39		-			-	1.07			-	0.52				1.51				1.82		3.80	-	-
Bahrain	0.78		1.19		1.68		3.56	-	2.14		2.28	-			1.77		0.94		1.17		2.40		-	-
Brunei																					1.51		-	-
Canada		0.47					-	-	-		-	-								0.09			-	-
China	8.2	21.76	7.46	18.94	14.30	31.01	24.25	19.47	29.75	11.44	25.91	18.15			12.80	12.17	18.65	22.28	0.99	8.47	21.59	5.11	0.29	0.55
Egypt	2.25				3.82		7.02	-	11.55	0.84	7.43	0.68			2.63		0.92	0.18	0.47	0.44	1.93	0.44	6.09	0.61
Estonia							-	-			0.16	-			0.09								-	-
Finland					1.02		1.51	-	2.08		1.52	-			7.69		1.41	0.33			5.45		0.99	-
Georgia											2.00	-			1.98				0.44		1.24		2.11	-
Indonesia					0.33		6.12	-	6.59		2.33	-			1.34		2.16		0.97		6.14		-	-
Iran	14.56		20.36		13.11						-	-												
Israel							-	-	-		-	-				0.44							-	-
Jordan		1.08		2.27		3.20	-	3.02	-	2.19	-	2.07				1.65		1.74		2.39		1.72	-	0.62
Kuwait	2.19		1.14		0.41						-	-												

Latvia					0.52		1.15	-			1.06	-									-	-
Libya											0.47	-							0.42		-	-
Nigeria					0.31						1.69	-	1.39				2.83		4.48		2.44	-
Malaysia							0.91	-	0.88		1.75	ff-	1.59		1.42		1.91		3.50		0.60	-

MEXICO											-	0.61									-	-
Morocco		1.62		0.54		6.47	-	1.08	-	14.51	-	11.60		17.47		11.13		10.74		17.56	-	1.50
Oman	22.91		25.13		25.68		27.59	-	21.46		15.88	-	19.60		19.53		26.13		16.98		2.57	-
Pakistan			0.96								-	-										
Qatar			0.42		1.96		2.83	-	0.93		3.87	-	5.02		1.70		3.70		8.42		0.81	-
Russia	1.11	1.6	0.52	1.45	1.98	1.18	1.44	1.48	0.94	2.84	2.80	1.96	6.26	9.24	15.73	3.41	9.23	2.69	15.97	7.55	4.20	-
Saudi-Arabia		11.9	0.70	13.18	2.69	22.02	1.98	22.08	1.95	16.18	4.92	18.59	4.61	21.22	2.36	16.29	5.38	19.05	5.27	24.63	1.08	2.63
Senegal																				0.06	-	-
South Korea							-	-	-		-	-									-	0.15
Turkey									-	0.37	-	-								0.41	0.36	-
TUNISIA											-	0.44		0.85							-	-
UAE	0.52		1.33	0.31	3.97		6.72	-	8.22		7.95	-	4.16		5.08		3.25		3.04		-	-
Ukraine	1.84		0.54				4.24	-	10.39		5.89	-										
USA		5.03		5.48		2.14	-	0.50	-	0.45	-	-	0.49	1.28		0.31				0.40	-	0.60
Vietnam							0.43	-	0.96		1.73	-	1.31		0.17				2.99		1.09	-
Grand Total:	54.81	43.85	59.75	42.17	74.81	66.02	91.23	48.70	98.28	48.82	91.36	54.62	75.80	65.83	70.42	55.67	56.47	45.69	103.50	61.94	25.08	7.11

INLAND WATERWAY PROJECTS

977. DR. ALOK KUMAR SUMAN:

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

(a) whether the Government has implemented inland waterway projects during the last three years;

(b) if so, the details thereof along with the status of projects on National Waterway-1 passing through Bihar;

(c) whether the Government has taken measures to promote inland cargo movement and if so, the details thereof;

(d) whether the Government has proposed additional river terminals for development in Bihar and if so, the details thereof; and

(e) the details of steps taken by the Government to modernize inland water transport infrastructure in the country?

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

(a), (b) and (d): Yes. The details of inland waterway projects implemented during the last three years along with its status on National Waterway (NW) - I, including the projects in Bihar are given at **Statement-I.**

(c): Infrastructure and Policy measures taken by the Government to promote inland cargo movement on NWs are detailed at **Statement-II.**

(e): The Government has embarked upon a transformational drive to promote inland waterways as a key pillar of India's multimodal transport system under,

Maritime India Vision 2030 and Maritime Amrit Kaal Vision 2047. The Inland Water Transport (IWT) development in India encompass creation of World-class waterway infrastructure through fairway development, development of multimodal terminals, community jetties, river cruise terminals, establishment of Regional Centres of Excellence, promoting digital navigation and adoption of Green vessel technologies, coupled with seamless integration under the PM Gati Shakti National Master Plan.

To improve Ease of Doing Business, digital initiatives including Portal for Asset and navigation Information (PANI), Jalyan and Navic portal, Cargo data portal (CAR-D), Jal Samriddhi portal, digital hydrographic surveys charts etc. have been introduced by Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping and Waterways to simplify approvals, enhance navigational safety and enable real-time information services to stakeholders.

The development of waterway infrastructure, digital and policy reforms have resulted in the operationalization of 32 NWs in the country and laying the foundation for a modern, technology-driven, sustainable and globally competitive IWT ecosystem that reduces logistics costs, promotes green mobility and accelerates inclusive economic growth.

STATEMENT-I

IWT Projects Completed/ Undertaken during last 3 years:

1. Jal Marg Vikas Project (JMVP) on NW-1:

Sl. No.	Project	Status
1	Development of Multi-Modal Terminal at Varanasi, Sahibganj and Haldia	Completed and Operational
2	Development of new Navigational Lock at Farakka	Completed and Operational
3	Development of Intermodal Terminal, Kalughat	Completed and Operational
4	Development of Intermodal Terminal Balagarh	Under Implementation
5	Modernization of existing Navigational Lock at Farakka	Under Implementation
6	Installation of 66 Community Jetties in Uttar Pradesh, Bihar, Jharkhand and West Bengal	Completed and Operational
7	Development of Ship Repair and Maintenance Facility at Patna and Varanasi	Under implementation
8	Proposed River Cruise Terminals at Patna and Varanasi	DPR/Planning stage
9	Proposed Water Metro at Varanasi, Patna and Kolkata on NW-1	DPR/Planning stage
10	Quick Pontoon Opening Mechanisms (QPOMs) in Uttar Pradesh and Bihar	2-commissioned and additional 8 under development.
11	End to end Fairway development along NW-1 in stretches Tribeni-Katwa, Katwa – Farakka, Farakka–Kahalgaon, Sultanganj–Mahenderpur–Barh, Barh–Digha, Digha – Majhaua, Majhaua – Ghazipur, Ghazipur – Varanasi, and Kalughat Access Channel etc.	Ongoing
12	Development of Regional Centre of Excellence, Varanasi	DPR being prepared
13	Development of Ro-Pax facility at 4 locations , in the state of Bihar and West Bengal	Commissioned
14	Procurement of Pusher Tug (3 Nos) + Dumb Barge Flotilla (6 Nos)	Completed
15	Design construction and supply of 10 Cutter Suction	1 delivered; 9 under

	Dredgers (CSDs)	development
16	4 Hybrid Survey Vessels	Under development
17	Development of MMLP-Freight Village, Varanasi	Under Tendering stage

2. Projects on NW-2 (Brahmaputra River) and NW-16 (Barak River) in NER:

(i) COMPLETED PROJECTS OF NER:

Sl. no.	Projects
1.	Development of IWT Terminal at MMLP Jogighopa
2.	Construction of Cargo-cum-Tourist Terminal at Bogibeel
3.	Construction of Floating Tourist Jetties at Bogibeel and Pandu
4.	Construction of Customs and Immigration Buildings at Dhubri and Bogibeel.
5.	Construction of Boundary Wall at Jogighopa Terminal.
6.	Renovation of Heritage Building at Dibrugarh.
7.	Construction of Approach Road to Pandu Jetty from NH-27 in Assam.
8.	Operation and Maintenance of Other Works including Terminals and Fairway Maintenance (2014–2026).

(ii) ONGOING PROJECTS OF NER:

1. **Fairway Development in NER through DCI for NW-2 (Bangladesh Border to Pandu)** – Being undertaken at a cost of Rs. 143 crore through the Dredging Corporation of India to maintain assured navigational depth and improve safe vessel movement on NW-
2. **Ship Repair Facility at Pandu** – Being developed at a revised cost of Rs. 283 crore to provide dry-docking and repair infrastructure for inland vessels and strengthen IWT operations in the Northeast Region.

3. **Construction of Tourist Jetty at Bishwanath Ghat and Cargo-cum-Cruise Terminal at Neamati Ghat**– Being developed at a cost of Rs. 158 crore to strengthen cruise tourism and passenger movement on NW-2.
4. **Development of RCoE at Dibrugarh** – Being developed at a cost of Rs. 188 crore to provide training, skill development, and research infrastructure for the inland waterways sector.
5. **Construction of Steel Gangway with Yoke System at Pandu** – Being developed at a cost of Rs. 2.88 crore to improve passenger and cargo accessibility and enhance vessel berthing operations at Pandu Terminal.
6. **Construction of Building for Regional Office, MSDC, Guest House and Office Space for ITAT at Fancy Bazar** – Being developed at a cost of Rs. 50.00 crore to strengthen administrative and skill development infrastructure for inland waterways operations.
7. **Link Road Connecting Pandu Terminal with Ship Repair Facility** – Being developed at a cost of Rs. 55 crore to provide seamless connectivity for movement of heavy machinery, vessels, and logistics equipment.
8. **Construction of 02 Nos. Steel Pontoons for Brahmaputra River (NW-2)** – Being developed at a cost of Rs. 3.40 crore to improve floating terminal infrastructure and berthing operations on NW-2.
9. **Construction of 02 Nos. SDB Vessels for Brahmaputra River (NW-2)** – Being constructed at a cost of Rs. 2.88 crore to strengthen inland passenger transportation and river connectivity on NW-2.
10. **Mathematical Modelling of Bogibeel Approach Channel** – Being

undertaken at a cost of Rs. 0.60 crore to improve fairway planning, navigational safety, and terminal sustainability at Bogibeel.

11. **DPR for Construction of Community Jetties** – Being prepared at a cost of Rs. 5.56 crore to improve rural river connectivity and support safe passenger movement in remote riverine areas of Assam.

3. Projects of Other NWs in the Country:

(i) Kerala NWs:

- Continued development of fairway channel on NW-3, NW-8 and NW-9 in the state of Kerala.
- IWAI entrusted the works of re-construction of new Navigation lock at Thrikunnapuzha and single lane bridge at Kovilthottam in NW-3, to Government of Kerala on deposit basis.
- NW-8 and NW-9 are connected to NW-3 at Alappuzha and both the NWs are operational (partly) for tourism and passenger movements. Provided 24 Hours navigational aids - 15 nos in NW-8 and 25 nos in NW-9 respectively for safe movement of tourism and passenger traffic round the clock. 4 nos. HDPE Jetties being installed at feasible locations in NW-3.

(ii) Andhra Pradesh and Telangana NWs:

- Land acquisition completed at Muktyala and Harichandrapuram. Land acquisition under progress at Ibrahimpatnam through the Govt. of Andhra Pradesh in NW-4.
- Ro-Ro terminal development is undertaken at Muktyala, Harischandrapuram along with its associated infrastructure.

- 4 nos. steel floating Pontoon Jetty handed over to Andhra Pradesh Tourism Development corporation (APTDC) under State Support Agreement (SSA) for promotion of tourism activities.
- 03 steel floating pontoon jetties under fabrication for installation in Krishna River (NW-4) portion of Telangana State.

(iii) Odisha NWs:

- Regular longitudinal thalweg survey being undertaken in Odisha NWs.
- 10 navigational buoys were installed in Mahanadi River (NW-64) for safe movement of the cargo vessel.
- Developing of Talcher- Dhamra- Paradip Port stretches of NW-5 towards evacuation of the coal movement from Talcher in Odisha.
- 3 concrete jetties being installed in NW-14 and NW-64 for promotion of tourism activities.

(iv) Karnataka NWs:

- Development of Kabini River (NW-51) and Sharavati River (NW-90) for river cruise tourism.
- 03 concrete Jetties being installed in Kabini River and Sharavati River for promotion of tourism activities.

(v) Goa NWs:

- Development of Mandovi River, Zuari River and Cumberjua River for river cruise tourism in Goa.
- 10 concrete jetties being installed on Mandovi River, Zuari River and Cumberjua River for promotion of tourism activities.

(vi) UT of JandK NWs:

- Action initiated for undertaking developmental works such as on-shore facilities, floating concrete Jetties and navigational aids in Jhelum River (NW-49), Chenab River (NW-26) and Ravi River (NW-84).

(vii) Himachal Pradesh and Punjab NWs:

- Feasibility study in Beas River (NW-17) and Sutlej River (NW-98) is being undertaken.

(viii) Gujarat NWs:

- Developmental activities undertaken in Narmada River (NW-73) and Tapi River (NW-100) for river cruise tourism.
- 02 floating concrete jetties installed in Narmada River (NW-73) and 02 floating concrete jetties being installed in Tapi River (NW-100) for promotion of tourism activities.

(ix) West Bengal NWs:

- Developmental activities undertaken in Ichamati River (NW-44) and Sundarban Waterways (NW-97).
- Single lane bridge at Swaroopnagar which was obstruction for safe navigation across Ichamati River (NW-44) completed in March, 2026 and was inaugurated by the Hon'ble PM.
- Sundarban Waterways from Silvertree point to Atharabanki (201 Km) comprises of an international IWT route, which provided International connectivity with Bangladesh and North Eastern states of India forms part of Indo-Bangladesh Protocol route 1,2 and 3,4 under Protocol on

Inland Water Transit and Trade (PIWTT) between India and Bangladesh.

4. Hydrographic Survey Projects in National Waterways:

(i) Hydrographic Survey in NWs:

At present, regular weekly/ fortnightly/ monthly thalweg surveys are being carried out in 22 National Waterways, namely NW-1, NW-2, NW-3, NW-4, NW-5, NW-8, NW-9, NW-14, NW-16, NW-23, NW-31, NW-40, NW-44, NW-47, NW-57, NW-64, NW-73, NW-86, NW-94, NW-97, NW-100, NW-110, and the Indo-Bangladesh Protocol (IBP) route.

This expansion reflects a significant enhancement in the hydrographic monitoring network to ensure regular assessment of navigational channels, maintenance of fairway conditions and improved safety and reliability of inland water transport operations.

(ii) River Information Service System

IWAI implemented the River Information Service (RIS) system on NW-1 (Ganga River) in three phases during the period from 2015 to 2020, covering the stretches of Phase-I: Haldia–Farakka, Phase-II: Farakka–Patna and Phase-III: Patna–Varanasi.

The RIS system comprises 4 Control Stations and 13 Base Stations equipped with advanced communication and monitoring infrastructure including Automatic Identification System (AIS), VHF communication systems, servers, monopole towers, meteorological sensors and other associated equipment. The system facilitates real-time tracking and monitoring of vessels plying on the waterway enabling enhanced navigational safety, efficient traffic

management and improved operational efficiency of inland water transport.

Further, 30 departmental vessels have been equipped with RIS consoles to provide necessary navigational assistance to vessel masters during their operations on NW-1.

(iii) Electronic Navigational Charts (ENC)

IWAI has prepared ENCs for operational and tidal NWs for providing detailed information to the Mariners for navigation of vessels plying in the NW-1, NW-3, NW-5, NW-8, NW-9, NW-10, NW-14, NW-23, NW-27, NW-53, NW-64, NW-68, NW-73, NW-83, NW-86, NW-91, NW-110 and NW-111 and are uploaded on IWAI Vessel Tracker and PANI. Prior to 2014, ENCs were available only for NW-1.

STATEMENT-II

Measures taken by the Government to promote inland cargo movement on NW

1. Infrastructure measures:

(i) 66 community jetties, 20 floating terminals, 3 Multi-Modal Terminals (MMT), 1 Inter-Modal Terminal (IMT) and 4 Ro-Pax terminals have been constructed on NW-1 in addition to 5 pre-existing permanent terminals.

(ii) 13 floating terminals provided on NW-2 along with MMTs at Pandu, Jogighopa and terminals at Bogibeel and Dhubri. Four dedicated Jetties for cruise vessels have been provided at Jogighopa, Pandu, Biswanath Ghat and Neamati. In addition to this, Jetties for cruise and passengers have been constructed at Sadiya, Lyka and Orium Ghat in Assam.

(iii) 2 existing terminals at Badarpur and Karimganj on NW-16 have been upgraded/ renovated and 1 terminal at Sonamura on Gumati River in Tripura on IBP route has been constructed.

(iv) 9 Permanent IWT terminals with godowns and 2 Ro-Ro/Ro-Pax terminals have been constructed on NW-3 in Kerala.

(v) 4 floating concrete jetties have been provided to Govt. of Goa and installed on NW-68.

(vi) 4 Tourist Jetties on NW-4 in Andhra Pradesh have been commissioned and 8 Floating Jetties on NW-110 in Mathura-Vrindavan stretch in Uttar Pradesh, 2 Jetties on NW-73 and 2 Jetties on NW-37 in Bihar have been established.

(vii) A new Navigation Lock at Farakka has been constructed.

(viii) 2 Quick Pontoon Opening Mechanisms (QPOMs) have been constructed on NW-1 to facilitate smooth and faster movement of vessels.

(ix) Fairway maintenance works (river training, maintenance dredging, channel marking and regular hydrographic surveys) have been taken up in various National Waterways for providing a navigation channel of 35/45 m width and 2.0 / 2.2 / 2.5 / 3.0 m least available depth (LAD) for operation of vessels.

2. Policy Measures:

- **Jalvahak Scheme:** A scheme for providing 35% incentive to promote the utilization of inland waterways transport sector by cargo owners and for scheduled service for cargo movement on NW-1 and NW-2 and NW-16 via IBP route by Inland and Coastal Shipping Limited (ICSL) has

been approved by the Government. The scheme is implemented at a cost of INR 95.42 Crore for three years.

- **Tonnage tax:** An extension of the tonnage tax scheme to inland vessels registered under the Indian Vessels Act, 2021 was announced during the budget presented on 01.02.2025. Inland vessels operating on NWs, rivers, and canals, will be benefited. This move is expected to boost the industry's competitiveness and encourage more cargo owners to use inland waterways for transportation. A tonnage tax system is a special taxation policy for shipping companies where tax is not based on actual profits but on the size (tonnage) of the vessel. It provides stable, predictable, and lower taxation for vessel owners, reducing their financial burden.
- **The National Waterways (Construction of Jetties / Terminals) Regulations 2025** has been notified, allowing private companies to invest and operate Inland Waterways infrastructure by providing a clear regulatory framework to attract private sector investment for facilitating the growth of inland waterways sector.
- **Jalyan and Navic** : To increase ease of doing business in the IWT sector, along the same lines as ‘vahan’ and ‘sarathi’, a central data base and portal has been developed for registration of vessels and crew all over the country. This will facilitate registration of vessels and crew digitally and would also provide accurate status on number of vessels and crew in the country and thus help in planning.

- **Cargo Aggregation** : The cargo movement on the waterways suffer from problems of multimodality because of lack of industries along the waterways. Therefore, projects for development of cargo aggregation hub – MMLP at Varanasi and Integrated Cluster- cum-Logistics Park, Sahibganj have been taken up. NHLML, a PSU under the Ministry of Road Transport and Highways has been engaged for development of these MMLPs. The work of Rail connectivity for three MMTs has been assigned to M/s Indian Port and Rail Company Ltd. (a PSU under MoPSW).
- **Shift of cargo by PSUs**: For modal shift of cargo to waterways, more than 140 PSUs have been approached to plan their movement using IWT mode. They have been requested to outline their current status of cargo movement through the waterways and their plan for modal shift of cargo. Ministries of PNG, Co-operation, Fertiliser, Food and Public Distribution, Heavy industries, Steel and Coal have been requested to advise the PSUs under their jurisdiction to utilise IWT mode as far as possible and earmark certain percentage of their cargo for IWT mode keeping in line the MIV targets.

E-COURTS PHASE-III PROJECT IN PUNJAB

978. SHRI MALVINDER SINGH KANG:

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

(a) whether the Government has reviewed the implementation of the e-Courts

Phase-III project in Punjab, if so, the findings thereof;

(b) the status of digital court infrastructure, district-wise;

(c) whether all courts in Punjab have been provided with adequate digital facilities for e-filing and virtual hearings; and

(d) the timeline fixed for completion of the remaining work?

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

(a): The eCourts Mission Mode Project Phase-III is being implemented through an institutional framework wherein the e-Committee, Supreme Court of India provides policy inputs and the High Courts are implementing agencies. The implementation of the Project, including in the State of Punjab, is monitored on a regular basis through periodic review meetings, progress reports and continuous coordination with the concerned High Court to facilitate timely implementation of the approved components under the Project.

(b): The status of digital court infrastructure, district-wise are at **Statement.**

(c) and (d): E-filing 3.0 has been implemented in all the District Courts in the State of Punjab. Adequate digital facilities and infrastructure for virtual hearings have been provided in the District Courts in the State of Punjab as per the guidelines of the eCommittee, Supreme Court of India.

STATEMENT

The status of digital court infrastructure, district-wise:

Amritsar		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	6
2	MFP (HP/Laserjet MFP M329dw)	1
3	Document Visualizer (Onfinity/VP-666)	5
4	Public Address System (Ahuja/Ahuja)	1
5	Computer (HP/HP 440 G9 AIO)	123
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	123
7	Scanner (Fujitsu/Fujitsu SP 1130N)	4
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	5
9	UPS (Microtek/Micro Legend 650 MTKUR65)	21
10	Computer (HP/HP ProOne 440 G9)	21
11	Scanner (Ricoh/fi8190)	2
12	Public Address System (Ahuja/Ahuja)	1
13	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	58
14	Duplex Laser Printer (HP/Laser Jet M208dw)	48
15	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	5
16	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	1
17	Laptop (HP/ELITEBOOK 845 R7)	5
18	Duplex Laser Printer (HP/M208dw)	7
19	MFP (Canon /Image CLASS X1440i)	18
20	Camera USB (AandT/Snap U2)	6
21	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	11
22	Duplex Laser Printer (HP/Laser Jet M208dw)	46
23	MFP (Canon/ImageCLASSX1440i)	1
24	UPS (Uniline/SMARTLINE SL-600)	144
25	Computer (Acer/Veriton Z4714GT)	144
26	Duplex Laser Printer (HP/Laser Jet M208dw)	2
27	Duplex Laser Printer (HP/M 208dw)	8
28	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Barnala		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	4
2	MFP (HP/Laserjet MFP M329dw)	1
3	Document Visualizer (Onfinity/VP-666)	1
4	Public Address System (Ahuja/Ahuja)	2
5	Computer (HP/HP 440 G9 AIO)	28
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	28
7	Scanner (Fujitsu/Fujitsu SP 1130N)	2
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	2
9	UPS (Microtek/Micro Legend 650 MTKUR65)	14
10	Computer (HP/HP ProOne 440 G9)	14
11	Scanner (Ricoh/fi8190)	1
12	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	15
13	Duplex Laser Printer (HP/Laser Jet M208dw)	14
14	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	2
15	Laptop (HP/ELITEBOOK 845 R7)	3
16	Duplex Laser Printer (HP/M208dw)	2
17	MFP (Canon /Image CLASS X1440i)	3
18	Camera USB (AandT/Snap U2)	2
19	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	3
20	Duplex Laser Printer (HP/Laser Jet M208dw)	13
21	UPS (Uniline/SMARTLINE SL-600)	5
22	Computer (Acer/Veriton Z4714GT)	5
23	Duplex Laser Printer (HP/Laser Jet M208dw)	2
24	Duplex Laser Printer (HP/M 208dw)	1
25	2 KVA Online UPS System (BPE/MF1102)	1

(Source: eCommittee, Supreme Court of India)

Bathinda		
Sr.No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	9
2	Document Visualizer (Onfinity/VP-666)	2
3	Public Address System (Ahuja/Ahuja)	3

4	Computer (HP/HP 440 G9 AIO)	73
5	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	73
6	Scanner (Fujitsu/Fujitsu SP 1130N)	3
7	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	5
8	UPS (Microtek/Micro Legend 650 MTKUR65)	23
9	Computer (HP/HP ProOne 440 G9)	23
10	Scanner (Ricoh/fi8190)	1
11	Public Address System (Ahuja/Ahuja)	2
12	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	40
13	Duplex Laser Printer (HP/Laser Jet M208dw)	33
14	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
15	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	2
16	Laptop (HP/ELITEBOOK 845 R7)	5
17	Duplex Laser Printer (HP/M208dw)	15
18	MFP (Canon /Image CLASS X1440i)	18
19	Camera USB (AandT/Snap U2)	6
20	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	12
21	Duplex Laser Printer (HP/Laser Jet M208dw)	31
22	UPS (Uniline/SMARTLINE SL-600)	87
23	Computer (Acer/Veriton Z4714GT)	87
24	Duplex Laser Printer (HP/M 208dw)	9
25	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Faridkot		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	1
2	Document Visualizer (Onfinity/VP-666)	1
3	Computer (HP/HP 440 G9 AIO)	21
4	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	21
5	Scanner (Fujitsu/Fujitsu SP 1130N)	1
6	UPS (Microtek/Micro Legend 650 MTKUR65)	11

7	Computer (HP/HP ProOne 440 G9)	11
8	Scanner (Ricoh/fi8190)	1
9	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	14
10	Duplex Laser Printer (HP/Laser Jet M208dw)	14
11	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
12	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	1
13	Laptop (HP/ELITEBOOK 845 R7)	4
14	Duplex Laser Printer (HP/M208dw)	4
15	MFP (Canon /Image CLASS X1440i)	4
16	Camera USB (AandT/Snap U2)	4
17	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43HI/ (HP Pro One 440 G9/ Numeric Onfiniti)	1
18	Duplex Laser Printer (HP/Laser Jet M208dw)	18
19	UPS (Uniline/SMARTLINE SL-600)	30
20	Computer (Acer/Veriton Z4714GT)	30
21	Duplex Laser Printer (HP/Laser Jet M208dw)	1
22	Duplex Laser Printer (HP/M 208dw)	1
23	2 KVA Online UPS System (BPE/MF1102)	2

(Source: eCommittee, Supreme Court of India)

Fatehgarh Sahib		
Sr.No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	6
2	MFP (HP/Laserjet MFP M329dw)	3
3	Document Visualizer (Onfinity/VP-666)	2
4	Public Address System (Ahuja/Ahuja)	3
5	Computer (HP/HP 440 G9 AIO)	52
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	52
7	Scanner (Fujitsu/Fujitsu SP 1130N)	2
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	3
9	UPS (Microtek/Micro Legend 650 MTKUR65)	10
10	Computer (HP/HP ProOne 440 G9)	10
11	Scanner (Ricoh/fi8190)	1
12	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	19
13	Duplex Laser Printer (HP/Laser Jet M208dw)	18

14	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
15	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	2
16	Laptop (HP/ELITEBOOK 845 R7)	6
17	Duplex Laser Printer (HP/M208dw)	4
18	MFP (Canon /Image CLASS X1440i)	6
19	Camera USB (AandT/Snap U2)	6
20	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	4
21	Duplex Laser Printer (HP/Laser Jet M208dw)	18
22	UPS (Uniline/SMARTLINE SL-600)	12
23	Computer (Acer/Veriton Z4714GT)	12
24	Duplex Laser Printer (HP/Laser Jet M208dw)	3
25	Duplex Laser Printer (HP/M 208dw)	2
26	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Fazilka		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	11
2	MFP (HP/Laserjet MFP M329dw)	3
3	Document Visualizer (Onfinity/VP-666)	2
4	Public Address System (Ahuja/Ahuja)	7
5	Computer (HP/HP 440 G9 AIO)	26
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	26
7	Scanner (Fujitsu/Fujitsu SP 1130N)	3
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	3
9	UPS (Microtek/Micro Legend 650 MTKUR65)	8
10	Computer (HP/HP ProOne 440 G9)	8
11	Scanner (Ricoh/fi8190)	1
12	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	24
13	Duplex Laser Printer (HP/Laser Jet M208dw)	21
14	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	3
15	Laptop (HP/ELITEBOOK 845 R7)	4

16	Duplex Laser Printer (HP/M208dw)	4
17	MFP (Canon /Image CLASS X1440i)	8
18	Camera USB (AandT/Snap U2)	6
19	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43HI/ (HP Pro One 440 G9/ Numeric Onfiniti)	20
20	Duplex Laser Printer (HP/Laser Jet M208dw)	23
21	UPS (Uniline/SMARTLINE SL-600)	39
22	Computer (Acer/Veriton Z4714GT)	39
23	Duplex Laser Printer (HP/M 208dw)	3
24	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Ferozepur		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	4
2	MFP (HP/Laserjet MFP M329dw)	3
3	Document Visualizer (Onfinity/VP-666)	2
4	Public Address System (Ahuja/Ahuja)	3
5	Computer (HP/HP 440 G9 AIO)	48
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	48
7	Scanner (Fujitsu/Fujitsu SP 1130N)	2
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	3
9	UPS (Microtek/Micro Legend 650 MTKUR65)	21
10	Computer (HP/HP ProOne 440 G9)	21
11	Scanner (Ricoh/fi8190)	1
12	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	25
13	Duplex Laser Printer (HP/Laser Jet M208dw)	20
14	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
15	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	1
16	Laptop (HP/ELITEBOOK 845 R7)	5
17	Duplex Laser Printer (HP/M208dw)	6
18	MFP (Canon /Image CLASS X1440i)	8
19	Camera USB (AandT/Snap U2)	6
20	Duplex Laser Printer (HP/Laser Jet M208dw)	26

21	UPS (Uniline/SMARTLINE SL-600)	25
22	Computer (Acer/Veriton Z4714GT)	25
23	Duplex Laser Printer (HP/Laser Jet M208dw)	2
24	Duplex Laser Printer (HP/M 208dw)	2
25	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Gurdaspur		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	8
2	MFP (HP/Laserjet MFP M329dw)	4
3	Document Visualizer (Onfinity/VP-666)	3
4	Public Address System (Ahuja/Ahuja)	3
5	Computer (HP/HP 440 G9 AIO)	90
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	90
7	Scanner (Fujitsu/Fujitsu SP 1130N)	3
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	7
9	UPS (Microtek/Micro Legend 650 MTKUR65)	25
10	Computer (HP/HP ProOne 440 G9)	25
11	Scanner (Ricoh/fi8190)	1
12	Public Address System (Ahuja/Ahuja)	2
13	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	31
14	Duplex Laser Printer (HP/Laser Jet M208dw)	26
15	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	3
16	Laptop (HP/ELITEBOOK 845 R7)	5
17	MFP (Canon /Image CLASS X1440i)	5
18	Camera USB (AandT/Snap U2)	4
19	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	3
20	Duplex Laser Printer (HP/Laser Jet M208dw)	23
21	UPS (Uniline/SMARTLINE SL-600)	12
22	Computer (Acer/Veriton Z4714GT)	12
23	Duplex Laser Printer (HP/Laser Jet M208dw)	10
24	Duplex Laser Printer (HP/M 208dw)	4

25	2 KVA Online UPS System (BPE/MF1102)	2

(Source: eCommittee, Supreme Court of India)

Hoshiarpur		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	7
2	Document Visualizer (Onfinity/VP-666)	3
3	Public Address System (Ahuja/Ahuja)	4
4	Computer (HP/HP 440 G9 AIO)	72
5	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	72
6	Scanner (Fujitsu/Fujitsu SP 1130N)	3
7	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	4
8	UPS (Microtek/Micro Legend 650 MTKUR65)	24
9	Computer (HP/HP ProOne 440 G9)	24
10	Scanner (Ricoh/fi8190)	1
11	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	32
12	Duplex Laser Printer (HP/Laser Jet M208dw)	28
13	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	5
14	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	2
15	Laptop (HP/ELITEBOOK 845 R7)	7
16	Duplex Laser Printer (HP/M208dw)	2
17	MFP (Canon /Image CLASS X1440i)	9
18	Camera USB (AandT/Snap U2)	8
19	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	1
20	Duplex Laser Printer (HP/Laser Jet M208dw)	20
21	UPS (Uniline/SMARTLINE SL-600)	12
22	Computer (Acer/Veriton Z4714GT)	12
23	Duplex Laser Printer (HP/Laser Jet M208dw)	9
24	Duplex Laser Printer (HP/M 208dw)	5
25	2 KVA Online UPS System (BPE/MF1102)	4

(Source: eCommittee, Supreme Court of India)

Jalandhar		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	8
3	Document Visualizer (Onfinity/VP-666)	6
5	Public Address System (Ahuja/Ahuja)	4
6	Computer (HP/HP 440 G9 AIO)	72
7	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	72
8	Scanner (Fujitsu/Fujitsu SP 1130N)	4
9	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	4
10	UPS (Microtek/Micro Legend 650 MTKUR65)	58
11	Computer (HP/HP ProOne 440 G9)	58
12	Scanner (Ricoh/fi8190)	2
13	Public Address System (Ahuja/Ahuja)	2
14	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	58
15	Duplex Laser Printer (HP/Laser Jet M208dw)	47
16	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	5
18	Laptop (HP/ELITEBOOK 845 R7)	7
19	Duplex Laser Printer (HP/M208dw)	2
20	MFP (Canon /Image CLASS X1440i)	9
21	Camera USB (AandT/Snap U2)	6
22	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	5
23	Duplex Laser Printer (HP/Laser Jet M208dw)	32
27	UPS (Uniline/SMARTLINE SL-600)	86
28	Computer (Acer/Veriton Z4714GT)	86
30	Duplex Laser Printer (HP/Laser Jet M208dw)	3
31	Duplex Laser Printer (HP/M 208dw)	6
32	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Kapurthala		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	7
2	MFP (HP/Laserjet MFP M329dw)	4

3	Document Visualizer (Onfinity/VP-666)	3
4	Public Address System (Ahuja/Ahuja)	7
5	Computer (HP/HP 440 G9 AIO)	46
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	46
7	Scanner (Fujitsu/Fujitsu SP 1130N)	2
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	5
9	UPS (Microtek/Micro Legend 650 MTKUR65)	17
10	Computer (HP/HP ProOne 440 G9)	17
11	Scanner (Ricoh/fi8190)	1
12	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	23
13	Duplex Laser Printer (HP/Laser Jet M208dw)	23
14	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	5
15	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	3
16	Laptop (HP/ELITEBOOK 845 R7)	5
17	Duplex Laser Printer (HP/M208dw)	3
18	MFP (Canon /Image CLASS X1440i)	7
19	Camera USB (AandT/Snap U2)	8
20	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43HI/ (HP Pro One 440 G9/ Numeric Onfiniti)	2
21	Duplex Laser Printer (HP/Laser Jet M208dw)	15
22	UPS (Uniline/SMARTLINE SL-600)	7
23	Computer (Acer/Veriton Z4714GT)	7
24	Duplex Laser Printer (HP/Laser Jet M208dw)	9
25	2 KVA Online UPS System (BPE/MF1102)	4

(Source: eCommittee, Supreme Court of India)

Ludhiana		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	28
2	MFP (HP/Laserjet MFP M329dw)	6
3	Document Visualizer (Onfinity/VP-666)	9
4	Public Address System (Ahuja/Ahuja)	13
5	Computer (HP/HP 440 G9 AIO)	242
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	242
7	Scanner (Fujitsu/Fujitsu SP 1130N)	7

8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	20
9	UPS (Microtek/Micro Legend 650 MTKUR65)	58
10	Computer (HP/HP ProOne 440 G9)	58
11	Scanner (Ricoh/fi8190)	2
12	Public Address System (Ahuja/Ahuja)	11
13	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	99
14	Duplex Laser Printer (HP/Laser Jet M208dw)	85
15	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	7
16	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	2
17	Laptop (HP/ELITEBOOK 845 R7)	8
18	Duplex Laser Printer (HP/M208dw)	14
19	MFP (Canon /Image CLASS X1440i)	20
20	Camera USB (AandT/Snap U2)	10
21	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43HI/ (HP Pro One 440 G9/ Numeric Onfiniti)	18
22	Duplex Laser Printer (HP/Laser Jet M208dw)	54
23	UPS (Uniline/SMARTLINE SL-600)	105
24	Computer (Acer/Veriton Z4714GT)	105
25	Duplex Laser Printer (HP/Laser Jet M208dw)	7
26	Duplex Laser Printer (HP/M 208dw)	11
27	2 KVA Online UPS System (BPE/MF1102)	5

(Source: eCommittee, Supreme Court of India)

Mansa		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	3
2	MFP (HP/Laserjet MFP M329dw)	2
3	Document Visualizer (Onfinity/VP-666)	1
4	Public Address System (Ahuja/Ahuja)	5
5	Computer (HP/HP 440 G9 AIO)	33
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	33
7	Scanner (Fujitsu/Fujitsu SP 1130N)	1
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	5
9	UPS (Microtek/Micro Legend 650 MTKUR65)	14
10	Computer (HP/HP ProOne 440 G9)	14

11	Scanner (Ricoh/fi8190)	1
12	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	17
13	Duplex Laser Printer (HP/Laser Jet M208dw)	16
14	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
15	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	2
16	Laptop (HP/ELITEBOOK 845 R7)	4
17	Duplex Laser Printer (HP/M208dw)	5
18	MFP (Canon /Image CLASS X1440i)	7
19	Camera USB (AandT/Snap U2)	6
20	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	3
21	Duplex Laser Printer (HP/Laser Jet M208dw)	21
22	UPS (Uniline/SMARTLINE SL-600)	21
23	Computer (Acer/Veriton Z4714GT)	21
24	Duplex Laser Printer (HP/Laser Jet M208dw)	2
25	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Moga		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	5
2	MFP (HP/Laserjet MFP M329dw)	2
3	Document Visualizer (Onfinity/VP-666)	2
4	Public Address System (Ahuja/Ahuja)	3
5	Computer (HP/HP 440 G9 AIO)	49
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	49
7	Scanner (Fujitsu/Fujitsu SP 1130N)	2
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	3
9	UPS (Microtek/Micro Legend 650 MTKUR65)	17
10	Computer (HP/HP ProOne 440 G9)	17
11	Scanner (Ricoh/fi8190)	1
12	Public Address System (Ahuja/Ahuja)	1
13	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	20
14	Duplex Laser Printer (HP/Laser Jet M208dw)	18

15	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
16	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	2
17	Laptop (HP/ELITEBOOK 845 R7)	4
18	Duplex Laser Printer (HP/M208dw)	4
19	MFP (Canon /Image CLASS X1440i)	8
20	Camera USB (AandT/Snap U2)	6
21	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	2
22	Duplex Laser Printer (HP/Laser Jet M208dw)	21
23	UPS (Uniline/SMARTLINE SL-600)	40
24	Computer (Acer/Veriton Z4714GT)	40
25	Duplex Laser Printer (HP/Laser Jet M208dw)	2
26	Duplex Laser Printer (HP/M 208dw)	2
27	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

S.A.S. Nagar (Mohali)		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	10
2	MFP (HP/Laserjet MFP M329dw)	4
3	Document Visualizer (Onfinity/VP-666)	3
4	Public Address System (Ahuja/Ahuja)	5
5	Computer (HP/HP 440 G9 AIO)	79
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	79
7	Scanner (Fujitsu/Fujitsu SP 1130N)	3
8	UPS (Microtek/Micro Legend 650 MTKUR65)	5
9	Computer (HP/HP ProOne 440 G9)	5
10	Scanner (Ricoh/fi8190)	1
11	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	40
12	Duplex Laser Printer (HP/Laser Jet M208dw)	41
13	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
14	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	2
15	Laptop (HP/ELITEBOOK 845 R7)	7
16	Duplex Laser Printer (HP/M208dw)	22

17	MFP (Canon /Image CLASS X1440i)	14
18	Camera USB (AandT/Snap U2)	6
19	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	9
20	Duplex Laser Printer (HP/Laser Jet M208dw)	28
21	UPS (Uniline/SMARTLINE SL-600)	121
22	Computer (Acer/Veriton Z4714GT)	121
23	Duplex Laser Printer (HP/Laser Jet M208dw)	11
24	Duplex Laser Printer (HP/M 208dw)	3
25	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Pathankot		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	1
2	Document Visualizer (Onfinity/VP-666)	1
3	Computer (HP/HP 440 G9 AIO)	6
4	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	6
5	Scanner (Fujitsu/Fujitsu SP 1130N)	1
6	UPS (Microtek/Micro Legend 650 MTKUR65)	17
7	Computer (HP/HP ProOne 440 G9)	17
8	Scanner (Ricoh/fi8190)	1
9	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	14
10	Duplex Laser Printer (HP/Laser Jet M208dw)	13
11	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	2
12	Laptop (HP/ELITEBOOK 845 R7)	3
13	Duplex Laser Printer (HP/M208dw)	1
14	MFP (Canon /Image CLASS X1440i)	4
15	Camera USB (AandT/Snap U2)	2
16	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	2
17	Duplex Laser Printer (HP/Laser Jet M208dw)	15
18	UPS (Uniline/SMARTLINE SL-600)	38
19	Computer (Acer/Veriton Z4714GT)	38
20	Duplex Laser Printer (HP/M 208dw)	1

21	2 KVA Online UPS System (BPE/MF1102)	1

(Source: eCommittee, Supreme Court of India)

Patiala		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	10
2	Document Visualizer (Onfinity/VP-666)	6
3	Public Address System (Ahuja/Ahuja)	5
4	Computer (HP/HP 440 G9 AIO)	75
5	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	75
6	Scanner (Fujitsu/Fujitsu SP 1130N)	4
7	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	8
8	UPS (Microtek/Micro Legend 650 MTKUR65)	32
9	Computer (HP/HP ProOne 440 G9)	32
10	Scanner (Ricoh/fi8190)	1
11	Public Address System (Ahuja/Ahuja)	3
12	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	55
13	Duplex Laser Printer (HP/Laser Jet M208dw)	46
14	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	6
15	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	1
16	Laptop (HP/ELITEBOOK 845 R7)	8
17	Duplex Laser Printer (HP/M208dw)	4
18	MFP (Canon /Image CLASS X1440i)	19
19	Camera USB (AandT/Snap U2)	8
20	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	13
21	Duplex Laser Printer (HP/Laser Jet M208dw)	34
22	UPS (Uniline/SMARTLINE SL-600)	135
23	Computer (Acer/Veriton Z4714GT)	135
24	Duplex Laser Printer (HP/Laser Jet M208dw)	3
25	Duplex Laser Printer (HP/M 208dw)	8
26	2 KVA Online UPS System (BPE/MF1102)	4

(Source: eCommittee, Supreme Court of India)

Rupnagar		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	8
2	MFP (HP/Laserjet MFP M329dw)	4
3	Document Visualizer (Onfinity/VP-666)	2
4	Public Address System (Ahuja/Ahuja)	5
5	Computer (HP/HP 440 G9 AIO)	57
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	57
7	Scanner (Fujitsu/Fujitsu SP 1130N)	2
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	4
9	UPS (Microtek/Micro Legend 650 MTKUR65)	8
10	Computer (HP/HP ProOne 440 G9)	8
11	Scanner (Ricoh/fi8190)	1
12	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	20
13	Duplex Laser Printer (HP/Laser Jet M208dw)	20
14	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
15	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	1
16	Laptop (HP/ELITEBOOK 845 R7)	5
17	Duplex Laser Printer (HP/M208dw)	2
18	MFP (Canon /Image CLASS X1440i)	4
19	Camera USB (AandT/Snap U2)	6
20	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	1
21	Duplex Laser Printer (HP/Laser Jet M208dw)	18
22	UPS (Uniline/SMARTLINE SL-600)	8
23	Computer (Acer/Veriton Z4714GT)	8
24	Duplex Laser Printer (HP/Laser Jet M208dw)	5
25	Duplex Laser Printer (HP/M 208dw)	1
26	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Malerkotla		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	2
2	MFP (HP/Laserjet MFP M329dw)	1
3	Document Visualizer (Onfinity/VP-666)	1
4	Computer (HP/HP 440 G9 AIO)	22
5	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	22
6	Scanner (Fujitsu/Fujitsu SP 1130N)	1
7	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	1
8	UPS (Microtek/Micro Legend 650 MTKUR65)	2
9	Computer (HP/HP ProOne 440 G9)	2
10	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	6
11	Duplex Laser Printer (HP/Laser Jet M208dw)	5
12	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	1
13	Laptop (HP/ELITEBOOK 845 R7)	3
14	Duplex Laser Printer (HP/M208dw)	1
15	MFP (Canon /Image CLASS X1440i)	2
16	Camera USB (AandT/Snap U2)	2
17	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	1
18	Duplex Laser Printer (HP/Laser Jet M208dw)	6
19	MFP (Canon/ImageCLASSX1440i)	1
20	UPS (Uniline/SMARTLINE SL-600)	19
21	Computer (Acer/Veriton Z4714GT)	19
22	Duplex Laser Printer (HP/M 208dw)	6
23	2 KVA Online UPS System (BPE/MF1102)	1

(Source: eCommittee, Supreme Court of India)

Sangrur		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	10
2	MFP (HP/Laserjet MFP M329dw)	2
3	Document Visualizer (Onfinity/VP-666)	4
5	Public Address System (Ahuja/Ahuja)	6

6	Computer (HP/HP 440 G9 AIO)	80
7	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	80
8	Scanner (Fujitsu/Fujitsu SP 1130N)	3
9	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	5
10	UPS (Microtek/Micro Legend 650 MTKUR65)	18
11	Computer (HP/HP ProOne 440 G9)	18
12	Scanner (Ricoh/fi8190)	1
14	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	36
15	Duplex Laser Printer (HP/Laser Jet M208dw)	30
16	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	6
17	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	3
18	Laptop (HP/ELITEBOOK 845 R7)	10
19	Duplex Laser Printer (HP/M208dw)	8
20	MFP (Canon /Image CLASS X1440i)	11
21	Camera USB (AandT/Snap U2)	10
22	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	4
23	Duplex Laser Printer (HP/Laser Jet M208dw)	26
26	MFP (Canon/ImageCLASSX1440i)	1
27	UPS (Uniline/SMARTLINE SL-600)	59
28	Computer (Acer/Veriton Z4714GT)	59
30	Duplex Laser Printer (HP/Laser Jet M208dw)	6
31	Duplex Laser Printer (HP/M 208dw)	5
32	2 KVA Online UPS System (BPE/MF1102)	4

(Source: eCommittee, Supreme Court of India)

SBS Nagar		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	3
3	Document Visualizer (Onfinity/VP-666)	1
5	Public Address System (Ahuja/Ahuja)	2
6	Computer (HP/HP 440 G9 AIO)	9
7	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	9
8	Scanner (Fujitsu/Fujitsu SP 1130N)	1

9	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	1
10	UPS (Microtek/Micro Legend 650 MTKUR65)	16
11	Computer (HP/HP ProOne 440 G9)	16
12	Scanner (Ricoh/fi8190)	1
13	Public Address System (Ahuja/Ahuja)	3
14	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	15
15	Duplex Laser Printer (HP/Laser Jet M208dw)	15
16	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	3
17	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	1
18	Laptop (HP/ELITEBOOK 845 R7)	4
19	Duplex Laser Printer (HP/M208dw)	2
20	MFP (Canon /Image CLASS X1440i)	5
21	Camera USB (AandT/Snap U2)	4
22	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	3
23	Duplex Laser Printer (HP/Laser Jet M208dw)	16
27	UPS (Uniline/SMARTLINE SL-600)	42
28	Computer (Acer/Veriton Z4714GT)	42
30	Duplex Laser Printer (HP/Laser Jet M208dw)	3
32	2 KVA Online UPS System (BPE/MF1102)	2

(Source: eCommittee, Supreme Court of India)

Sri Muktsar Sahib		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	3
2	MFP (HP/Laserjet MFP M329dw)	4
3	Document Visualizer (Onfinity/VP-666)	1
5	Public Address System (Ahuja/Ahuja)	3
6	Computer (HP/HP 440 G9 AIO)	40
7	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	40
8	Scanner (Fujitsu/Fujitsu SP 1130N)	1
9	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	4
10	UPS (Microtek/Micro Legend 650 MTKUR65)	10

11	Computer (HP/HP ProOne 440 G9)	10
12	Scanner (Ricoh/fi8190)	1
13	Public Address System (Ahuja/Ahuja)	1
14	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	18
15	Duplex Laser Printer (HP/Laser Jet M208dw)	17
16	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
17	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	1
18	Laptop (HP/ELITEBOOK 845 R7)	5
19	Duplex Laser Printer (HP/M208dw)	17
20	MFP (Canon /Image CLASS X1440i)	9
21	Camera USB (AandT/Snap U2)	6
22	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43Hl/ (HP Pro One 440 G9/ Numeric Onfiniti)	6
23	Duplex Laser Printer (HP/Laser Jet M208dw)	21
27	UPS (Uniline/SMARTLINE SL-600)	56
28	Computer (Acer/Veriton Z4714GT)	56
30	Duplex Laser Printer (HP/Laser Jet M208dw)	2
31	Duplex Laser Printer (HP/M 208dw)	2
32	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Tarn Taran		
Sr. No.	**Product**	**Distributed**
1	VC Camera (Logitech /BCC950 (USB PTZ camera))	1
2	MFP (HP/Laserjet MFP M329dw)	2
3	Document Visualizer (Onfinity/VP-666)	1
4	Public Address System (Ahuja/Ahuja)	2
5	Computer (HP/HP 440 G9 AIO)	50
6	UPS (Micro Legend 650/Micro Legend 650 - MTKUR65)	50
7	Scanner (Fujitsu/Fujitsu SP 1130N)	1
8	Display Boards (LG/Thin Client J1900 DTM07, LG 24inch 24MP400, LG 19M38HB)	4
9	UPS (Microtek/Micro Legend 650 MTKUR65)	14
10	Computer (HP/HP ProOne 440 G9)	14
11	Scanner (Ricoh/fi8190)	1

12	Public Address System (Ahuja/Ahuja)	2
13	Scanner (HP/Scanjet 4600fnw ADF legal flatbed)	20
14	Duplex Laser Printer (HP/Laser Jet M208dw)	20
15	External HDD (SEAGATE/LaCie Rugged Mini 2TB LAC9000298)	4
16	Server LowEnd (Dell PowerEdge T560/PowerEdge T560)	2
17	Laptop (HP/ELITEBOOK 845 R7)	3
18	Duplex Laser Printer (HP/M208dw)	7
19	MFP (Canon /Image CLASS X1440i)	9
20	Camera USB (AandT/Snap U2)	6
21	VC Equipment (Onfinity/ Numeric/ HP/Onfinity OT -SP 1 OW/ Onfinity V50XC/ Onfinity CD43HI/ (HP Pro One 440 G9/ Numeric Onfiniti)	3
22	Duplex Laser Printer (HP/Laser Jet M208dw)	19
23	UPS (Uniline/SMARTLINE SL-600)	38
24	Computer (Acer/Veriton Z4714GT)	38
25	Duplex Laser Printer (HP/Laser Jet M208dw)	4
26	Duplex Laser Printer (HP/M 208dw)	2
27	2 KVA Online UPS System (BPE/MF1102)	3

(Source: eCommittee, Supreme Court of India)

Video Conferencing equipments supplied in the District Courts of Punjab under eCourts Phase - III		
Sr. No.	**Sessions Division/Sub-Division**	**VC Sets allocation sitewise**
1	Amritsar	4
2	Ajnala	1
3	Baba Bakala	1
4	Fazilka	1
5	Abohar	1
6	Jalalabad	1
7	Batala	1
8	Jalandhar	1
9	Nakodar	1
10	Samrala	1
11	Khanna	1

12	Payal	1
13	Nihal Singh Wala	1
14	Baghapurana	1
15	Pathankot	1
16	Patiala	2
17	Dera Bassi	1
18	Kharar	1
19	Malerkotla	1
20	Sunam	1
21	Moonak	1
22	Dhuri	1
23	Malout	1
24	SBS Nagar	1
25	Khadoor Sahib	1

(Source: eCommittee, Supreme Court of India)

PROGRESS OF MISSION VATSALYA

979. DR. BYREDDY SHABARI:

SHRI APPALANAIDU KALISETTI:

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

(a) the details of the sanctioned and operational District Child Protection Units (DCPUs), Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs), State-wise and district-wise, especially in Andhra Pradesh;

(b) the current status of the integrated Mission Vatsalya Portal;

(c) the details of the States/UTs participating in the Mission Vatsalya Portal;

(d) the number of States/UTs regularly uploading data on the said Portal, along

with the criteria prescribed for regular data updation;

(e) whether the migration mapping of data from TrackChild, CARINGS, and Khoya-Paya have been completed to ensure a unified digital platform and if so, the details thereof; and

(f) the number of operational Cradle Baby Reception Centres established in Specialized Adoption Agencies (SAAs) to rescue abandoned children, State-wise and district-wise, especially in the said State?

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

(a): The Mission Vatsalya Scheme is a Centrally Sponsored Scheme, which is implemented by the States and Union Territories (UTs) with the aim to support Children in Need of care and Protection (CNCP) and Children in Conflict with Law (CCL). Under the Mission Vatsalya Scheme, financial assistance is provided to the States and Union Territories for supporting the statutory service delivery structures established under the Juvenile Justice (Care and Protection of Children) Act, 2015, including District Child Protection Units (DCPUs), Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs). The State-wise details of DCPUs, CWCs and JJBs, including those in Andhra Pradesh funded under Mission Vatsalya Scheme, are placed at **Statement-I**.

(b) to (e): The Ministry of Women and Child Development has developed an integrated unified Mission Vatsalya Portal in consultation and coordination with States and UTs. The TrackChild portal for Missing/Found Children, and Khoya-Paya application for Missing/Sighted Children have been integrated with this

unified Mission Vatsalya Portal. The Portal integrates key child protection services and facilitates digital case management, beneficiary tracking, institutional monitoring and reporting by States and UTs. The Portal also integrates the Child Adoption Resource Information and Guidance System (CARINGS) portal thereby strengthening tracking, rehabilitation and adoption-related services for children in need of care and protection.

The Mission Vatsalya Portal has been rolled out across all 36 States and Union Territories. States and Union Territories, have been advised from time to time to ensure regular updation of child-specific and institutional data. Data is updated by authorised users, including District Child Protection Units (DCPUs), Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), Child Care Institutions (CCIs) and Specialized Adoption Agencies (SAAs), in accordance with the Mission Vatsalya Operational Guidelines and the Standard Operating Procedures (SOPs) issued by the Ministry.

The Ministry regularly monitors the quality, completeness and timeliness of data through periodic review meetings, capacity-building programmes and advisories issued to the States and Union Territories.

(f): There is provision in Mission Vatsalya Guidelines for the establishment of at least one Cradle Baby Reception Centre (CBRC) in a Specialized Adoption Agency (SAA) in each district. CBRCs are operated from the premises of the SAAs and are equipped with essential facilities for the immediate care and protection of infants.

The State-wise details of Specialized Adoption Agencies (SAAs) funded under

the Mission Vatsalya Scheme, including those in Andhra Pradesh, are provided at **Statement-II**.

STATEMENT-I

THE STATE-WISE DETAILS OF DCPUs, CWCs AND JJBs, INCLUDING THOSE IN ANDHRA PRADESH FUNDED UNDER MISSION VATSALYA SCHEME DURING FY 2025-26

S. No.	State	DCPU	CWC	JJB
1	**Andhra Pradesh**	**26**	**26**	**26**
2	Arunachal Pradesh	27	28	26
3	Assam	35	36	35
4	Bihar	38	38	38
5	Chhattisgarh	33	33	33
6	Goa	2	2	2
7	Gujarat	33	33	33
8	Haryana	22	22	22
9	Himachal Pradesh	12	12	12
10	Jammu and Kashmir	20	20	20
11	Jharkhand	24	24	26
12	Karnataka	31	39	37
13	Kerala	14	14	14
14	Madhya Pradesh	51	51	51
15	Maharashtra	36	39	38
16	Manipur	16	16	16
17	Meghalaya	12	12	12
18	Mizoram	11	11	11
19	Nagaland	17	17	17
20	Odisha	30	31	34
21	Punjab	23	23	23
22	Rajasthan	41	41	42

23	Sikkim	6	6	6
24	Tamil Nadu	38	40	38
25	Telangana	33	36	33
26	Tripura	8	8	8
27	Uttar Pradesh	75	75	75
28	Uttarakhand	13	15	13
29	West Bengal	23	25	23
30	Andaman and Nicobar	3	3	3
31	Chandigarh	1	1	1
32	Dadra and Nagar Haveli and Daman and Diu	3	3	3
33	Ladakh	2	2	2
34	Lakshadweep	1	1	1
35	Delhi	11	10	7
36	Puducherry	2	4	4

STATEMENT-II

THE STATE-WISE DETAILS OF SPECIALIZED ADOPTION AGENCIES (SAAs) FUNDED UNDER THE MISSION VATSALYA SCHEME, INCLUDING THOSE IN ANDHRA PRADESH DURING FY 2025-26

S. No.	State and UT	Specialised Adoption Agencies
1	Andhra Pradesh	27
2	Arunachal Pradesh	2
3	Assam	33
4	Bihar	41
5	Chhattisgarh	31
6	Goa	2
7	Gujarat	12
8	Haryana	2
9	Himachal Pradesh	12

10	Jammu and Kashmir	12
11	Jharkhand	9
12	Karnataka	42
13	Kerala	12
14	Madhya Pradesh	26
15	Maharashtra	16
16	Manipur	16
17	Meghalaya	9
18	Mizoram	13
19	Nagaland	18
20	Odisha	33
21	Punjab	22
22	Rajasthan	46
23	Sikkim	6
24	Tamil Nadu	19
25	Telangana	17
26	Tripura	10
27	Uttar Pradesh	88
28	Uttarakhand	13
29	West Bengal	40
30	Andaman and Nicobar	4
31	Chandigarh	2
32	Dadra and Nagar Haveli and Daman and Diu	1
33	Ladakh	2
34	Lakshadweep	0
35	Delhi	3
36	Puducherry	2

IMPLEMENTATION OF THE ONE STOP CENTRE SCHEME FOR WOMEN

980. SHRIMATI SMITA UDAY WAGH:

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

(a) whether the Government is implementing the One Stop Centre (OSC) Scheme to provide integrated support services to women affected by violence and distress, if so, the details thereof;

(b) the details of the operational One Stop Centres, beneficiaries assisted, services provided State and district-wise particularly for Maharashtra, including Jalgaon Lok Sabha Constituency;

(c) whether the Government has assessed the effectiveness of OSCs in providing emergency assistance, temporary shelter, legal aid, medical care and psychological counselling, if so, the details thereof;

(d) whether the Government has reviewed accessibility, staffing infrastructure gaps in OSCs functioning in rural and semi-urban areas of said State, including said Constituency, if so, the details thereof; and

(e) whether the Government proposes to strengthen OSC services through enhanced counselling, digital support and trained personnel in the said Constituency, if so, the details thereof?

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

(a) to (e): One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like

medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women including rural and semi-urban areas of country. As on date, 985 One Stop Centres have been made operational across the country and since inception, i.e. 1st April, 2015 to 30th June, 2026, over 15.20 lakh women have been assisted in the country. As on date, 68 OSCs are operational in the State of Maharashtra including one OSC in Jalgaon district. Over 47,523 women have been assisted through these OSCs in Maharashtra including Jalgaon Lok Sabha Constituency. State and UT-wise details of operational One Stop Centre and women beneficiaries assisted through One Stop Centre have been placed at **Statement**.

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.

The Ministry has taken keen action in standardizing capacity building sessions for the functionaries of One Stop Centres. This involves engaging expert resource persons from NIMHANS, UNFPA, SPNIWCD, NALSA, and National Informatics Centre for facilitating technical sessions on psycho-social counselling, gender-based violence case management, gender sensitization and dashboard operations.

Further, once in a year, the Programme Approval Board (PAB) monitors

with States and UTs the progress of activities under the scheme and reviews status of achievement of objectives, effective delivery of services to women and children. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time. The Ministry has also developed the Mission Shakti Dashboard, which facilitates real-time tracking of functioning of the Schemes under the Mission Shakti at the district, State, and National levels.

Two third party evaluations of the schemes of the Ministry, including the Mission Shakti Umbrella Scheme have been conducted in 2020 and again in 2025 through NITI Aayog. The studies have found the relevance, effectiveness and sustainability of the scheme as satisfactory.

STATEMENT

State and UT-wise details of operational One Stop Centre and women beneficiaries assisted through One Stop Centre are as under:

Sl. No.	State /Uts	Number of OSCs Approved	Number of Operational OSCs	Women Assisted till 30.06.2026
1	A & N Islands	3	3	2,348
2	Andhra Pradesh	37	36	50,508
3	Arunachal Pradesh	27	25	3,071
4	Assam	36	36	38,499
5	Bihar	69	61	55,071
6	Chandigarh	1	1	2,607
7	Chhattisgarh	42	42	64,131
8	DNHDD	3	3	1,764
9	Delhi	22	11	48,296
10	Goa	2	2	7,422
11	Gujarat	36	36	51,880

12	Haryana	27	22	61,630
13	Himachal Pradesh	13	13	6,147
14	Jammu and Kashmir	23	20	19,601
15	Jharkhand	37	34	10,499
16	Karnataka	44	44	44,926
17	Kerala	16	14	27,839
18	Ladakh	2	2	223
19	Lakshadweep	1	1	0
20	Madhya Pradesh	65	62	1,65,475
21	Maharashtra	68	68	47,523
22	Manipur	16	16	2,694
23	Meghalaya	14	13	5,857
24	Mizoram	13	13	4,342
25	Nagaland	17	17	1,951
26	Odisha	39	35	48,416
27	Puducherry	4	4	832
28	Punjab	23	23	32,735
29	Rajasthan	54	52	62,668
30	Sikkim	7	6	2,718
31	Tamil Nadu	59	59	1,82,957
32	Telangana	36	36	89,922
33	Tripura	10	10	2,419
34	Uttar Pradesh	124	124	3,42,962
35	Uttarakhand	19	17	17,155
36	West Bengal	24	24	13,302
	Total	**1033**	**985**	**15,20,390**

MARKET ACCESS PROGRAMMES BY PHARMA COMPANIES

981. SHRI K. C. VENUGOPAL:

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

(a) the details of guidelines governing the conduct of market access and

patient assistance programmes by pharmaceutical companies in private hospitals;

(b) the institutional mechanisms in place to monitor these programmes, the use of patient data and the outcomes generated therefrom, along with the specific role played by the state health departments in this regard; and

(c) the measures taken by the government to ensure that pharmaceutical companies do not influence the pricing mechanisms or the inclusion of high-end drugs and diagnostics in the benefit packages of central and state health insurance schemes?

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

(a) and (b): As informed by Department of Pharmaceuticals (DoP), the pharmaceutical companies implement Patient Assistance Programmes (PAPs)/Market Access Programmes as voluntary initiatives to improve patient access and affordability of innovative medicines. These programmes are administered through independent third-party agencies based on defined patient eligibility criteria and company-specific operating procedures, with appropriate safeguards, including oversight mechanisms, periodic audits and grievance redressal systems.

As informed by Department of Pharmaceuticals (DoP), the pharmaceutical companies have established internal oversight and control mechanisms for the implementation of PAPs, including verification of patient eligibility and prescriptions, monitoring of third-party agencies, confirmation of

drug administration and periodic independent audits. Patient information is collected and processed by the third-party agencies only for programme administration and treatment continuity.

(c): As informed by Department of Pharmaceuticals (DoP), the National Pharmaceutical Pricing Authority (NPPA) under the Department of Pharmaceuticals fixes ceiling prices of formulations and medical devices included in the National List of Essential Medicines published by the Ministry of Health and Family Welfare and incorporated by the DoP in Schedule-I to the Drugs (Prices Control) Order, 2013 (DPCO, 2013). NPPA also fixes the retail price of new drugs as defined in section 2(1) (u) of DPCO, 2013. In case of non-scheduled formulations, manufacturers are required to not increase the maximum retail price (MRP) of such formulations by more than 10% of MRP during preceding 12 months. NPPA monitors the prices of both scheduled and non-scheduled formulations/medical devices and takes action in accordance with the provisions of DPCO, 2013 against companies that are found overcharging consumers.

आयुष पद्धतियों और पारंपरिक दवाओं को बढ़ावा दिया जाना

982. श्री जसवंतसिंह सुमनभाई भाभोर:

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

(क) सरकार द्वारा दाहोद संसदीय निर्वाचन क्षेत्र में जमीनी स्तर पर आयुर्वेद, योग, यूनानी, सिद्ध और होम्योपैथी सहित आयुष पद्धतियों को बढ़ावा देने के लिए उठाए गए विशेष कदमों का चिकित्सा पद्धति-वार ब्यौरा क्या है;

(ख) दाहोद संसदीय निर्वाचन क्षेत्र के जनजातीय और ग्रामीण क्षेत्रों से पारंपरिक आयुष दवाओं और उत्पादों को बढ़ावा देने के लिए क्या प्रयास किए गए हैं;

(ग) दाहोद संसदीय निर्वाचन क्षेत्र में 'आयुष ग्रिड' और 'माई आयुष इंटीग्रेटेड सर्विसेज पोर्टल' के कार्यान्वयन में अब तक क्या प्रगति हुई है तथा उक्त निर्वाचन क्षेत्र के स्वास्थ्य संस्थानों द्वारा उक्त पोर्टल का कितना अंगीकरण किया गया है; और

(घ) सरकार द्वारा दाहोद संसदीय निर्वाचन क्षेत्र में स्वास्थ्य और आरोग्य केंद्रों में एकसमान स्थान के माध्यम से आयुष पद्धतियों को एकीकृत करने के लिए क्या उपाय किए गए हैं और उक्त एकीकरण का निवारक स्वास्थ्य देखभाल पर क्या प्रभाव पड़ा है?

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

(क) और (ख): जन स्वास्थ्य राज्य का विषय होने के कारण, दाहोद संसदीय क्षेत्र सहित राज्य में जमीनी स्तर पर आयुष पद्धतियों को बढ़ावा देने और जनजातीय एवं ग्रामीण क्षेत्रों से आयुष दवाओं और उत्पादों को प्रोत्साहित करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। हालाँकि, आयुष मंत्रालय राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्र प्रायोजित योजना को लागू कर रहा है और देश में आयुर्वेद, योग, यूनानी, सिद्ध और होम्योपैथी सहित आयुष पद्धतियों के समग्र विकास और संवर्धन के लिए उनके प्रयासों का समर्थन कर रहा है। राष्ट्रीय आयुष मिशन के तहत, एनएएम दिशानिर्देशों के प्रावधानों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के आधार पर राज्य/संघ राज्य क्षेत्र सरकारों को सहायता अनुदान प्रदान किया जा रहा है। एनएएम में अन्य बातों के साथ-साथ निम्नलिखित गतिविधियों के लिए भी प्रावधान किया गया है:

(i) आयुष स्वास्थ्य और कल्याण केंद्रों (एएचडब्लूसी) का संचालन, जिनका नाम बदलकर अब आयुष्मान आरोग्य मंदिर (आयुष) कर दिया गया है।

(ii) प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला

अस्पतालों (डीएच) में आयुष सुविधाओं का सह-स्थापन।

(iii) मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन।

(iv) मौजूदा सरकारी/पंचायती/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय के लिए भवन निर्माण (किराए पर/जीर्ण-शीर्ण आवास)/ नया आयुष औषधालय स्थापित करने के लिए भवन निर्माण।

(v) 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना।

(vi) सरकारी आयुष अस्पतालों, सरकारी औषधालयों और सरकारी/सरकारी सहायताप्राप्त शिक्षण संस्थागत आयुष अस्पतालों को आवश्यक औषधियों की आपूर्ति।

(vii) आयुष जन स्वास्थ्य कार्यक्रम।

(viii) आयुष ग्राम।

(ix) व्यवहार परिवर्तन संचार (बीसीसी)।

(x) उन राज्यों में नए आयुष कॉलेजों की स्थापना जहाँ सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।

(xi) आयुष स्नातक संस्थानों और आयुष स्नातकोत्तर संस्थानों का बुनियादी ढांचा विकास/पीजी/फार्मास्युटिकल/पैरा-मेडिकल पाठ्यक्रम जोड़ना।

इसके अलावा, आयुष मंत्रालय आयुर्वेद, योग, यूनानी, सिद्ध और होम्योपैथी जैसी आयुष पद्धतियों की प्रभावकारिता, लागत-प्रभावशीलता और निवारक स्वास्थ्य देखभाल के लाभों के बारे में आम जनता में जागरूकता पैदा करने के लिए आयुष क्षेत्र में सूचना, शिक्षा और संचार (आईईसी) के प्रोत्साहन हेतु केंद्रीय क्षेत्र की योजना भी लागू कर रहा है। यह योजना देश भर की आबादी के सभी वर्गों को लाभान्वित करने के लिए उद्दिष्ट है। इस योजना के तहत, मंत्रालय राष्ट्रीय और राज्य स्तर के आरोग्य मेलों, योग उत्सवों, आयुर्वेद पर्वों और विभिन्न आयुष पद्धतियों से जुड़े महत्वपूर्ण दिनों के समारोहों का आयोजन करता है। मंत्रालय स्वास्थ्य मेलों, प्रदर्शनियों में भी भाग लेता है; सेमिनारों, कार्यशालाओं और सम्मेलनों के आयोजन के लिए वित्तीय सहायता प्रदान करता है; और

नागरिकों के मध्य स्वास्थ्य सेवाओं की आयुष पद्धतियों को बढ़ावा देने के लिए मल्टीमीडिया जागरूकता अभियान चलाता है।

गुजरात राज्य सरकार द्वारा दी गई रिपोर्ट के अनुसार, राष्ट्रीय आयुष मिशन के तहत दाहोद संसदीय क्षेत्र में मौजूदा आयुष सुविधाओं के उन्नयन के लिए मजबूत वित्तीय और बुनियादी ढांचे को समर्थन प्रदान किया गया है। दाहोद जिले में, 19 आयुष औषधालयों में से 12 को आयुष्मान आरोग्य मंदिर (आयुष) के रूप में उन्नत किया गया है। इसके अलावा, दाहोद जिले में 7 एकल आयुष औषधालय, समर्पित योग कल्याण केंद्रों वाले 2 एकल आयुर्वेदिक अस्पताल और 5 सह-स्थापित आयुष ओपीडी (3 सीएचसी स्तर पर, 1 पीएचसी स्तर पर, और 1 जिला अस्पताल स्तर पर) भी कार्यशील है। जमीनी स्तर के आयुष औषधालयों की जरूरतों को प्रत्यक्षत: पूरा करने के लिए आवश्यक आयुर्वेदिक और होम्योपैथिक दवाओं की नियमित और सुव्यवस्थित आपूर्ति श्रृंखलाओं को संस्थागत रूप दिया गया है। आयुष पद्धतियों के संवर्धन हेतु, आईसीई (आयुष के लाभों को उजागर करने वाले पैम्फलेट, पोस्टर और कैलेंडर), हर्बल गार्डन का एकीकरण, आयुष गतिमान चिकित्सा इकाई, और स्कूल स्वास्थ्य कार्यक्रमों जैसी गतिविधियां शुरू की गई हैं। स्वस्थ जीवन शैली को बढ़ावा देने के लिए नियमित योग सत्र, पोषण, स्वच्छता, गैर-संचारी रोग की रोकथाम और मौसमी स्वास्थ्य पर स्वास्थ्य शिक्षा और आईसीई गतिविधियां भी चलाई जाती हैं। इसके अतिरिक्त, मधुमेह, उच्च रक्तचाप, मोटापा और तनाव प्रबंधन के लिए जीवनशैली संबंधी परामर्श तथा मातृ एवं शिशु स्वास्थ्य, किशोर स्वास्थ्य और जराचिकित्सा देखभाल के लिए आयुष-आधारित निवारक देखभाल भी प्रदान की जाती है। स्वास्थ्य शिविरों और राष्ट्रीय स्वास्थ्य अभियानों के आयोजन के माध्यम से सामुदायिक पहुंच भी सुनिश्चित की जाती है।

इसके अलावा, गुजरात सरकार ने ग्रामीण समुदायों के दैनिक जीवन में पारंपरिक चिकित्सा को एकीकृत करने के लिए 'आयुष ग्राम' गतिविधि को लागू किया है। ये पहल स्थानीय सहभागियों (जैसे किसानों) को प्रशिक्षित करके और स्थानीय औषधीय पौधों को बढ़ावा देकर आयुष को ग्राम स्तर पर प्राथमिक, सुलभ स्वास्थ्य सेवा प्रणाली बनाने पर ध्यान केंद्रित करती हैं।

(ग): आयुष ग्रिड पहल के तहत, चौबीस ई-गवर्नेंस प्लेटफॉर्म विकसित किए गए हैं और सभी के लिए सुलभ बनाए गए हैं। आयुष मंत्रालय का मास्टर पोर्टल, 'माई आयुष इंटीग्रेटेड सर्विसेज पोर्टल' (एमएआईएसपी), सभी आयुष-संबंधित अनुप्रयोगों और सेवाओं को एक एकीकृत डिजिटल पारिस्थितिकी तंत्र में जोड़ता है (विवरण maisp.ayush.gov.in पर उपलब्ध है:)। 23 जुलाई, 2026 तक की स्थिति के अनुसार दाहोद संसदीय क्षेत्र से 3 आयुष सुविधाओं को एएचएमआईएस पर ऑन-बोर्ड किया जा चुका है और देश भर में कुल 5558 आयुष स्वास्थ्य सुविधाओं को इस पर जोड़ा गया है। इसके अलावा, पीएम गतिशक्ति पोर्टल ने योजना और निर्णय लेने में सहायता हेतु 'पीएम गतिशक्ति आयुष एसेट मैपिंग टूल' का उपयोग करके आयुष स्वास्थ्य सुविधाओं की जीआईएस मैपिंग को सक्षम बनाया है। 23 जुलाई 2026 तक की स्थिति के अनुसार इस पोर्टल पर दाहोद संसदीय क्षेत्र से कुल 34 आयुष सुविधाओं की मैपिंग की जा चुकी है।

(घ): आयुष पद्धतियों को मुख्यधारा में एकीकृत करने के लिए, भारत सरकार ने देश भर के प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सेवाओं के सह-स्थापन की कार्यनीति अपनाई है, जिससे मरीजों को एक ही स्थान पर चिकित्सा की विभिन्न पद्धतियों का विकल्प मिलता है। स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत आयुष डॉक्टरों/पैरामेडिक्स की नियुक्ति और उनके प्रशिक्षण हेतु सहयोग किया जा रहा है, जबकि आयुष के बुनियादी ढांचे, उपकरणों/फर्नीचर और दवाओं हेतु सहायता, आयुष मंत्रालय द्वारा राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत साझा जिम्मेदारियों के रूप में प्रदान की जा रही है।

इसके अलावा, जैसा कि गुजरात सरकार द्वारा दी गई जानकारी के अनुसार है, जमीनी-स्तर पर पहुंच और सिंगल-विंडो रोगी देखभाल को अधिकतम करने के लिए, दाहोद संसदीय क्षेत्र में 1 पीएचसी, 3 सीएचसी और 1 जिला अस्पताल स्तर पर 5 सह-स्थापित आयुष ओपीडी स्थित हैं। इन सह-स्थापित केंद्रों पर, आयुष चिकित्सा अधिकारी नियमित स्वास्थ्य सेवाओं के साथ-साथ योग और जीवनशैली परामर्श, स्वास्थ्य शिक्षा और आयुष उपचार सहित निवारक, संवर्धात्मक

और प्राथमिक स्वास्थ्य देख-रेख सेवाएँ प्रदान करते हैं। इस पहल से आयुष सेवाओं तक पहुँच में सुधार हुआ है, निवारक स्वास्थ्य देख-रेख सेवा के बारे में जागरूकता बढ़ी है, स्वस्थ जीवन शैली को बढ़ावा मिला है, विशेष रूप से ग्रामीण और आदिवासी क्षेत्रों में जीवनशैली से जुड़ी बीमारियों का शुरुआती प्रबंधन संभव हुआ है और निवारक स्वास्थ्य सेवा प्रदायगी सुदृढ़ हुई।

SAFETY MEASURES FOR HAZARDOUS CHEMICALS

983. SHRI D. M. KATHIR ANAND:

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

(a) whether the Government has undertaken a comprehensive review of safety protocols, governing industrial storage, transportation and handling of ammonia and other hazardous chemicals after the Tiruvallur ammonia leak in Tamil Nadu, if so, the details thereof;

(b) the details of safety standards prescribed by the Government for refrigeration systems using ammonia, along with the mechanism for ensuring compliance by industrial establishments;

(c) whether the Government proposes mandatory installation of ammonia leak detectors, automatic alarm systems, water-curtain arrangements and real-time monitoring equipment in industries handling hazardous chemicals, if so, the details thereof;

(d) whether the Government has examined gaps in enforcement of existing safety regulations and identified the corrective measures, if so, the details thereof; and

(e) the time-bound action proposed by the Government to prevent recurrence

of similar industrial disasters across the country, State-wise?

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

(a) to (e): The Central Government under the Ministry of labour and Employment has enacted the Occupational Safety, Health and Working Conditions (OSH and WC) Code 2020, which has come into force on 21.11.2025, to regulate the occupational safety, health and working conditions of the persons employed in establishments including factories and for matters connected therewith or incidental thereto. State /UT Government is the appropriate Government to implement the provisions of OSH and WC Code 2020 in case of factories.

The OSH and WC Code further, inter-alia, stipulates the duties of the employer to ensure that the work place remains free from hazards that cause or are likely to cause injuries or occupational disease to the employees.

Further, as per information received from Director of Industrial Safety and Health, Government of Tamil Nadu, special teams have been constituted to conduct inspections in factories handling Ammonia to ensure the safety of the workers. Instructions have also been issued to the officials to ensure that workers are not permitted to stay inside the factory premises where hazardous chemicals are handled or stored. As per these instructions, special squads have also been formed for conducting inspections in such units handling Ammonia.

TELEMEDICINE SERVICES IN BORDER AREAS

984. SHRI UMMEDA RAM BENIWAL:

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

(a) whether telemedicine services are being provided in remote border areas of the country;

(b) if so, the details thereof, State-wise, including Rajasthan;

(c) whether telemedicine facilities have been extended to border villages in Barmer district, if so, the details thereof; and

(d) the measures taken or proposed to be taken by the Government to strengthen digital health infrastructure and specialist healthcare access in such 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 (d): Yes, eSanjeevani is providing free teleconsultation services to all States/UTs and districts of the country including remote border areas of the country. The State/UT wise details of teleconsultations under eSanjeevani are at **Statement.**

As of 19th July, 2026, eSanjeevani has served over 20,558 patients in Barmer district of Rajasthan. The service is operational through a network of 194 health facilities (spokes), supported by 82 hubs and over 374 healthcare providers, including doctors, specialists, super-specialists, and frontline health workers, ensuring seamless access to quality healthcare.

The Ministry has implemented various measures to strengthen telemedicine infrastructure and improve access to specialist healthcare services across the country through the eSanjeevani National Telemedicine Service, including at Ayushman Arogya Mandirs (AAMs) and health facilities in rural, remote, tribal, hilly and border areas. These measures include regular training and capacity-building programmes for doctors, specialists, healthcare workers and other stakeholders to ensure effective utilization of the platform.

Further, the platform enables consultations with specialist and super-specialist doctors and is integrated with an AI-based Clinical Decision Support System (CDSS) to support clinical decision-making and improve the quality and consistency of care.

STATEMENT

State/UT wise details of teleconsultations under eSanjeevani

S. No	State/UT	Total HUBs Operational	Total Spokes Operational	Total Number of Consultations in eSanjeevani AAM	Total Number of Consultations in eSanjeevani OPD	Total Number of Teleconsultations
1	A & N Islands	2	78	1238	5	1243
2	Andhra Pradesh	1221	11429	85638730	36973	85675703
3	Arunachal Pradesh	12	198	8539	560	9099
4	Assam	365	3232	3206824	49143	3255967
5	Bihar	53	9889	32383735	124563	32508298
6	Chandigarh	6	56	134471	19188	153659
7	Chhattisgarh	278	4576	4972284	1230	4973514
8	Delhi	5	28	3545	92496	96041
9	Goa	23	106	3292	2192	5484

10	Gujarat	1941	9304	13406570	1015272	14421842
11	Haryana	197	1856	1174017	213695	1387712
12	Himachal Pradesh	546	1927	1183458	7471	1190929
13	Jammu And Kashmir	512	1903	1858685	146347	2005032
14	Jharkhand	30	3317	4196665	12584	4209249
15	Karnataka	2081	6403	25359527	5402477	30762004
16	Kerala	132	6828	3133623	581780	3715403
17	Ladakh	2	206	170521	76	170597
18	Lakshadweep	2	7	657	0	657
19	Madhya Pradesh	185	10211	12227438	8091	12235529
20	Maharashtra	1890	9515	13137449	766440	13903889
21	Manipur	27	270	103318	8714	112032
22	Meghalaya	47	561	395091	10	395101
23	Mizoram	88	297	52140	191	52331
24	Nagaland	1	231	16756	10	16766
25	Odisha	491	6594	5375570	305	5375875
26	Puducherry	4	46	6949	44	6993
27	Punjab	17	1646	948298	4401	952699
28	Rajasthan	2037	6126	3252531	114125	3366656
29	Sikkim	26	157	58816	11	58827
30	Tamil Nadu	1682	6917	72239170	1748190	73987360
31	Telangana	958	5714	33508645	28658	33537303
32	The DandN Haveli and DandD	15	72	155319	60	155379
33	Tripura	117	675	215487	145	215632
34	Uttar Pradesh	4007	18701	68542710	1836134	70378844
35	Uttarakhand	11	1218	620709	974875	1595584
36	West Bengal	68	10707	85640408	13016	85653424

FOOD SAFETY ENFORCEMENT AGAINST ADULTERATION AND HARMFUL ADDITIVES

985.SUSHRI KANGNA RANAUT:

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

(a) the number of inspections, food samples tested and prosecutions initiated by the Food Safety and Standards Authority of India (FSSAI) against manufacturers of packaged food products during the last three years;

(b) the number of cases in which food products were found to contain adulterants, excessive preservatives, toxic contaminants or carcinogenic substances in excess of the prescribed limits;

(c) the action taken by the Food Safety and Standards Authority of India (FSSAI) against defaulting manufacturers including product recalls, licence suspension or cancellation, imposition of penalties and prosecution; and

(d) the measures taken by the Government to strengthen surveillance, laboratory testing and consumer awareness regarding food safety standards across the country?

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

(a) to (d): Food Safety and Standards Authority of India (FSSAI) is mandated to lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption. The implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

Around 98% of the Food Business Operators (FBOs) fall within the

jurisdiction of the State/UT Food Safety Authorities. To ensure compliance with the standards, limits, and other statutory requirements prescribed under the FSS Act, 2006, and the regulations made thereunder, the State Food Safety Authorities undertake surveillance, monitoring, targeted enforcement drives, inspections, and sampling activities across the food sector.

Any deviation from the prescribed standards or violation of the provisions of the Food Safety and Standards Regulation (FSSR), when detected, results in stringent regulatory and punitive action against the non-compliant FBOs in accordance with the FSS Act, 2006 and the rules framed thereunder, including suspension and cancellation of licence, prohibition on sale, seizure and destruction of non-compliant food articles and judicial action through adjudication (civil) and prosecution (criminal) as per the provisions outlined in Chapter IX (Offences and Penalties) of FSS Act, 2006.

Total number of food recall in the FY 2024-25 was 754 and quantity of Food recall was 51512.94 Kg. Total number of food recall in the FY 2025-26 was 1147 and quantity of Food recall was 33540.68 Kg.

Details of the enforcement action taken viz., inspections, samples analysed, samples found non-conforming including violations such as adulterants, excessive preservatives, contaminants and penal action viz., adjudication and prosecution undertaken against the defaulting FBOs including the manufacturers of packaged food products, for non-compliance in the last 3 years is annexed at **Statement-I.** The number of Licenses suspended and cancelled in last 3 years is annexed at **Statement-II.**

Measures taken to strengthen the laboratory testing, surveillance and consumer awareness regarding food safety standards across the country are as:

- To ensure the safety of the food and food products through testing, FSSAI has notified 259 National Accreditation Board for Testing and Calibration Laboratories (NABL) for analysis of food samples and 24 Referral Food Laboratories for the analysis of appeal samples. These laboratories belong to the States/UTs, various Government Institutions/Departments and private entities. FSSAI provides technical and financial support to the State Food Safety Authorities, to strengthen the food testing infrastructure in States and UTs. FSSAI has also provided assistance under the scheme “Strengthening of Food Testing System in the Country including provision of Mobile Food Testing Labs" (SoFTeL) to various States and UTs.
- To strengthen the laboratory capacity, from 2017 to till date FSSAI has conducted 222 training programmes for its notified food testing laboratories in which 3937 participants have been trained.
- Mobile Food Testing Laboratory (MFTL) or “Food Safety on Wheels” (FSW) ensures the widest outreach for food testing, training and awareness programme, especially in the villages, towns and remote areas. Currently, 305 FSWs are deployed across 35 States/UTs.
- The "Magic Box" is a compact and user-friendly kit containing simple, rapid test methods to detect common food adulterants in seven different

food commodities. It aims to identify adulteration in everyday food items such as milk, spices, oils, and grains.

- Detect Adulteration with Rapid Test (DART) book covers 44 tests that can be performed easily at household level with the help of water and simple solutions like tincture of iodine for food products like Milk and Milk Products, Oils and Fats, Sugar and Confectionary, Food Grains and its products, Spices and Condiments etc. These tests also include sensory evaluation tests for establishing authentication of food products. DART book depicts the differences between pure and adulterated food product through pictorial representation.
- Rapid Analytical Food Testing (RAPID) Kits are advanced, easy to use, portable and handheld devices and don't require any sophisticated equipment or conventional reagents to conduct the tests. So far, 88 RAFT kits have been approved. These kits help to reduce the screening time of the food products at the field level and thereby accelerate surveillance as well as monitoring activities.
- The FSSAI also carries out a nation-wide movement 'Eat Right India' with a focus on preventive and promotive healthcare through social and behavioural change through State Food Safety Authorities. Financial assistance is provided to the States/UTs for spreading consumer awareness.
- FSSAI has launched various campaigns such as “#No To Adulteration” to raise consumer awareness about food adulteration and how to identify

adulterated products. These initiatives include advertisements, educational materials, and online platforms to spread awareness.

- Videos “How to Check for Adulteration” on its official YouTube channel, which includes short videos demonstrating methods to detect adulteration in various food items, including milk and milk products, edible oil etc. These Information Education Communication (IEC) materials are available in regional languages too and are showcased at various public events and campaigns.
- Complaints/concerns of consumers and FBO are received through various channels such as Web portal, Mobile App, FSSAI Helpline, State helpline, Twitter, Facebook, etc. Complaints on Food Safety Connect Portal is part of the online Food Safety Compliance System (FoSCoS). Complaints are attended by the respective State food safety authorities and in cases, where the food samples are found non-conforming, penal actions are initiated against the defaulting FBOs as per the provisions of FSS Act, 2006, Rules and Regulations made thereunder.
- FSSAI is also carrying out an awareness campaign, "#HarLabelKuchKahtaHai", to empower citizens with label literacy for healthier eating and informed choices. This initiative educates consumers on key elements like nutritional information (calories, fats, sugars, protein), ingredient lists, allergen warnings, and date markings.

STATEMENT- I

Details of Enforcement for last 3 Years including packaged food products conducted by State Food Safety Authorities							
Year	Number of Inspection	No. of Samples Analysed	No. of Samples found non-conform-ing	Civil Cases		Criminal Cases	
				Decided with Penalty	Penalties Raised (Cr Rs.)	No. of Convictions	Penalties Raised (Cr Rs.)
2025-26	83,612	223,808	40023	31878	109.11	1918	5.70
2024-25	99,875	170535	34388	30142	35.74	1265	3.03
2023-24	88,249	170513	33808	29586	74.12	1161	2.67

The data for FY 2025–26 is provisional and subject to revision based on the outcome of further lab testing and court proceedings.

Note- The cases launched and penalties raised may include the data of the samples analysed in the previous year.

STATEMENT-II

The number of Licenses suspended and cancelled in last 3 years

Financial Year	Total Suspended	Total Cancelled
2025-26	704	4764
2024-25	769	1679
2023-24	791	1505
Total	**2264**	**7948**

IMPLEMENTATION OF INTEGRATED ISO STANDARDS

986. SHRI BIPLAB KUMAR DEB:

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

(a) whether the All India Institute of Ayurveda (AIIA), New Delhi has adopted any integrated management system to strengthen quality, safety and environmental compliance in its research laboratories;

(b) if so, the details thereof;

(c) the measures taken by the Government to standardise pre-clinical pharmacology research on ayurvedic formulations; and

(d) the impact of the adopting of ISO standards on research and laboratory efficiency?

THE MINISTER 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 Pharmacology Laboratory of the All India Institute of Ayurveda (AIIA), New Delhi has been accredited with Integrated Management System on 6th November 2025 by Bureau of Indian Standards to strengthen quality, safety and environmental compliance.

The laboratory is accredited with :-

- IS/ISO 9001:2015 QMS (Quality Management System),
- IS/ISO 14001:2015 EMS (Environmental Management System), and
- IS/ISO 45001:2018 OHSHS (Occupational Health and Safety Management System)

(c): The measures taken by the AIIA to standardize pre-clinical pharmacology research on Ayurvedic formulations are :-

(i) Development and implementation of Standard Operating Procedures (SOPs) and Executive Procedures (EPs) for all laboratory activities, including, animal procurement, experimental protocols, bio-waste management, and reporting.

(ii) Establishment of quality assurance mechanisms, internal audits and periodic reviews to maintain consistency in experimental outcomes.

(iii) Use of validated protocols, and calibrated instruments to support accuracy and reliability in pre-clinical research.

(d): The impact of adopting ISO standards on research outcomes and laboratory efficiency are :-

(i) enhanced data reliability and reproducibility due to standardized processes and quality controls.

(ii) improved environmental sustainability, resource optimization and waste management through Environmental Management System implementation.

(iii) strengthened safety culture, reducing the risk of laboratory incidents and improving staff and scholars well-being.

आंगनवाड़ी केंद्रों पर पोषक खाद्य उत्पादों का वितरण

987. श्री राजकुमार रोतः

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

(क) देश के आंगनवाड़ी केंद्रों पर प्रदान किए जा रहे पोषण का ब्यौरा क्या है तथा सरकार द्वारा इसके लिए आवंटित वार्षिक बजट और वितरित की जा रही खाद्य उत्पादों का राज्य-वार ब्यौरा

क्या है;

(ख) उन राज्यों का ब्यौरा क्या है जहां स्वयं सहायता समूहों के माध्यम से पोषण वितरण प्रक्रिया संचालित की जा रही है तथा शेष राज्यों में अपनाई जा रही प्रक्रिया क्या है और उक्त राज्यों में पोषण की गुणवत्ता जांच के लिए अपनाया गया तंत्र क्या है और विगत पांच वर्षों के दौरान राजस्थान के लिए गुणवत्ता जांच रिपोर्टों का ब्यौरा क्या है;

(ग) क्या पहले पोषक खाद्य उत्पादों को स्वयं सहायता समूहों द्वारा तैयार और वितरित किया जाता था, जबकि वर्तमान में एक निविदा प्रक्रिया के माध्यम से ठेका प्रणाली लागू की गई है, जिसके कारण राजस्थान में गुणवत्ता में भारी गिरावट आई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार का सभी राज्यों में स्वयं सहायता समूहों के माध्यम से पोषक खाद्य उत्पादों को वितरित करने का प्रस्ताव है और यदि हाँ, तो इसे कब तक किए जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (घ): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0) के तहत, पोषण परिणामों में सुधार के लिए 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों (आकांक्षी जिलों और पूर्वोत्तर क्षेत्र में 14-18 वर्ष) को अनुपूरक पोषण प्रदान किया जाता है। देश के सभी आंगनवाड़ी केन्द्रों में राष्ट्रीय खाद्य सुरक्षा अधिनियम (एनएफएसए), 2013 की अनुसूची-II के अंतर्गत विर्निदष्ट पोषण मानदंडों के अनुसार लाभार्थियों को टेक-होम राशन (टीएचआर), सुबह के नाश्ते और पके हुए गर्म भोजन (एचसीएम) के रूप में अनुपूरक पोषण प्रदान किया जाता है।

राज्यों और संघ राज्य क्षेत्रों को स्थानीय स्वाद और परिस्थितियों के लिए उपयुक्त मेनू और व्यंजन विधि(रेसपी) तय करने और मिलेट(श्री अन्न), सब्जियों, मसालों आदि जैसे स्थानीय रूप से उगाए जाने वाले खाद्य पदार्थों की खरीद करने के लिए प्रोत्साहित किया जाता है। पूरक पोषण के लिए सामग्री, व्यंजनों और मेनू का चयन स्थानीय स्वाद के अनुसार राज्यों और संघ राज्य क्षेत्रों पर

निर्भर करता है और इसमें स्थानीय रूप से उपलब्ध मिलेट(श्री अन्न), दालें, सब्जियां, मेवें और वसा शामिल होते हैं। अनुपूरक पोषण कार्यक्रम के कार्यान्वयन के लिए जारी की गई निधियों का राज्य-वार ब्यौरा **विवरण** में दिया गया है।

मिशन पोषण 2.0 एक केंद्र प्रायोजित मिशन है जिसके कार्यान्वयन की जिम्मेदारी संबंधित राज्यों और संघ राज्य क्षेत्रों की है। तदनुसार, राज्य और संघ राज्य क्षेत्र संबंधित योजना में एसएचजी की भागीदारी सहित खरीद के मॉडल पर निर्णय लेने के लिए स्वतंत्र हैं। महिला एवं बाल विकास मंत्रालय ने 12 सितंबर 2022 की अधिसूचना के माध्यम से प्रत्येक गर्भवती महिला और स्तनपान कराने वाली माताओं के लिए बच्चे के जन्म के छह माह तक और छह माह से छह वर्ष के आयु वर्ग के प्रत्येक बच्चे के लिए एनएफएसए, 2013 के प्रावधानों के तहत निर्दिष्ट पात्रता को विनियमित करने के लिए एकीकृत पोषण सहायता कार्यक्रम - सक्षम आंगनवाड़ी और पोषण (2.0), नियम 2022 जारी किए। इन नियमों के अनुसार, राज्यों और संघ राज्य क्षेत्रों को सलाह दी गई है कि वे सामान्य वित्तीय नियम, 2017 और भारत सरकार द्वारा समय-समय पर जारी किए गए सतर्कता दिशानिर्देशों और अन्य मानदंडों के अनुसार खरीद की पारदर्शी प्रक्रिया शुरू करें। राज्यों और संघ राज्य क्षेत्रों को यह भी सुनिश्चित करने की आवश्यकता है कि टीएचआर की खरीद भारत सरकार द्वारा निर्धारित पोषण मानदंडों के अनुरूप हो।

हाल ही में, महिला एवं बाल विकास मंत्रालय ने दिनांक 14 जुलाई 2026 के पत्र संख्या पीए/178/2024-सीपीएमयू द्वारा अनुपूरक पोषण कार्यक्रम के लिए व्यापक दिशा-निर्देश जारी किए हैं जिनमें इस बात पर जोर दिया गया है कि राज्यों और संघ राज्य क्षेत्रों को लाभार्थियों को प्रदान किए जा रहे अनुपूरक पोषण की गुणवत्ता खाद्य सुरक्षा मानदंडों के अनुसार सुनिश्चित करनी चाहिए। भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसएआई) द्वारा मान्यता-प्राप्त प्रयोगशालाओं/राष्ट्रीय परीक्षण और अंशांकन प्रयोगशाला प्रत्यायन बोर्ड (एनएबीएल) से मान्यता प्राप्त प्रयोगशालाओं के माध्यम से नियमित परीक्षण किया जाना है।

राजस्थान राज्य द्वारा दी गई सूचना के अनुसार, पांच आईसीडीएस परियोजनाओं के लिए

स्व-सहायता समूहों (एसएचजी) से अनुपूरक पोषण की आपूर्ति प्रायोगिक आधार पर की जा रही है। राज्य की शेष 358 आईसीडीएस परियोजनाओं में अनुपूरक पोषण (एसएनपी) की आपूर्ति राजस्थान राज्य सहकारी उपभोक्ता संघ लिमिटेड (कॉनफेड) द्वारा की जा रही है। 2022-23 से, कॉनफेड द्वारा आपूर्ति किए गए अनुपूरक पोषण के सभी नमूने एनएबीएल प्रयोगशाला परीक्षण में निर्धारित गुणवत्ता मानकों के अनुरूप पाए गए हैं। इसलिए, राज्य के अधिकारियों द्वारा गुणवत्ता में कोई गिरावट नहीं देखी गई है।

विवरण

वित्तीय वर्ष 2025-26 में मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत जारी की गई निधि

		(करोड़ रुपये)
मिशन सक्षम आंगनवाड़ी एंड पोषण 2.0		
क्र.सं.	**राज्य/संघ राज्य क्षेत्र का नाम**	**2025-26 में जारी की गई निधि**
1	अंडमान एवं निकोबार द्वीप समूह	8.1
2	आंध्र प्रदेश	759.76
3	अरुणाचल प्रदेश	118.5
4	असम	1548.67
5	बिहार	905.43
6	चंडीगढ़	9.87
7	छत्तीसगढ़	518.22
8	दादरा और नगर हवेली एवं दमन और दीव	5.92
9	दिल्ली	150.21
10	गोवा	19.74
11	गुजरात	699.13
12	हरियाणा	67.12
13	हिमाचल प्रदेश	328.59
14	जम्मू एवं कश्मीर	401.62
15	झारखंड	429.26
16	कर्नाटक	863.64

17	केरल	283.81
18	लद्दाख	16.41
19	लक्षद्वीप	0.82
20	मध्य प्रदेश	937.45
21	महाराष्ट्र	1405.45
22	मणिपुर	199.99
23	मेघालय	182.04
24	मिजोरम	52.69
25	नागालैंड	146.29
26	ओडिशा	911.27
27	पुदुच्चेरी	4.02
28	पंजाब	190.73
29	राजस्थान	843.51
30	सिक्किम	18.21
31	तमिलनाडु	636.6
32	तेलंगाना	209.2
33	त्रिपुरा	154.73
34	प्रदेश	2145.42
35	उत्तराखंड	271.05
36	पश्चिम बंगाल	1333.9
कुल		**16777.37**

CONSTITUTION AMENDMENT BILLS

988. SHRIMATI MALA ROY:

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

(a) the number of times the Constitution of India was amended during the last twelve years; and

(b) the details, along with the title of the Constitution Amendment Bills, year-wise?

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE;

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

(a) and (b): The Constitution of India was amended eight times during the last twelve years and the details of the said Constitution Amendment Bills, as enacted, are as under:

1. The Constitution (Ninety-Ninth Amendment) Act, 2014 (relating to the National Judicial Appointments Commission to replace the collegium system for appointing judges to the Supreme Court and High Courts)
2. The Constitution (One Hundredth Amendment) Act, 2015 (relating to the land boundary agreement between India and Bangladesh)
3. The Constitution (One Hundred and First Amendment) Act, 2016 (relating to the Goods and Services Tax in India)
4. The Constitution (One Hundred and Second Amendment) Act, 2018 (relating to constitutional status to the National Commission for Backward Classes)
5. The Constitution (One Hundred and Third Amendment) Act, 2019 (relating to reservation for Economically Weaker Sections in Government jobs and educational institutions)
6. The Constitution (One Hundred and Fourth Amendment) Act, 2019 (relating to extending the reservation of seats for Scheduled Castes and Scheduled Tribes in the
7. Lok Sabha and State Legislative Assemblies for another ten years, until January 25, 2030)

8. The Constitution (One Hundred and Fifth Amendment) Act, 2021 (relating to amendments in article 342A and consequential amendments thereto in articles 338B and 366 of the Constitution)
9. The Constitution (One Hundred and Sixth Amendment) Act, 2023 (relating to reservation of seats for women in the House of People and in the Legislative Assemblies of the States).

POLICY FOR SAFETY IN AGEING FERTILIZER PLANTS

989: SHRI PARSHOTTAMBHAI RUPALA:

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

(a) whether steps have been taken by the Government regarding safety risks in aging fertilizer plants located in densely populated/environmentally sensitive areas of the country following the BVFCL Namrup fire, if so, the details thereof, State-wise;

(b) whether the Government proposes to constitute a High-Level Technical Committee to formulate a Strategy for replacing life-expired, obsolete plant machinery, if so, the details thereof;

(c) whether there is a proposal to frame uniform national guidelines for phased equipment replacement, mandate independent annual safety audits of critical machinery and strengthen regulatory compliance accountability, if so, the details thereof; and

(d) the steps taken by the Government to reimburse the pending Fixed Cost to Public Sector Undertaking (PSU) fertilizer units, which has remained

outstanding since 2014 as on date, year-wise?

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

(a) to (c): The safety and security of urea manufacturing units do not fall directly under the purview of the Department of Fertilizers (DoF). However, in order to promote safe operations, the Department has developed a model safety protocol checklist, obtained from urea units on a monthly basis for review and monitoring. Routine health checkup of ammonia systems including storage tanks, adoption of safety in design of ammonia storage and handling during transportation, disaster management training of employees, emergency response planning are some of the major aspects covered in these reports. The mandatory safety audits of Public Sector Fertilizer Plants are conducted periodically by the respective Public Sector Undertakings (PSUs) through external agencies. Following the fire incidents at Brahmaputra Valley fertilizer Corporation Limited (BVFCL),PSUs undertook the assessment of the incident and initiated necessary corrective and preventive measures including inspection of critical equipment in accordance with established safety procedure.

Brahmaputra Valley Fertilizer Corporation Limited (BVFCL) has, presently, only one operating fertilizer manufacturing plant in Namrup, Assam. BVFCL carry out periodic safety audits, inspection of critical equipment, preventive maintenance and statuary compliance as per prescribed regulations.

National Fertilizers Limited (NFL) has five gas-based Ammonia-Urea plants viz. Nangal and Bathinda plants in Punjab, Panipat plant in Haryana and two plants at Vijaipur at District Guna, in Madhya Pradesh. It conducts safety audit of all its manufacturing plants every year through Directorate General Factory Advice Service and Labour Institutes (DGFASLI) certified Auditor/Agency in accordance with Manufacture, Storage and Import of Hazardous Chemicals (MSIHC) Rules, 1989.

Rashtriya Chemicals and Fertilizers Limited (RCF) has two fertilizer manufacturing plants, one at Trombay in Mumbai, Maharashtra and the other at Thal, Raigad district, Maharashtra. Apart from regular internal audit through its Safety Audit Committees, it conducts safety audit of its manufacturing plants through external reputed agencies annually.RCF has implemented Process Safety Management (PSM) system as a proactive step to ensure workplace safety.

Madras Fertilizers Limited (MFL) has only one fertilizer manufacturing plant in Manali, Chennai, Tamil Nadu. MFL periodically carries out statutory inspections, preventive maintenance and safety audits of critical equipment in accordance with the applicable statutory provisions and established maintenance practices.

Fertilizers and Chemicals Travancore Limited (FACT)has two manufacturing plants at Udyogamandal, Kochi, Kerala and at Cochin Division, Kerala. FACT conduct internal safety audits through its Safety Audit Committee and engages a reputed external agency for audits biennially.

PSUs such as NFL and RCF have been given Navratna status which enabled them to have more flexibility in investment by adopting new technologies.

(d): The modified New Pricing Scheme (NPS-III) was notified on 2nd April 2014. Thereafter, process to implement the provisions of Modified New Pricing Scheme(MNPS-III) was started. Being the implementation agency, Fertilizer Industry Coordination Committee(FICC) was compiling/analysing the data. It was observed that there is an ambiguity in the approval given by Cabinet Committee on Economic Affairs(CCEA). It was proposed to pay a minimum fixed cost of Rs.2300/MT or actual fixed cost prevailing during 2012-13, whichever is lower. In other words, no unit shall be paid fixed cost more than Rs.2300/MT. Thus Rs. 2300/MT, instead of being a minimum fixed cost i.e. floor, became the ceiling for all fertilizers plants. All the confusion arising because of this ambiguity of not clarifying that minimum Fixed Cost of Rs.2300/MT was intended only for three units viz., NFL-Vijaipur-I, RCF-Thal and KRIBHCO-Hazira. It was never the intention of the Government, Group of Ministers and Department of Fertilizers to recover what has already been given to the urea industry.

Thereafter, in October 2018, a CCEA note was prepared to remove the ambiguity and Inter-Ministerial Consultation (IMC) was conducted. However, it was decided to refer the matter to a Team of Ministers in February 2019. The Team of Ministers gave its recommendations in August 2019.

Based on the recommendations of the Team of Ministers, a CCEA note

was submitted. CCEA approved and deleted the provisions of minimum fixed cost of Rs.2300/MT in March 2020.FAI, KRIBHCO-Hazira and NFL represented to the Department of Fertilizers to restore the minimum fixed cost of Rs.2300/MT as decided in the notification dated 2nd April 2014. A Committee under the chairmanship of Additional Secretary and Executive Director, FICC was constituted in September, 2020 and reconstituted in January 2021 to examine the issue of Minimum Fixed Cost of Rs.2300/MT.

Expenditure Finance Committee (EFC) in December 2022, inter-alia, observed that if required, the issues related with costing etc. of the urea units may be referred to the Chief Advisor (Cost) in the Ministry of Finance for examination and recommendations. Accordingly, the entire gamut of issues related to fixed cost including the issue of minimum fixed cost was referred to Chief Advisor Cost (CAC). CAC through the Department of Expenditure (DoE) has submitted its report in April 2025. Subsequently, some meetings have been held between DoF, FICC and CAC. Thereafter, meetings were held with Urea units wherein some of the units have raised their concerns on the methodology adopted by CAC. The report has been referred to NITI Aayog for examination by the Expert Group.

SIR ELECTORAL ROLL REVISION

990. SHRI GAURAV GOGOI:

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

(a) the details of the Special Intensive Revision (SIR) of electoral rolls

undertaken since its inception, including the number of electors covered, applications received, names added, names deleted, names corrected, and any other category of revision carried out during the exercise, State-wise;

(b) the reasons on which names have been deleted from the electoral rolls under the SIR exercise, along with the number of deletions under each reason/category and the safeguards put in place to prevent wrongful deletion of eligible electors, State-wise; and

(c) whether the Government or the Election Commission has conducted any independent review or evaluation of the SIR process to assess its accuracy, transparency and impact on voter enrolment and deletion, if so, the details and the findings thereof?

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

(a): As per the Press Note of the ECI, the Special Intensive Revision (SIR) of electoral rolls is being carried out in several phases across the country, with the objective of ensuring that the electoral rolls are accurate, up-to-date, and free of ineligible or duplicate entries, while ensuring that no eligible elector is left out.

Phase I: The SIR was first undertaken in the State of Bihar, ahead of the Elections to the State Legislative Assembly in the year 2025. The exercise involved house-to-house enumeration by Booth Level Officers (BLOs), distribution and collection of enumeration forms, publication of a draft electoral

roll and providing a specific period for filing claims and objections, and subsequent publication of the final electoral roll after due verification.

Phase II: The similar process was followed during Phase-II for nine States and three Union territories, namely, Chhattisgarh, Goa, Gujarat, Kerala, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh, West Bengal and Andaman and Nicobar Islands, Lakshadweep and Puducherry from October, 2025 to April, 2026.

Phase III: The SIR is presently underway or proposed in the remaining States/UTs not covered in Phase I and II, including the National Capital Territory of Delhi, in accordance with a schedule notified by the ECI, which is subject to revision from time to time based on operational requirements.

Throughout the exercise, consolidated data on enumeration, additions, deletions, and corrections is compiled and published by the ECI on its official website and by the respective Chief Electoral Officers of the States/UTs concerned, as the revision progresses.

(b): As per the Press note of the ECI, the deletions during SIR are carried out only after due verification by Booth Level Officers (BLOs) through house-to-house enumeration, and broadly fall under the following categories: (i) death of the elector; (ii) permanent shifting of residence; (iii) duplicate entries of the same elector in more than one place; and (iv) electors found untraceable despite repeated visits.

The following safeguards have been put in place by ECI to prevent wrongful deletion of eligible electors:

(i) Prior intimation and door-to-door visits by BLOs, with a minimum of two-three attempts before an elector is treated as untraceable;

(ii) Deletion only after recording reasons in the prescribed enumeration format and following the process under the Registration of Electors Rules, 1960;

(iii) Publication of draft electoral rolls and a statutory period for filing claims and objections (Forms 6, 7 and 8) before the roll is finalised;

(iv) Provision for appeal before the District Magistrate/designated appellate authority and further recourse to the Chief Electoral Officer;

(v) Deployment of Booth Level Agents (BLAs) nominated by political parties to verify entries and flag discrepancies during the enumeration and claims/objections stages.

(c): The Hon'ble Supreme Court, in its judgment dated 27.05.2026 in W.P. (C) 640 of 2025 titled Association for Democratic Reforms and Ors. vs. Election Commission of India and Ors., examined the legality of the SIR process and held, *inter alia,* that the SIR exercise is within the statutory mandate of ECI under the Representation of the People Act, 1950, and is consonance with the Election Commission's constitutional obligation under Article 324 to ensure free and fair elections.

Further, it is evident from the Press Note of the ECI, that it carries out internal quality checks at each stage of SIR, including cross-verification of BLO enumeration through supervisory officers, random sample audits of deleted entries, and public disclosure of draft and final rolls to enable scrutiny by

political parties and electors. Grievances received during the claims and objections period are examined and, where found valid, names are restored before finalisation of the roll.

NUTRITIONAL STATUS OF WOMEN AND CHILDREN

991. SHRI SAPTAGIRI SANKAR ULAKA:

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

(a) whether the Government has assessed the nutritional status of women and children in the Kalahandi- Balangir-Koraput (KBK) districts of Odisha under POSHAN 2.0, if so, the details thereof, district-wise;

(b) whether the Government has reviewed vacancies of Anganwadi Workers and Helpers in Koraput and Rayagada districts, if so, the details thereof;

(c) whether the Government proposes to establish additional One Stop Centres and Sakhi Niwas facilities in the tribal districts of Odisha, if so, the details thereof;

(d) whether the Government has undertaken any study on trafficking and migration of tribal women and adolescent girls from southern Odisha, if so, the details thereof; and

(e) whether the Government proposes special interventions for reducing anaemia, stunting/maternal mortality among Particularly Vulnerable Tribal Groups (PVTGs) in Koraput and neighbouring districts, if so, the details thereof?

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

(a) to (e): The status of the percentage of stunting, wasting, underweight and overweight among children as per Poshan Tracker is as follows (as on 30.06.2026)**:**

Sr. No	District	Children Measured	Stunting	Wasting	Underweight	Overweight
1.	Kalahandi	1,12,937	22%	3%	9%	2%
2.	Balangir	1,03,027	14%	1%	7%	0%
3.	Koraput	1,12,661	27%	3%	14%	1%

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored Scheme wherein Central Government is responsible for overall policy and planning and States/UTs are responsible for day to day programme implementation which includes timely filling up of the vacant positions at all levels for smooth functioning of the scheme. Regular VCs/meetings are held with the States/UTs to monitor the filling up of vacant positions at various levels. APIP meetings are held annually to have a thorough review of the implementation of scheme at ground level which includes monitoring of the vacant positions filled by the States/UTs and plan of action on the same. In order to streamline the process of recruitment, uniform retirement date of 30th April has been fixed for AWWs and AWHs for better resource management.

The status of in-position AWWs and AWHs in Koraput and Rayagada districts as of June, 2026 is given below:

District	AWCs Operational	AWW in-position	AWH in-position
Koraput	3397	3360	3060
Rayagada	2087	2061	1848

One Stop Centre: One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country **including tribal districts of Odisha**. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. Till 30th June, 2026, 985 OSCs are operational in the country which have assisted over 15.80 lakh women in the country. In the State of Odisha, 35 OSCs are operational which have assisted over 48,416 women. As the scheme is demand driven, the States and UTs are encouraged to set-up at least one OSC in each district and additional OSC(s) in those districts which have higher rate of crime against women or have bigger geographical area and in aspirational districts.

Sakhi Niwas Scheme: Sakhi Niwas Scheme (Working Women Hostel) under the overarching Mission Shakti, is a demand driven Centrally Sponsored Scheme, under which funds are released directly to the States/UTs for implementation of the scheme. The States/UTs assess their requirement as per local needs and proposals are approved by the Programme Approval Board (PAB) after discussion with States/UTs. The scheme aims to promote availability of safe and conveniently located accommodation for working

women in urban, semi-urban and also in rural areas where employment opportunity for women exists.

Under the Scheme, financial assistance is provided for running of Sakhi Niwas in rented premises for working women and for those women who are under training for job. Provision of Day Care Centre for children of the residents of the Sakhi Niwas is an important aspect of the scheme. In this scheme, fund is provided for rental accommodation. Component of construction has been discontinued.

Presently, 575 Sakhi Niwas are functional across the country, including 16 Sakhi Niwas in Odisha.

As per National Crime Records Bureau (NCRB) “Crime in India - 2024” report, 477 women were trafficked in the State of Odisha during the year 2024.

To address the challenges of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). It is a Centrally Sponsored mission, where the responsibility for implementation of various activities lies with the States and UTs. The Mission is being implemented in all States and UTs in the country including Particularly Vulnerable Tribal Groups (PVTGs) in Koraput and neighbouring districts of Odisha.

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).

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.

To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at AWCs. Poshan Vatikas help to meet the important dietary diversity gap that has been repeatedly revealed in different surveys by providing different fruits, nuts, herbs, medicinal plants and vegetables round the year. The main objective of introducing the concept of Poshan Vatika is to encourage community members to cultivate local food crops in their backyards.

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 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 said 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.

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 behavioral change. State and UTs are conducting and reporting regular sensitization 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. A total of 10.8 crore CBEs have been conducted from 2018 to June 2026 and more than 150 crore Jan Andolan activities have been conducted since 2018 through 15 Jan Andolans.

The Government of India implements Anemia Mukt Bharat (AMB) strategy to reduce prevalence of anemia among six beneficiaries age group- children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism. These six interventions include Prophylactic Iron and Folic Acid supplementation (IFA Syrup provided biweekly to Children 6-59 months, IFA Pink tablets provided to Children 5-9 years, IFA Blue tablets provided to Adolescent 1019 years, IFA Red tablets provided weekly to Women of Reproductive age group and IFA Red tablets daily for 180 days provided to pregnant women and lactating mothers), Deworming (Pregnant women provided albendazole tablet in second trimester and all children provided albendazole tablets during National Deworming Day), Intensified Behavioural Change Communication campaign, Testing for anemia and treatment as per anemia management protocols, Mandatory provision of IFA fortified food in public health programmes and Addressing non nutritional causes of anemia especially malaria, fluorosis and hemoglobinopathies. Additional interventions include digital interventions, active review and monitoring anaemic beneficiaries with follow-up by ASHA, ANM at field level and IEC activities. Regular National level reviews, along with supportive supervision visits and Common Review Mission tours of the States/UTs are undertaken to support and strengthen the nutrition interventions across the country including districts with high prevalence of anemia.

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 Poshan Tracker application is available here : https://www.poshantracker.in

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.

ACCESS TO JUSTICE OF PERSONS WITH DISABILITIES

992. SHRI MAGUNTA SREENIVASULU REDDY:

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

(a) the details regarding the legal aid services presently available for persons with disabilities, including the nature of assistance provided and the coverage thereof;

(b) the details regarding the functioning, mandate and outreach of specialised Legal Services Units (ILUs) established for persons with mental illness and intellectual disabilities;

(c) the details regarding the accessibility standards prescribed and implemented for judicial infrastructure, including courts, tribunals and legal service institutions, to ensure access for persons with disabilities;

(d) whether e-Courts Phase-III provides for enhanced accessibility features for persons with disabilities, including digital accessibility, assistive technologies and inclusive design standards; and

(e) if so, the details thereof, including the timelines for implementation and the monitoring mechanisms to ensure effective compliance?

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

(a) and (b): The Government has undertaken several measures to make available affordable, quality and speedy legal services to the common man, including persons with disabilities. The legal Services Authorities (LSA) Act, 1987 provides for free and competent legal services to the weaker sections of the society including Persons with Disabilities. As per Section 12(d) of the LSA

Act, 1987, “a person with disability as defined in clause (i) of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1955” is entitled to free legal aid.

NALSA is also implementing a specific Scheme for Persons with Disabilities named NALSA (Legal Services to Persons with Mental Illness and Persons with Intellectual Disabilities) Scheme, 2024. This Scheme aims to ensure that legal services are responsive to the specific legal and social needs of persons with mental illness and persons with intellectual disabilities. Under this Scheme, specialised ‘Legal Services Unit for Persons with Mental Illness and Persons with Intellectual Disabilities (LSUM) called ‘Manonyay’’ units have been established in all States/UTs except Lakshadweep. The LSUM is the primary institutional mechanism for the delivery of legal services to persons with mental illness and persons with intellectual disabilities at Mental Health Establishments, Police Stations, Courts, Railway Stations, Bus Stands, Beggar’s Homes, Women’s Protection Homes, Child Care Institutions, Prisons, Detention Centres, Front Offices and through Home Visits.

The details of the persons with disabilities provided legal services under the Legal Services Authorities Act, 1987 during the last three financial years is as under:

Financial Year	**Number of persons with disabilities provided legal services**
2023-24	11,591
2024-25	8,313
2025-26	15,280

(c): The Government is implementing a Centrally Sponsored Scheme for development of infrastructure facilities for the District and Subordinate Courts by augmenting the resources of the State Governments/UTs for construction of Court Halls, Residential Units for Judicial Officers, Lawyers' Hall, Digital Computer Rooms and Toilet Complexes. As per guidelines of the Scheme, the States/UTs ensures that the proposed infrastructure have disabled-friendly design. The building design are in conformity with the requisite norms/accessibility standards as laid down by Central Public Works Department, Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, from time to time.

(d) and (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 eCommittee, Supreme Court of India is the governing body that oversees the eCourts project and provides policy planning, strategic direction and guidance to the project for effective implementation of all components.Under eCourts Project Phase III, there are 24 components that have several significant measures devised to foster the creation of a robust and accessible digital infrastructure for citizens including persons with disabilities. Provision has been made for providing enhanced accessible ICT enabled facilities to persons with disabilities, at a budgetary outlay of Rs. 27.54 crore and using S3WaaS platform (Secure, Scalable and Sugamya Website as a Service) that

makes the website friendly for persons with disabilities, at a budgetary outlay of Rs. 6.35 crore. S3WaaS platform has features for easy visibility of content for partially and completely visually challenged citizens.

IMPLEMENTATION OF NATIONAL AYUSH MISSION

993. SHRIMATI DAGGUBATI PURANDESWARI:

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

(a) whether the systematic implementation of the National AYUSH Mission has expanded the network of traditional healthcare facilities across Andhra Pradesh, if so, the details thereof;

(b) if so, the total number of AYUSH Health and Wellness Centres/Ayushman Arogya Mandirs (AAMs) successfully operationalised in the State to provide free preventive healthcare during the financial year 2025-26;

(c) whether this proactive infrastructural development has measurably reduced the out-of pocket medical expenditures for rural families relying on alternative medicine;

(d) the details of the central financial allocations disbursed to the State Government for procuring high-quality Ayurvedic and Homeopathic medicines for these primary centres; and

(e) the steps proposed to integrate AYUSH healthcare facilities with the Ayushman Bharat Digital Mission (ABDM) for creation and integration of electronic health records for patients in Andhra Pradesh?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER

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

(a) and (b): Yes, as reported by the State, the systematic implementation of the National Ayush Mission (NAM) has significantly expanded and strengthened the network of traditional healthcare facilities across Andhra Pradesh as submitted below. 126 Ayush Dispensaries have been upgraded as Ayush Health and Wellness Centers, now known as Ayushman Arogya Mandirs (Ayush) [AAM (Ayush)] are functional and are catering the needs of the public with upgraded facilities with proper infrastructure and furniture to increase the out patients facilities.

Further, as reported by the State Government of Andhra Pradesh, construction/renovation works have been carried out for 150 existing Ayush dispensaries that were in a dilapidated condition. The State has also reported completion of the construction of two new 50-bedded Integrated Ayush Hospitals at Kakinada and Visakhapatnam, to improve access to traditional medicine in the State, including in rural areas.

(c): Yes, as reported by the State Government of Andhra Pradesh, the patient flow has increased, resulting in greater utilization of Ayush services by the public. The State has further reported that the medical expenses for rural families has decreased as the Government is supplying medicines and providing healthcare services free of cost.

As per the State's Annual Out-Patient Department (OPD) registry from April 2025 to March 2026, an aggregate total of 1,162,527 Out-Patient (OP)

consultations for Ayurveda, 844,578 for Homoeopathy, and 212,003 for Unani systems were recorded in the dispensary segment alone. Additionally, dedicated Ayush hospitals registered an aggregated annual volume of 247,336 OP visits (including 75,525 Ayurveda, 152,052 Homoeopathy, and 19,759 Unani cases). These interventions have contributed to strengthening and expanding the network of traditional healthcare facilities in the State.

(d): The State Government of Andhra Pradesh has reported that an amount of Rs. 22.16 crores were allocated during the financial year 2025-26 for procurement of Ayush medicines including high quality Ayurvedic and Homoeopathic medicines. The sufficient stocks of medicines procured and the dispensaries are well stocked with medicines to cater to the needs of the public attending these dispensaries.

(e): The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. As of 20th July 2026, 14,086 ABHAs and 43,298 ABHA linked records have been generated, including 723 ABHAs and 39,153 ABHA linked records in Andhra Pradesh, through the ABDM-enabled Ayush 1.0 and Ayush 2.0 applications. This will enable seamless digital cross-referrals and modern interoperable digital health reporting across Andhra Pradesh. Further, Ayush Hospital Management Information System (AHMIS) has been developed under Ayush Grid project which is Ayushman Bharat Digital Mission (ABDM) compliant. Through the platform, patient registration, electronic health Records, referrals and continuity

of care have been enabled digitally.

REFORMS IN THE COUNTRY'S CRIMINAL JUSTICE SYSTEM

994. SHRI GANESH SINGH:

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

(a) whether the Government has successfully implemented the Bharatiya Nyaya Sanhita, Bharatiya Nagarik Suraksha Sanhita and Bharatiya Sakshya Adhiniyam with effect from 1 July 2024, marking a historic reform of India's criminal justice system, if so, the overall progress of its implementation, State/UT-wise;

(b) the number of police personnel, prosecutors and investigating officers trained under the new criminal laws, State/UT-wise;

(c) the number of cases registered under major new provisions relating to organised crime, terrorism, electronic evidence and community service;

(d) the measures taken to ensure a smooth transition from the previous legal framework, including integration with digital criminal justice platforms; and

(e) the implementation status in Madhya Pradesh, particularly in Satna District, along with the future roadmap for strengthening citizen-centric criminal justice delivery?

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): Yes Sir, as per information provided by the Ministry of Home Affairs, the

Bharatiya Nyaya Sanhita, 2023 (BNS), the Bharatiya Nagarik Suraksha Sanhita, 2023 (BNSS) and the Bharatiya Sakshya Adhiniyam, 2023 (BSA) came into force throughout the country with effect from 1 July 2024.

The States and Union Territories have taken necessary measures for their implementation, including issuance of relevant notifications and rules, adoption of digital applications and capacity building of stakeholders.

(b): Training of police personnel and other State-level stakeholders is primarily undertaken by the respective State and Union Territory Governments. In addition, the Bureau of Police Research and Development (BPR & D) has conducted capacity-building programmes and webinars for Master Trainers and other stakeholders across all 36 States and Union Territories.

Since 2024, BPR & D has trained 83,740 officers and stakeholders from the five pillars of the criminal justice system, including Master Trainers. The cadre/position-wise, State/UT-wise and year-wise details are given in **Statement-I**. The Master Trainers have also been utilised by State training institutions for conducting further training programmes within the respective States and Union Territories. The details of such training are given in **Statement-II**.

(c): As per the latest 'Crime in India' report released in 2024, the State/UT wise cases registered for organised crimes and terrorism are given in **Statement-III**. The data related to the number of cases registered wherein the provision of electronic evidence and community service, were availed is not maintained by the Ministry of Home Affairs.

(d): The Nyaya Sanhitas has been implemented throughout the country with effect from 01 July 2024, including the State of Madhya Pradesh. Further, 'Police', and 'Public Order' are State-list subjects as per the Seventh Schedule of the Constitution of India. The responsibilities to maintain law and order, protection of life and property of the citizens including investigation and prosecution of crime and criminals rest with the respective State/UT Governments and are competent to deal with such offenses under the extant provisions of law, which also includes the implementation of the Nyaya Sanhita. However, the Central Government supplements their efforts by providing financial support for augmentation of criminal justice infrastructure under various schemes, including the Inter-Operable Criminal Justice System (ICJS) 2.0, Schemes for Modernisation of Forensic Capacities and Nirbhaya Fund-supported projects.

(e): As per information provided by the High Court of Madhya Pradesh, several steps have been taken for effective implementation of the Bharatiya Nyaya Sanhita, 2023, Bharatiya Nagarik Suraksha Sanhita, 2023 and Bharatiya Sakshya Adhiniyam, 2023 throughout the State, including Satna District. Judicial Officers have been imparted orientation and training through the Madhya Pradesh State Judicial Academy. Necessary amendments have been carried out in the Case Information System (CIS) and e-Courts software to facilitate implementation of the new criminal laws. The District Judiciary is regularly monitored through the administrative side of the High Court to ensure smooth transition and expeditious disposal of cases. The future roadmap

includes continuous capacity building of Judicial Officers and court staff, strengthening digital court infrastructure, effective implementation of e-Courts Phase-III, greater use of technology for case management, and improving accessibility, transparency and efficiency to provide citizen-centric criminal justice delivery.

STATEMENT-I

Details on number of officers trained by Bureau of Police Research and Development (BPR&D):

Outlying Unit (CAPT/ CDTI)	No of Courses /Webinars /Seminars	Police		Prison Officers		Prosecutors		Judicial Officers		Forensic Experts		Total		CAPF/ CPO		Others	Grand Total
		State	UT	State	UT	State	UT	State	UT	State	UT	State	UT	CAPF	CPO		
Bhopal	161	2383	64	1148	1	2830	180	4578	880	505	42	11444	1167	20	173	757	13561
Chandigarh	128	3230	1964	58	97	202	87	63	3	8	23	3561	2174	97	205	15181	21218
Hyderabad	64	5290	932	586	8	792	4	93	0	1252	173	8013	1117	474	80	10478	20162
Bengaluru	3	278	13	0	0	0	0	0	0	0	0	278	13	9	0	0	300
Jaipur	76	8341	247	986	1	667	9	240	8	81	0	10315	265	22	93	659	11354
Kolkata	112	2806	154	499	49	551	6	210	0	140	1	4206	210	950	652	618	6636
Ghaziabad	78	7059	407	551	29	418	169	236	0	171	0	8435	605	745	519	205	10509
Sub Total	622	29387	3781	3828	185	5460	455	5420	891	2157	239	46252	5551	2317	1722	27898	83740

STATEMENT-II

Details on Capacity Building by States/UTs on Nyaya Sanhita:

Sl. No.	States/UTs	Police		Prison		Prosecutors		Judicial officers		Forensic experts	
		Available	Trained	Available	Trained	Available	Trained	Available	Trained	Available	Trained
States											
1	Andhra Pradesh	56773	54764	1594	1594	400	400	574	574	131	131
2	Arunachal Pradesh	12277	12277	128	128	100	100	39	32	8	8

3	Assam	54474	54474	941	941	302	302	459	459	111	111
4	Bihar	48688	48688	3406	3310	811	811	1675	1675	126	125
5	Chhattisgarh	36366	36366	1310	1310	269	269	492	492	56	56
6	Goa	7680	7680	129	129	53	53	40	40	33	33
7	Gujarat	65863	65863	2094	2094	859	859	1157	1157	259	259
8	Haryana	53954	53954	2323	2123	900	790	555	555	78	78
9	Himachal Pradesh	15504	13365	631	631	176	176	152	85	65	65
10	Jharkhand	38292	29359	146	146	169	169	500	500	40	40
11	Karnataka	45324	44860	2666	1241	952	952	1137	1137	467	467
12	Kerala	52808	48623	2031	2031	198	198	628	628	168	157
13	Madhya Pradesh	87277	87277	5262	5262	1043	1043	1744	1744	137	137
14	Maharashtra	180152	180152	4232	4232	1017	740	2285	2148	297	297
15	Manipur	40693	40693	437	437	42	42	48	48	22	22
16	Meghalaya	3674	3674	159	159	245	245	55	55	12	12
17	Mizoram	6229	6229	215	215	52	52	48	48	14	14
18	Nagaland	18450	11819	1386	1386	20	20	20	20	38	38
19	Odisha	54222	54222	1877	1870	1256	1192	832	832	81	81
20	Punjab	73885	51440	2237	2237	461	304	714	714	80	80
21	Rajasthan	95770	63112	3141	3141	953	953	1500	1312	271	271
22	Sikkim	1816	1816	111	111	45	45	30	22	14	14
23	Tamil Nadu	100970	93075	3926	3926	320	320	1253	1253	230	230
24	Telangana	53115	27747	1110	680	262	262	440	440	40	40
25	Tripura	21901	21901	323	323	125	125	107	107	29	29

26	Uttarakhand	23131	23131	760	760	110	108	301	288	11	11
27	Uttar Pradesh	233969	221741	7088	7088	2235	2235	2689	2689	232	232
28	West Bengal	50339	41422	210	63	165	40	1105	600	51	51
Union Territories											
1	Andaman and Nicobar	4475	4475	61	61	15	15	11	11	18	18
2	Chandigarh	5926	5926	299	299	26	26	31	31	86	82
3	Daman and Diu Dadra and Nagar Haveli	613	613	13	13	7	7	7	7	0	0
4	Delhi	81775	81775	1817	1817	302	302	801	801	158	158
5	JandK	74004	74004	845	712	261	261	286	286	33	33
6	Ladakh	2345	2345	27	27	8	8	8	6	11	10
7	Lakshadweep	324	324	10	10	2	2	3	3	0	0
8	Puducherry	3677	3677	81	81	20	20	26	26	16	16
Total		1706735	1572863	53026	50588	14181	13446	21752	20825	3423	3406

STATEMENT-III

State/UT-wise Cases Registered as per 'Crime in India Report' 2024:

S. No.	State/UT	Total Organised Crimes	Total Petty Organised Crimes	Total Crimes by Terrorists
1	Andhra Pradesh	12	343	0
2	Arunachal Pradesh	2	0	2
3	Assam	37	9	1
4	Bihar	62	24	1
5	Chhattisgarh	12	7	0
6	Goa	4	3	0
7	Gujarat	140	34	0
8	Haryana	76	37	0
9	Himachal Pradesh	0	5	0
10	Jharkhand	57	1	0
11	Karnataka	0	16	0
12	Kerala	20	3	0
13	Madhya Pradesh	202	25	0
14	Maharashtra	20	28	0
15	Manipur	0	0	4
16	Meghalaya	3	0	3
17	Mizoram	0	0	0
18	Nagaland	0	0	0
19	Odisha	0	0	0
20	Punjab	40	15	2
21	Rajasthan	94	40	0
22	Sikkim	0	0	0
23	Tamil Nadu	1	5	0
24	Telangana	7	57	0
25	Tripura	0	0	0
26	Uttar Pradesh	18	36	0
27	Uttarakhand	0	2	0
28	West Bengal	5	3	1
29	A & N Islands	0	0	0
30	Chandigarh	3	0	1
31	DandN Haveli and Daman and	0	0	0

	Diu			
32	Delhi	20	180	0
33	Jammu and Kashmir	0	2	9
34	Ladakh	0	0	0
35	Lakshadweep	0	0	0
36	Puducherry	5	1	0
	Total	**840**	**876**	**24**

CONSULAR AND LEGAL ASSISTANCE TO DETAINED FISHERMEN

995. SHRI SURESH KUMAR SHETKAR:

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

(a) whether consular and legal assistance is provided to fishermen detained in foreign prisons, if so, the details thereof and if not, the reasons therefor;

(b) whether any delays have occurred in repatriation of fishermen after completion of legal formalities, if so, the details thereof and if not, the reasons therefor;

(c) whether compensation or relief is provided to families of detained fishermen, if so, the details thereof including details of the scheme in this regard and if not, the reasons therefor;

(d) whether technological support such as GPS devices is provided to fishermen to avoid boundary violations, if so, the details thereof and if not, the reasons therefor; and

(e) whether coordination exists between Central and State Governments to address fishermen detention issues, 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): The Government of India attaches high priority to the safety, security and welfare of Indian fishermen. The Government has been taking up all fishermen related issues, including the early release and repatriation of Indian fishermen and boats, with respective Governments through diplomatic channels, various official interactions and established bilateral mechanisms. In all interactions, it is conveyed that the issues related to fishermen may be considered purely on humanitarian and livelihood grounds and that the use of force should be avoided in all circumstances. Further, Indian Missions and Consulates in the respective countries make regular visits to local jails and detention centers to ascertain the condition of Indian fishermen and provide requisite help and support, including legal assistance. The Missions also provide necessary travel documents to facilitate repatriation of released fishermen to India.

The Department of Fisheries, Ministry of Fisheries, Animal Husbandry and Dairying, Government of India runs various flagship programs for the welfare of fishermen. State Governments also run various relief schemes to provide financial assistance to the family members of the detained fishermen. A JWG on Fisheries which includes representatives of various stakeholders at Central and State Governments also meet regularly.

The Government has been rolling out Vessel Communication and Support System, including the installation of transponders, under Pradhan

Mantri Matsya Sampada Yojana (PMMSY), on approximately 1,00,000 fishing vessels in coastal states and Union Territories. The two way communication system allows for sending and receiving emergency messages in cases of natural calamities and for alerting fishermen if they unintentionally cross the International Maritime Boundary Line (IMBL).

STATUS OF WOMEN AND CHILD WELFARE PROGRAMMES

996. SHRI ARUN NEHRU:

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

(a) whether child malnutrition and anaemia have been assessed in Perambalur Parliamentary Constituency in Tamil Nadu, if so, the details thereof;

(b) the details of the measures being taken to strengthen women's safety and One Stop Centres in the said Constituency;

(c) the details of the steps taken to improve cyber safety awareness among women and girls;

(d) the details of the initiatives to promote women's employment and self-help groups; and

(e) the details of the steps taken to create women and child-friendly public infrastructure in the said Constituency?

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

(a): Perambalur Parliamentary Constituency in Tamil Nadu is spread across

the districts of Perambalur, Karur and Tiruchirappalli. The status of stunting, wasting, underweight and overweight among children in these districts as per Poshan Tracker App is as follows (as on 30.06.2026):

District	Children Measured	Stunting	Wasting	Underweight	Overweight
Perambalur	30,437	11%	4%	7%	1%
Karur	50,845	12%	3%	5%	1%
Tiruchirappalli	1,38,532	8%	2%	5%	0%

As per National Family Health Survey 5 (2019-21), anaemia prevalence among children 6 to 59 months, adolescent girls, women of reproductive age and pregnant women in the state of Tamil Nadu is as follows:

Sr. No.	Indicator	Prevalence of Anemia
1.	Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	57.4
2.	All women age 15-19 years who are anaemic (%)	52.9
3.	Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (%)	53.6
4.	Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)	48.3

(b) to (e): The ‘Mission Shakti’ aims at strengthening interventions for women safety, security and empowerment. It seeks to focus on proposing strategies for improving convergence across Ministries/ Departments and at different levels of governance. Mission Shakti comprises of two sub-schemes ‘Sambal’ and ‘Samarthya’ for safety and security of women and empowerment of women respectively.

The “Sambal” sub-scheme is for safety and security of women. It has the

components of One Stop Centres (OSCs), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat.

- **One Stop Centre-** One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. rural and economically weaker regions of the country. Till 30th June, 2026, 985 OSCs are operational in the country which have assisted over 15.80 lakh women in the country. As on date, 59 OSCs are operational in Tamil Nadu. Out of which, one OSC in Karur, one OSC in Perambalur, and two OSCs in Tiruchirappalli are operational which have assisted over 1.82 lakh women.

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

Further, once in a year, the Programme Approval Board (PAB) monitors with States and UTs, the progress of activities under the scheme and reviews status of achievement of objectives and effective delivery of services to women and children. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States and UTs from time to time.

- **Women Helpline (WHL)-** Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services all across the country.
- **Beti Bachao Beti Padhao (BBBP)-** Beti Bachao Beti Padhao (BBBP) Scheme was launched on 22nd January 2015 to help address Child Sex Ratio (CSR) and related issues of empowerment of girls and women over a life cycle continuum. Beti Bachao Beti Padhao (BBBP) scheme has transformed from policy initiative into national movement by mobilizing various stakeholders, including government agencies, media civil society and general public.
- **Nari Adalat-** Nari Adalat scheme provides a platform for alternative grievance redressal for women at the gram panchayat level. The Adalats are mandated to help women in distress at the panchayat level in resolving smaller issues relating to domestic violence, and other gender-based violence by negotiation, mediation, and reconciliation with mutual consent for accessible justice.

Government has taken the following steps to reduce exposure of women and girls to cyber threats:

i. Information Technology Act, 2000 ('IT Act') and the Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021 ('IT Rules').

ii. Clear objective of online safety of users, particularly children.

iii. Section 67B of the IT Act penalises electronic material depicting children in a sexually explicit, obscene, or indecent manner - Cognisable offence. Includes inducing them into online sexual relationships, facilitating abuse, or recording such acts.

iv. Punishable with imprisonment of up to 5 years and up to ₹10 lakh fine on first conviction, and up to 7 years imprisonment with the same fine on subsequent convictions.

v. Section 77A of the IT Act: For offences made compoundable under the Act (other than offences for which the punishment for life or imprisonment for a term exceeding three years has been provided), the court shall not compound the offence if it has been committed against a child below the age of 18 years.

Digital Personal Data Protection Act, 2023 ("DPDP Act")

- Establishes the legal framework to regulate the processing of digital personal data.
- Allows Data Fiduciaries to process the personal data of children only with parental consent
- Does not permit processing of personal data which is detrimental to well-being of children or involves tracking, behavioural monitoring or targeted advertising

Information Security Education and Awareness ("ISEA") Programme

- To generate awareness among users while using internet
- Dedicated website has been created for information security awareness that generates and upgrades relevant awareness material on a regular basis
- It can be accessed at https://staysafeonline.in/

Indian Computer Emergency Response Team (CERT-In)

- Regularly shares safety and security tips and awareness posters, info-graphics and videos on its official websites and social media handles
- Aimed at sensitizing internet users on cyber security attacks and frauds including online safety measures for children.

The Protection of Children Sexual Offences (POCSO) Act, 2012 was enacted to safeguard children from sexual offences and prevent such crimes against children. It provides punishment as per the gravity of offence.

National Commission for Protection of Child Rights (NCPCR), a statutory body under Ministry of Women and Child Development has prepared following guidelines on Cyber Safety and Protection of children:

- Guideline and standard content for raising awareness among children, parents, educators and general public titled "Being Safe Online" is available at https://ncpcr.gov.in/public/uploads/16613370496305fdd946c31_being-safe-online.pdf

- Guidelines on Cyber Safety (for inclusion in) Manual on Safety and Security of Children in Schools which is available at: https://ncpcr.gov.in/uploads/166133693263 05fd6444e1b_cyber-safety-guidline.pdf
- Guidelines for Schools for prevention of bullying and cyber bullying" which is available at https://ncpcr.gov.in/uploads/1714382687662f675fe278a_preventing-bullying-andcyberbullying-guidelines-for-schools-2024.pdf
- NCPCR has a dedicated/ transparent Online Complaint System https://ncpcr.gov.in/ebaalnidan/, to ensure timely/speedy redressal of complaints of various violations and deprivation of child rights

Ministry of Home Affairs (MHA) has set up the 'Indian Cyber Crime Coordination Centre' (I4C) as an attached office to deal with all types of cybercrime in the country, in a coordinated and comprehensive manner.

National Cyber Crime Reporting Portal' (https://cybercrime.gov.in) has been launched, as a part of the I4C, to enable public to report incidents pertaining to all types of cyber-crimes, with special focus on cyber-crimes against women and children. Cyber-crime incidents reported on this portal, their conversion into FIRs and subsequent action thereon are handled by the LEAs of State/UT concerned, as per the provision of law.

The "Samarthya" sub scheme of Mission Shakti is for empowerment of women. It has the components of Pradhan Mantri Matru Vandana Yojana (PMMVY),

Shakti Sadan, Sakhi Niwas, Palna and SANKALP: Hub for Empowerment of Women (HEW).

- **Pradhan Mantri Matru Vandana Yojana (PMMVY)-** The PMMVY is a Centrally Sponsored Maternity Benefit Scheme under which cash incentives of ₹5,000/- is provided directly to the Bank/Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for first child. The eligible beneficiaries receive the remaining cash incentive, as per approved norms towards maternity benefit under Janani Suraksha Yojana after institutional delivery, so that on an average a woman gets ₹6,000/-. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child subject to the second child being a girl.
- **Sakhi Niwas Scheme:** Sakhi Niwas Scheme (Working Women Hostel) under the overarching Mission Shakti, is a demand driven Centrally Sponsored Scheme, under which funds are released directly to the States/UTs for implementation of the scheme. The States/UTs assess their requirement as per local needs and proposals are approved by the Programme Approval Board (PAB) after discussion with States/UTs. The scheme aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunity for women exists.

  Under the Scheme, financial assistance is provided for running of Sakhi Niwas in rented premises for working women and for those women who

are under training for job. Provision of Day Care Centre for children of the residents of the Sakhi Niwas is an important aspect of the scheme. In this scheme, fund is provided for rental accommodation. Component of construction has been discontinued.

Presently, 575 Sakhi Niwas are functional across the country including 01 Sakhi Niwas in Perambalur district and 09 Sakhi Niwas in Tiruchirappalli district of Tamil Nadu.

- **Shakti Sadan Scheme:** Under the overarching 'Mission Shakti', erstwhile schemes of 'Swadhar Greh' – Home for women in difficult circumstances and 'Ujjawala'- Home for women rescued from Trafficking, have been merged and are now known as 'Shakti Sadan Scheme', which is an Integrated Relief and Rehabilitation Home for women in distressful situations including trafficked women. It aims at creating a safe and enabling environment for 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 directly released to the States/UTs for implementation of the scheme. The States/UTs assess their requirement as per local needs and proposals are approved by the Programme Approval Board (PAB) after discussion with States/UTs. Under the Scheme, financial assistance is provided for running of Shakti Sadan in rented premises.

Presently, 433 Shakti Sadans are functional across the country

including 01 Shakti Sadan functional in Perambalur district of Tamil Nadu.

- **Palna Scheme:** The Ministry introduced Anganwadi cum Creches (AWCCs) under Palna Scheme w.e.f. 01 April 2022, for providing day care creche facilities in safe and secure environment to children (aged 06 months – 06 years) of all mothers irrespective of their employment status along with nutritional support, health and cognitive development of children, growth monitoring, immunization, education etc. Palna component under Samarthya vertical of Mission Shakti is a centrally sponsored scheme and is implemented with a funding ratio of 60:40 between Centre and State Governments and UTs with legislature except North East and Special Category States where ratio is 90:10. For UTs without legislature, 100% funding will be provided by the Central Government.

  Palna is a demand driven scheme under which funds are released to the States/UTs for implementation of the scheme. The States/UTs assess their requirement and proposals are approved by the Programme Approval Board (PAB) after discussion with States/UTs.

  The Ministry continuously monitors implementation through periodic review meetings, video conferences, and field visits by Ministry officials to assess implementation and ensure effective delivery of services. In Tamil Nadu, 600 AWCCs are approved as on 31.03.2026.

- **SANKALP: Hub for Empowerment of Women (HEW) -** The

SANKALP: HEW (Hub for Empowerment of Women) which functions as a Project Monitoring Unit (PMU) for all components of Mission Shakti. It serves as a single window system to bridge the information and knowledge gap regarding schemes and facilities available for women as well as guide them to avail the benefits and entitlements.

Self-Help Groups (SHGs) under DAY-NRLM are to mobilize rural women into collectives to encourage savings and take up multiple livelihoods opportunities to increase household income and thereby reduce rural poverty.

To enhance the efficiency of SHGs, The Ministry of Rural Development under DAY-NRLM, is conducting awareness activities on nutrition, health and sanitation amongst SHG households through group meetings, community-based events, and mobilization to public health, nutrition and sanitation services with an aim to reduce out-of-pocket expenditure on health and improve quality of life. The training material issued by the line Ministries have been adapted in SHG context and are being used for discussions in the group meetings. SHG network is also supporting various national nutrition, health and sanitation campaigns. The IEC material shared by the host Ministry is circulated to the SHGs.

To strengthen nutrition service delivery and promote Early Childhood Care and Education (ECCE), Saksham Anganwadis equipped with child friendly infrastructure compared to conventional AWCs, including facilities such as LED screens, water purifiers/RO machines, Poshan Vatikas, ECCE kits,

and BALA (Building as Learning Aid) paintings have been established. 143 AWCs in the Perambalur district have been approved for upgradation of Saksham Anganwadi. Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) is the primary legislation for ensuring safety, security, dignity and well-being of children and is implemented by all the States and UTs including the State of Tamil Nadu. 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). There are 317 funded Child Care Institutions (CCIs) in the State of Tamil Nadu.

DISTRICT COURT INFRASTRUCTURE IN ANDHRA PRADESH

997. SHRI PRABHAKAR REDDY VEMIREDDY:

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

(a) whether the Government has undertaken any study regarding the existing district court infrastructure in Andhra Pradesh;

(b) if so, the details regarding the list of court infrastructure proposed, under construction and presently functional across Andhra Pradesh, district-wise, particularly in Nellore District;

(c) the details regarding the total amount of funds allocated, released and utilised for the construction of district-court infrastructure in Andhra Pradesh over the last five years, district-wise including Nellore District;

(d) the details regarding the total number of judicial vacancies at present in

district-courts across Andhra Pradesh, district-wise, including Nellore District; and

(e) the details regarding the list of district court infrastructure projects that have been pending for more than 5 years, including the steps being undertaken to resolve such delays across Andhra Pradesh, district-wise, particularly in Nellore District?

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

(a) and (b): The primary responsibility for development of infrastructure facilities for District and Subordinate Courts rests with the State Governments/UTs. However, to augment the resources of States/UTs, Central Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for Judiciary in the District and Subordinate Courts since 1993-94. The Scheme covers five components namely Court Halls, Residential Units for Judicial Officers, Lawyers' Halls, Toilet Complexes and Digital Computer Rooms. The Scheme is appraised by a third party agency across the country including the State of Andhra Pradesh for its effectiveness. The Scheme is also appraised by the Department Related Parliamentary Standing Committee (DRPSC).

Under the CSS, projects are identified by the States/UTs and High Courts concerned. After receipt of the detailed demands from the States/UTs, tentative allocation of funds to States/UTs is done and Mother Sanction is

issued to States/UTs. The States/UTs can incur expenditure on the identified projects within the limit of Mother Sanction while adhering to the guidelines of CSS. For Financial Year 2026-27, Mother Sanction of Rs 8.79 crore has been issued to the State of Andhra Pradesh. The Scheme had sunset date of 31.03.2026 and has been temporary extended up to 30.09.2026.

As per information provided by the State Government of Andhra Pradesh, the district-wise details of court infrastructure presently functional and under construction across Andhra Pradesh, including Nellore District are at **Statement**.

(c): Funds released and utilized by the State of Andhra Pradesh for construction of district-court infrastructure, including Nellore District during last five years under the CSS are as under:

S. No	Financial Year	Funds Released (Rs. in crore)
1	2021-22	0.00
2	2022-23	22.50
3	2023-24	49.82
4	2024-25	0.99
5	2025-26	30.98
Total		**104.29**

(d): The district-wise details regarding total number of judicial vacancies in the courts across Andhra Pradesh as received from High Court of Andhra Pradesh are as under (As on 31.05.2026):

Sr. No.	Name of the Judicial District	Sanctioned Strength	Vacancy
1.	Ananthapur	63	15

Sr. No.	Name of the Judicial District	Sanctioned Strength	Vacancy
2.	Chittoor	80	24
3.	East Godavari	80	12
4.	Guntur	79	4
5.	Kadapa	49	5
6.	Krishna	107	13
7.	Kurnool	76	19
8.	Nellore	49	6
9.	Prakasham	50	7
10.	Srikakulam	41	8
11.	Visakapatnam	102	10
12.	Vizianagaram	32	5
13.	West Godavari	67	9
	Total	**875**	**137**

The territorial Jurisdiction of district courts is different from the administrative/revenue territorial Jurisdiction.

(e): As per information provided by the Government of Andhra Pradesh, two infrastructure projects started before year 2021 are still under construction. These projects are (i) Residential Quarter to accommodate Civil Judge (Senior Division) at Ramachandrapuram, District – Konaseema, and (ii) Construction of six Courts building complex at Adoni, District – Kurnool. An online monitoring mechanism in form of Nyaya Vikas Portal is in place for collection and monitoring of progress of projects under the Scheme.

STATEMENT

District-wise details of court infrastructure presently functional and under construction across Andhra Pradesh

District Name	Total No. of Projects	
	Completed/functional	Under Construction
Annamayya	1	1
Anakapalli	0	2
East Godaveri	1	1
Eluru	0	2
YSR Kadapa	0	4
Tirupati	0	1
Vizianagaram	0	1
Parvathipuram	0	2
Dr. B.R. Ambedkar Konaseema	1	1
Krishna	1	0
Kurnool	0	1
Nandyal	0	1
West Godavri	0	1
Chittoor	0	1
Kakinada	2	2
N.T. R	1	1
Visakhapatnam	1	1
Prakasam	1	1
Srikakulam	1	0
Ongole	0	0
Nellore	0	0
Anathapuramu	0	0
Vizianagaram	0	0
Guntur	0	0
Total	**10**	**24**

PROHIBITION OF CHILD MARRIAGE ACT, 2006

998. DR. MOHAMMAD JAWED:

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

(a) whether child marriage continues to be reported from several parts of the country despite the enforcement of the Prohibition of Child Marriage Act, 2006, if so, the details thereof;

(b) the number of reported cases of child marriage, along with the number of prosecutions and convictions during the last five years, State/UT-wise;

(c) the details of the schemes, awareness campaigns and community-based interventions being implemented by the Government to prevent child marriage and to ensure girls remain in school; and

(d) whether the Government has conducted any assessment of the socio-economic factors contributing to child marriage, if so, the details of the corrective measures being taken to achieve the elimination of child marriage in line with Sustainable Development Goal 5.3?

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

(a) to (d): The National Crime Records Bureau (NCRB) under Ministry of Home Affairs compiles and publishes data on cases of child marriage registered under the Prohibition of Child Marriage Act (PCMA), 2006 in its annual publication Crime in India. The report is available up to the year 2024, as per the information available with NCRB, the number of cases chargesheeted, cases convicted, persons arrested, persons chargesheeted and persons convicted under the PCMA during the last five years in the country, State/UT-

wise details is at **Statement**.

The Government of India has enacted ‘The Prohibition of Child Marriage Act, 2006’ (PCMA) 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.

Further, to strengthen implementation of the Act and accelerate progress towards elimination of child marriage in line with Sustainable Development Goal (SDG) 5.3, the Government launched a national campaign ‘Bal Vivah Mukt 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 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 Mukt Bharat was launched on 4th December 2025 to mobilise all stakeholders in a structured and time-bound manner. The 100 Days Special Campaign focused 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 followed a spell-wise thematic implementation plan. Spell–I (27th November, 2025 to 31st December, 2025) focused on sensitisation activities in schools, colleges and universities through debates, essay competitions and pledge ceremonies. Spell–II (1st January, 2026 to 31st January, 2026) focused 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) focused 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 Mukt 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 Mukt Bharat pledge on the dedicated portal as well as through the MyGov portal, promoting wide participation. Awareness programmes have reached over 12.2 crore citizens, and more than 42 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 68,900 CMPOs across States and Union Territories. This provides citizens with an efficient reporting mechanism, where early reporting enables timely intervention to prevent child marriages.

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 BBBP 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 and circulated to all States and UTs, 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.

Further, preventing child marriage is a critical mandate under the Juvenile Justice (Care and Protection of Children) Act, 2015, wherein a child at imminent risk of marriage before attaining the legal age is defined as a “child in need of care and protection.” The Child Welfare Committees (CWCs), empowered under Sections 27–30 of the Act, are entrusted to take decisions in the best interest of such children, ensuring their safety, dignity, and well-being. The Ministry of Women and Child Development, through its Centrally Sponsored Scheme Mission Vatsalya, supports both institutional and non-institutional care services, including sponsorship, foster care, and after care, to safeguard vulnerable children. Emergency outreach is further strengthened through the 24x7 Child Helpline (1098), integrated with ERSS-112, to provide immediate assistance in cases of child marriage risk. While the Ministry provides policy and programmatic support, the responsibility to prohibit and prevent child marriages lies primarily with the respective State and Union Territory governments, as ‘Police’ and ‘Public Order’ are State subjects under the Constitution, making them competent to act against such offences under existing laws.

STATEMENT

State/UT-wise Cases Registered (CR), Cases Chargesheeted (CCS), Cases Convicted (CON), Persons Arrested (PAR), Persons Chargesheeted (PCS) and Persons Convicted (PCV) under Prohibition of Child Marriage Act during 2020-2021

SL	State/UT	2020						2021					
		CR	CCS	CON	PAR	PCS	PCV	CR	CCS	CON	PAR	PCS	PCV
1	Andhra Pradesh	32	8	0	23	28	0	19	10	0	18	32	0
2	Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0
3	Assam	138	67	0	200	86	0	155	93	0	266	128	0
4	Bihar	5	6	0	9	9	0	11	7	0	11	15	0
5	Chhattisgarh	1	1	0	0	10	0	0	0	0	0	0	0
6	Goa	0	0	0	0	0	0	0	0	0	0	0	0
7	Gujarat	15	15	0	66	80	0	12	12	0	37	57	0
8	Haryana	33	24	0	63	61	0	33	27	0	67	51	0
9	Himachal Pradesh	5	4	0	20	26	0	5	4	0	13	13	0
10	Jharkhand	3	2	1	6	6	5	4	2	0	3	3	0
11	Karnataka	184	103	0	273	267	0	273	237	3	544	536	3
12	Kerala	8	5	0	20	19	0	12	9	0	32	29	0
13	Madhya Pradesh	5	6	1	11	16	1	4	4	0	5	11	0
14	Maharashtra	50	32	0	88	111	0	82	72	0	142	303	0
15	Manipur	0	0	0	0	0	0	2	0	0	2	0	0
16	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0
17	Mizoram	0	0	0	0	0	0	0	0	0	0	0	0
18	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0
19	Odisha	24	32	0	20	38	0	64	54	0	51	77	0
20	Punjab	13	4	1	21	6	1	8	6	0	13	17	0
21	Rajasthan	3	3	0	4	4	0	11	9	0	27	31	0
22	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0
23	Tamil Nadu	77	65	0	267	173	0	169	68	0	451	191	0
24	Telangana	60	35	2	85	104	9	57	65	7	118	153	16
25	Tripura	4	2	0	2	3	0	1	3	0	0	6	0
26	Uttar Pradesh	12	11	1	24	29	3	6	4	0	13	16	0
27	Uttarakhand	9	9	0	9	9	0	12	11	0	23	45	0

28	West Bengal	98	67	0	87	77	0	105	109	0	141	145	0
	TOTAL STATE(S)	**779**	**501**	**6**	**1298**	**1162**	**19**	**1045**	**806**	**10**	**1977**	**1859**	**19**
29	A & N Islands	0	0	0	0	0	0	0	0	0	0	0	0
30	Chandigarh	1	0	0	2	0	0	0	0	0	0	0	0
31	DandN Haveli and Daman and Diu	0	1	0	3	3	0	0	0	0	0	0	0
32	Delhi	4	3	0	7	5	0	2	1	0	12	12	0
33	Jammu and Kashmir	1	0	0	0	0	0	2	1	0	4	4	0
34	Ladakh	0	0	0	0	0	0	0	0	0	0	0	0
35	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0
36	Puducherry	0	0	0	0	0	0	1	1	0	1	1	0
	TOTAL UT(S)	**6**	**4**	**0**	**12**	**8**	**0**	**5**	**3**	**0**	**17**	**17**	**0**
	TOTAL (ALL INDIA)	**785**	**505**	**6**	**1310**	**1170**	**19**	**1050**	**809**	**10**	**1994**	**1876**	**19**

State/UT-wise Cases Registered (CR), Cases Chargesheeted (CCS), Cases Convicted (CON), Persons Arrested (PAR), Persons Chargesheeted (PCS) and Persons Convicted (PCV) under Prohibition of Child Marriage Act during 2022-2024

SL	State/UT	2022						2023						2024					
		CR	CCS	CON	PAR	PCS	PCV	CR	CCS	CON	PAR	PCS	PCV	CR	CCS	CON	PAR	PCS	PCV
1	Andhra Pradesh	26	19	0	78	66	0	45	26	0	25	111	0	21	19	1	18	57	4
2	Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Assam	163	128	0	316	224	0	5267	5089	94	5714	5753	98	471	300	191	589	395	199
4	Bihar	13	14	0	28	26	0	13	8	1	17	14	1	22	11	0	27	28	0
5	Chhattisgarh	0	0	0	0	0	0	0	0	0	0	0	0	4	4	0	44	44	0
6	Goa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Gujarat	9	9	0	25	40	0	8	8	0	38	42	0	9	9	1	21	43	5
8	Haryana	37	23	3	79	63	5	28	20	1	55	51	1	28	19	1	67	62	2
9	Himachal Pradesh	4	3	0	3	13	0	1	0	1	2	0	4	2	1	0	0	2	0
10	Jharkhand	5	2	0	2	2	0	5	5	0	15	15	0	5	2	0	9	9	0
11	Karnataka	215	173	0	510	502	0	143	200	2	332	484	3	152	128	3	252	405	6
12	Kerala	6	6	0	10	12	0	4	4	0	1	12	0	8	8	0	25	36	0
13	Madhya Pradesh	7	6	0	21	24	0	4	5	0	3	16	0	9	9	1	21	51	2
14	Maharashtra	99	89	0	179	355	0	93	86	0	57	300	0	72	61	1	77	187	2
15	Manipur	1	0	0	0	0	0	2	0	0	1	0	0	0	0	0	0	0	0
16	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	3	3	0
17	Mizoram	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Odisha	46	40	2	48	91	2	57	53	0	52	115	0	35	19	0	30	37	0
20	Punjab	4	3	0	9	7	0	11	5	1	27	6	1	7	9	0	11	15	0

21	Rajasthan	10	8	0	39	45	0	5	3	4	23	23	9	3	1	2	0	10	5
22	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Tamil Nadu	155	108	1	363	249	1	174	147	0	424	316	0	408	267	2	920	593	3
24	Telangana	53	47	6	7	103	15	33	30	2	19	69	2	83	83	0	47	210	0
25	Tripura	2	2	0	0	3	0	2	1	0	0	3	0	3	2	0	0	2	0
26	Uttar Pradesh	17	15	1	48	61	1	15	13	0	61	73	0	7	7	0	37	37	0
27	Uttarakhand	6	6	0	2	6	0	5	1	1	6	2	7	8	4	0	14	18	0
28	West Bengal	121	99	6	209	197	6	118	102	0	183	292	0	132	117	5	123	159	5
	TOTAL STATE(S)	**999**	**800**	**19**	**1976**	**2089**	**30**	**6033**	**5806**	**107**	**7055**	**7697**	**126**	**1490**	**1081**	**208**	**2335**	**2403**	**233**
29	A & N Islands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Chandigarh	0	1	1	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0
31	DandN Haveli and Daman and Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Delhi	1	0	0	9	0	0	1	1	0	4	1	0	4	4	1	5	6	1
33	Jammu and Kashmir	2	1	0	7	7	0	2	0	0	0	0	0	4	1	0	2	2	0
34	Ladakh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Puducherry	0	0	0	0	0	0	2	2	0	12	12	0	1	1	0	18	18	0
	TOTAL UT(S)	**3**	**2**	**1**	**16**	**9**	**1**	**5**	**3**	**0**	**16**	**13**	**0**	**9**	**6**	**1**	**25**	**26**	**1**
	TOTAL (ALL INDIA)	**1002**	**802**	**20**	**1992**	**2098**	**31**	**6038**	**5809**	**107**	**7071**	**7710**	**126**	**1499**	**1087**	**209**	**2360**	**2429**	**234**

उज्जैन में औषधीय पादपों की कृषि को बढ़ावा दिया जाना

999. श्री अनिल फिरोजिया:

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

(क) विगत पांच वर्षों के दौरान उज्जैन संसदीय निर्वाचन क्षेत्र में सरकार द्वारा स्वीकृत की गई निधि और व्यय की गई निधियों का ब्यौरा क्या है;

(ख) वर्तमान में उक्त निर्वाचन क्षेत्र में कार्यरत आयुष स्वास्थ्य एवं आरोग्य केंद्रों की कुल संख्या कितनी है;

(ग) उज्जैन में औषधीय पादपों की खेती के लिए सहायता प्राप्त करने वाले किसानों की कुल संख्या कितनी है;

(घ) क्या उज्जैन में एक आयुष अस्पताल/कॉलेज स्थापित करने का कोई प्रस्ताव है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) उज्जैन में आयुष सेवाओं के विस्तार के लिए सरकार की भावी कार्य योजना का ब्यौरा क्या है?

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

(क): राष्ट्रीय आयुष मिशन (एनएएम) के तहत, राज्य की वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से राज्य से प्राप्त प्रस्तावों के अनुसार, पिछले पाँच वर्षों के दौरान मध्य प्रदेश राज्य को केंद्रीय हिस्से के रूप में 31439.679 लाख रुपए की राशि आवंटित/जारी की गई है। राज्य सरकार ने इस आवंटन की तुलना में 31439.679 लाख रुपए के व्यय की सूचना दी है। मध्य प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, पिछले पाँच वर्षों के दौरान उज्जैन संसदीय क्षेत्र में स्वीकृत राशि और किए गए व्यय का ब्यौरा **विवरण** में दिया गया है।

(ख): राज्य सरकार द्वारा दी गई जानकारी के अनुसार, उक्त संसदीय क्षेत्र में 24 आयुष स्वास्थ्य और कल्याण केंद्र, जिनका नाम बदलकर अब आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] कर दिया गया है, संचालित हैं।

(ग): राज्य सरकार के अनुसार, उज्जैन संसदीय क्षेत्र में 120 किसानों को देवारण्य योजना के अंतर्गत औषधीय पौधों की खेती करने के लिए सहायता प्रदान की गई।

(घ): एनएएम के अंतर्गत, मध्य प्रदेश सरकार द्वारा राज्य की वार्षिक कार्य योजना (एसएएपी) के माध्यम से प्रस्तुत प्रस्ताव के अनुसार, वर्ष 2025-26 के दौरान उज्जैन में एक 50 बिस्तरों वाले अस्पताल के लिए मंजूरी दी गई है।

(ङ): चूँकि, जन स्वास्थ्य राज्य का विषय है इसलिए उज्जैन जिले में आयुष सेवाओं के विस्तार की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। हालाँकि, एनएएम के अंतर्गत, मंत्रालय एनएएम दिशानिर्देशों के मौजूदा प्रावधानों के तहत एसएएपी के माध्यम से प्राप्त प्रस्तावों के आधार पर आयुष पद्धतियों के विकास और प्रचार के लिए राज्य सरकार के प्रयासों में सहयोग कर रहा है।

विवरण

पिछले पाँच वर्षों के दौरान उज्जैन संसदीय क्षेत्र में स्वीकृत राशि और किए गए व्यय का ब्यौरा

(लाख रु. में)

क्र.सं.	वित्तीय वर्ष	स्वीकृत राशि	किया गया व्यय
1	2021-22	0.680	0.669
2	2022-23	0.000	0.000
3	2023-24	2.770	1.163
4	2024-25	13.737	7.596
5	2025-26	11.199	4.568
कुल		**28.386**	**13.996**

RESEARCH AND CLINICAL TRIALS IN AYUSH

1000. SHRI BAIJAYANT PANDA:

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

(a) the number of clinical trials and research projects undertaken under the AYUSH systems during financial year 2025-26;

(b) the number of peer-reviewed publications, patents or evidence-based outcomes generated; and

(c) the steps taken by the Government to integrate validated AYUSH research with mainstream 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): Under the Research and Innovation (R & I) in Ayush and Ayurveda Biology Integrated Health Research (ABIHR) components of the Ayurgyan Scheme, 42

(10 new and 32 ongoing) and 07 (05 new and 02 ongoing) research projects were supported respectively for a duration of three years and funds were released on instalment basis during FY 2025-26.

In addition, Research Councils under Ministry of Ayush namely Central Council for Research in Ayurvedic Science (CCRAS), Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Siddha (CCRS) and Central Council for Research in Yoga and Naturopathy (CCRYN) also undertake research activities such as Clinical Research, Drug Proving, Drug Verification, Drug validation, Drug Standardization, Public Health Research, Fundamental Research and Epidemic research through their Research Institutes/Treatment Centre/Peripheral Units. A total 693 no. of research studies (i.e. CCRAS-340, CCRH-142, CCRUM-140, CCRS-71) were undertaken by the above Research Councils during FY 2025-26.

(b): Under the Research and Innovation (R&I) component, a total of 10 research papers were published in peer-reviewed journals during FY 2025–26. In addition, the Research Councils published 653 research papers in peer-reviewed journals during the same period, comprising 232 by CCRAS, 84 by CCRH, 248 by CCRUM, 67 by CCRS, and 22 by CCRYN. Further, a total of 03 patents was granted to the Research Councils during FY 2025–26, including 02 to CCRAS and 01 to CCRH.

(c): To integrate validated Ayush research with mainstream healthcare delivery following steps have been taken by the Ministry of Ayush as well as Research

Councils under this Ministry:

i) To strengthen the integration of the Ayush systems with the modern system of medicine, financial assistance was provided to 09 organizations of national repute under the Centre of Excellence (CoE) component of Ayurswasthya Yojana with the aim to promote research and development in Ayush in collaboration with the modern system of medicine to strengthen the scientific validation of Ayush systems and promoting its wider acceptance.

ii) Under the Extramural Research Programme, the Indian Council of Medical Research (ICMR) and the CCRAS have taken an initiative to set up the Ayush-ICMR Advanced Centre for Integrative Health Research (AI - ACIHR) at AIIMS, New Delhi, Jodhpur, Nagpur and Rishikesh to conduct research on identified areas focusing on integrative healthcare.

iii) Integration of Ayush systems in National Programme of prevention and control for Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS) has been undertaken by CCRAS.

iv) CCRS has initiated the three research collaborative projects with Indian Council of Medical Research-National Institute for Research in Tuberculosis (ICMR-NIRT) projects aimed at the prevention, management, and rehabilitation of Tuberculosis (TB).

v) In addition to above, Mainstreaming of Ayush is a core strategy under the National Health Mission (NHM) to provide accessible, affordable, and quality healthcare. To promote traditional systems of medicine, the

Government has integrated Ayush services into the public healthcare system through the co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs).

HIGH PRECISION MEDICAL INSTRUMENTS

1001. SHRI PUTTA MAHESH KUMAR:

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

(a) whether the Government has undertaken any initiatives/schemes during the last five years to promote indigenous manufacturing of high-precision medical instruments in the country;

(b) if so, the details of such schemes and initiatives, including their objectives, scope and implementation status, State-wise and year-wise;

(c) the total funds allocated, sanctioned, released and utilised under the said schemes during the last five years, State-wise and year-wise;

(d) the details of beneficiary companies, start-ups, MSMEs and public sector entities engaged in manufacture of high-precision medical instruments under the said initiatives;

(e) the total amount of foreign direct investment received in the manufacture of high-precision medical instruments in the country during the last five years, year-wise; and

(f) whether the Government has undertaken any steps to increase awareness and outreach of such schemes among industry, research institutions and

entrepreneurs to strengthen domestic medical device manufacturing ecosystem of the country, 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): Yes. The Government has implemented schemes to promote indigenous manufacturing of medical devices, including high-end and high-precision instruments. The schemes implemented by the Department to promote indigenous manufacturing of medical devices in the country are as follows:

(i) Production Linked Incentive Scheme for Medical Devices: The Scheme has an outlay of ₹3,420 crore and provides incentives on eligible incremental sales in four target segments covering cancer-care/radiotherapy, radiology and imaging, anaesthetics/cardio-respiratory/renal-care devices and implants. Twenty-seven applications have been approved, including 14 MSMEs. The approved projects have reported actual investment of ₹1,153.07 crore and have commenced domestic production of products such as MRI and CT equipment, LINACs, mammography systems, C-arms, ultrasound equipment, heart valves and stents.

(ii) Scheme for Promotion of Medical Device Parks: The Scheme, with an outlay of ₹300 crore, supports common testing, sterilisation, warehousing, incubation, prototyping and other infrastructure, with Central assistance up to ₹100 crore per park. Three parks are under implementation at Noida, Uttar Pradesh; Ujjain, Madhya Pradesh and Kanchipuam, Tamil Nadu.

(iii) Scheme for Strengthening of Medical Device Industry (SMDI): The Scheme has an outlay of ₹500 crore for FY 2024-25 to FY 2027-28 and comprises sub-schemes namely, Common Facilities for Medical Devices Clusters (CFMDC), Marginal Investment Scheme for Reducing Import Dependence Scheme (MIS-RID), Capacity Building and Skill Development in Medical Device Sector Scheme, Medical Device Clinical Studies Support Scheme and Medical Device Promotion Scheme.

Under two of the sub-schemes, manufacturing and testing projects have been approved across various States. Under the MIS-RID Scheme, 24 projects have been approved with an aggregate Grant-in-Aid of ₹101.50 crore. Under the CFMDC Scheme, 13 projects have been approved or accorded in-principle approval, with an aggregate Grant-in-Aid of ₹88.67 crore. Scheme-wise and State-wise financial details are given in **Statement-I**.

(c): Up to FY 2024-25, ₹266.64 crore was released as incentives under the PLI Scheme. Under the Medical Device Parks Scheme, Central Grant of ₹209.80 crore has been released and ₹177.98 crore utilised. Under SMDI, ₹101.50 crore has been approved under MIS-RID and ₹88.67 crore under the Common Facilities component, of which ₹20.62 crore has been released. Scheme-wise and State-wise financial details are given in **Statement-I**.

(d): Under the PLI Scheme, of the 27 PLI applications, 14 are MSMEs and none is a public-sector entity. The seven MIS-RID beneficiaries relating to high-precision instruments are MSMEs, of which four are start-ups. Medical Device Parks provide plots and common facilities for eligible manufacturers;

Implementation status and state-wise data of beneficiaries of Scheme for promotion of Medical Device Park is at **Statement-I** and at **Statement-II**.

(e): FDI data are maintained for the medical-devices sector as a whole. FDI inflows of ₹17,201 crore were reported in MediTech activities during FY 2021-22 to FY 2025-26. Year-wise details are given in **Statement-III**.

(f): Yes. The Department from time to time organizes awareness workshops, conferences and outreach programmes to promote the said Schemes among industry, research institutions and entrepreneurs to strengthen domestic medical devices manufacturing ecosystem of the country. For PLI Scheme, so far, five rounds of applications have been invited and various stakeholder interactions were conducted. Under SMDI, five offline and four online awareness workshops were organised. The implementing agencies of the Medical Device Parks have also undertaken investor summits, roadshows, digital outreach, industry interactions and participation in national and international MedTech forums to publicise the schemes and attract investment.

STATEMENT- I

A. State-wise and year-wise details of beneficiaries under Production Linked Incentive Scheme

(in ₹ crore)

Applicant	State	FY 2022-23	FY 2023-24	FY 2024-25	Total
Wipro GE Healthcare Private Limited	Karnataka	8.00	14.87	20.18	43.05
Siemens Healthcare Private Limited	Karnataka	8.00	17.00	14.46	39.46
Philips Global Business Services LLP	Maharashtra	8.00	17.00	27.00	52.00

Nipro India Corporation Private Limited	Maharashtra	3.61	15.83	15.45	34.89
Meril Life Sciences Private Limited	Gujarat	6.14	17.00	27.00	50.14
Meril Healthcare Private Limited	Gujarat	-	17.00	27.00	44.00
Panacea Medical Technologies Private Limited	Karnataka	3.10	-	-	3.10
Total		**36.85**	**98.70**	**131.09**	**266.64**

Note: The total approved outlay of the PLI Scheme is ₹3,420 crore. Incentives are released in accordance with the Scheme guidelines.

B. State-wise status of approved projects under PLI Scheme for Medical Devices

Sl. No.	Approved applicant/ application	State	Status	Products commissioned	MSME	Committed investment (₹ crore)	Actual investment (₹ crore)
1	Allengers Medical Systems Limited	Punjab	Commissioned	CT Scan, X Ray Equipment, Mammography, C-Arm and Cath Lab	No	50.00	19.03
2	Allied Medical Limited	Rajasthan	Commissioned	Anaesthesia workstation, Anaesthesia Unit Gas Scavengers, Anaesthesia Kits, Masks - Anaesthesia, Anaesthesia Unit Vaporizers, Anaesthesia Unit Ventilators, Automated external defibrillators (AEDs),Bi- Phasic Defibrillators,	Yes	22.89	14.50

Sl. No.	Approved applicant/ application	State	Status	Products commissioned	MSME	Committed investment (₹ crore)	Actual investment (₹ crore)
				Infusion pumps - Syringe and Volumetric, Intensive Care Ventilators, Emergency Ventilators Portable Ventilators), High Flow Oxygen Devices, Multi-parameter Monitor,Suction Machine			
3	BPL Medical Technologies Private Limited TS 2	Karnataka	Commissioned	Surgical X Ray C-Arm, Fixed LF and HF X Ray Products, X Ray Panels	No	11.25	11.88
4	BPL Medical Technologies Private Limited TS 3	Karnataka	Commissioned	Anesthesia Workstation, Automated External Defibrillators (AEDs), ECG, Patient Monitoring, Stress Test System	No	11.25	10.03
5	Deck Mount Electronics Limited	Andhra Pradesh	Commissioned	Oxygen concentrator	Yes	10.00	10.50
6	Envision Scientific Private	Gujarat	Commissioned	Stents, PTCA Balloon Catheter	Yes	48.73	52.20

Sl. No.	Approved applicant/ application	State	Status	Products commissioned	MSME	Committed investment (₹ crore)	Actual investment (₹ crore)
	Limited						
7	GE BE Private Limited	Karnataka	Commissioned	PET Detector	No	5.20	5.98
8	Innvolution Healthcare Private Limited	Rajasthan	Commissioned	Stents	Yes	21.75	21.77
9	Majik Medical Solutions Private Limited	Telangana	Commissioned	Catheter Tubing (Cardiovascular) Micro-Catheter Tubing (Neurovascular) and	Yes	106.36	33.50
10	Meril Endo Surgery Private Limited	Gujarat	Commissioned	1. Hernia Surgical Mesh Implants Other Products 2. Endocutter 3. Linear Stapler 4. Linear Cutter 5. Trocar 6. Litigation Clip 7. Hemostates	Yes	30.00	11.62
11	Meril Healthcare Private Limited	Gujarat	Commissioned	Hip Implants, Knee Implant , Trauma Implant	Yes	30.03	90.40
12	Meril Life Sciences Private Limited	Gujarat	Commissioned	Heart Valves, Stents, PTCA Ballon Catheter	Yes	35.06	48.59
13	Meril Medical Innovation	Gujarat	Commissioned	Laser Ablation System	Yes	3.50	0.20

Sl. No.	Approved applicant/ application	State	Status	Products commissioned	MSME	Committed investment (₹ crore)	Actual investment (₹ crore)
	s Private Limited - TS 1						
14	Meril Medical Innovations Private Limited - TS 3	Gujarat	Commissioned	Left Atrial Appendage Closure and Intravascular Lithotripsy Catheter System	Yes	7.50	6.84
15	Microtek New Technologies Private Limited	Himachal Pradesh	Commissioned	Oxygen Concentrators	Yes	4.50	13.58
16	Motherson Health and Medical System Limited	Tamil Nadu	Non - Commissioned	-	No	65.40	57.61
17	Nipro India Corporation Private Limited	Maharashtra	Commissioned	Dialyzer	No	180.00	216.87
18	Omron Healthcare Manufacturing India Private Limited	Tamil Nadu	Commissioned	Automatic Blood Pressure Monitor	No	28.00	20.23
19	Panacea Medical Technologies Private	Karnataka	Commissioned	Linear Accelerator (LINAC), Rotational Cobalt Machine	Yes	24.50	28.97

Sl. No.	Approved applicant/ application	State	Status	Products commissioned	MSME	Committed investment (₹ crore)	Actual investment (₹ crore)
	Limited						
20	Philips Global Business Services LLP	Maharashtra	Commissioned	MRI Coils	No	103.46	117.51
21	Poly Medicure Limited	Haryana	Commissioned	Dialyzer, Dialysis Machine, Peritoneal Dialysis kits, Fistula, Blood Line, Haemodialysis Catheter and Transducer Protector	No	72.00	55.61
22	Siemens Healthcare Private Limited	Karnataka	Commissioned	CT Scan and MRI	No	91.91	146.13
23	Syrma Johari Medtech Limited - TS 1	Rajasthan	Non - Commissioned	-	Yes	6.00	4.26
24	Syrma Johari Medtech Limited - TS 3	Rajasthan	Non - Commissioned	-	Yes	3.75	3.75
25	Varex Imaging Manufacturing India Private	Maharashtra	Non - Commissioned	-	No	112.42	57.63

Sl. No.	Approved applicant/ application	State	Status	Products commissioned	MSME	Committed investment (₹ crore)	Actual investment (₹ crore)
	Limited (X Ray Tube)						
26	Varex Imaging Manufacturing India Private Limited (Flat Panel Detector)	Andhra Pradesh	Commissioned	Digital X-Ray Flat Pannel Detector	No	0.55	16.80
27	Wipro GE Healthcare Private Limited	Karnataka	Commissioned	CT Scan, Cath Lab and Ultrasonography	No	50.22	77.08
	Total					1,136.23	1,153.07

Note: None of the 27 approved applications is a public-sector company/undertaking.

C. Scheme for Promotion of Medical Device Parks - State-wise cumulative financial position

(*in ₹ crore*)

State	Central Grant released	Central Grant utilised	State contribution released	State contribution utilised	Total amount utilised
Tamil Nadu	60.00	47.50	32.01	18.23	65.73
Uttar Pradesh	60.00	56.20	51.96	52.50	108.70
Madhya Pradesh	89.80	74.28	55.63	50.00	124.28
Total	**209.80**	**177.98**	**139.60**	**120.73**	**298.71**

D. Year-wise position for Madhya Pradesh Medical Device Park

(in ₹ crore)

Financial year	Central funds released	Central funds utilised
2021-22	30.00	Nil
2022-23	Nil	Nil
2023-24	Nil	26.70
2024-25	Nil	3.30
2025-26	59.80	44.28
Total	**89.80**	**74.28**

E. State-wise and year-wise details of beneficiaries under MIS-RID Scheme in FY2025-26 and FY2026-27

Sl. No.	Applicant	Approved product/component	State	Project cost (₹ crore)	Grant-in-Aid (₹ crore)
1	Aegis Lifesciences Pvt. Ltd.	Flowable Gelatin Hemostatic Matrix Kit	Gujarat	13.54	2.71
2	Compass Enterprises Pvt. Ltd.	Electrolyte analyser electrodes	Andhra Pradesh	34.87	6.97
3	Define Bio Pvt. Ltd.	Performance Panels	Andhra Pradesh	35.29	7.06
4	Medsource Ozone Biomedicals Pvt. Ltd.	Antigen and Antibody	Haryana	14.19	2.84
5	Ostic Pharma Pvt. Ltd.	Antigens/antibodies for rapid diagnostics; probes/primers/CRISPR reagents; sensors using inorganic nanoparticles and microparticles	Maharashtra	0.54	0.11
6	Pentavalent Bio Sciences Pvt. Ltd.	Recombinant antigens and monoclonal antibodies	Karnataka	1.47	0.29

Sl. No.	Applicant	Approved product/component	State	Project cost (₹ crore)	Grant-in-Aid (₹ crore)
7	Poly Medicure Ltd.	Polymer tubing components for infusion therapy, bloodline and dialysis accessories, central venous access/catheters	Haryana	100.00	10.00
8	SkanRay Technologies Pvt. Ltd.	X-ray tubes	Karnataka	26.25	3.94
9	SMT Cardiovascular Pvt. Ltd.	Polymer tubing components for disposable medical devices and metal tubing components for implants (TAVI frames)	Telangana	43.37	8.67
10	Hindustan Syringes and Medical Devices Ltd.	Single-use hollow-fibre haemodialyzer membrane	Haryana	65.80	9.87
11	Yashraj Biotechnology Ltd.	Rabbit polyclonal antibodies	Maharashtra	10.16	2.03
12	GESCO Healthcare Pvt. Ltd.	Full Endoscopic Lumbar IT and ED Set	Tamil Nadu	8.44	1.69
13	Auxein Medical Pvt. Ltd.	Arthroscopy and trauma instrument set	Haryana	77.70	10.00
14	Auxein Medical Pvt. Ltd.	UHMWPE-based sutures	Haryana	17.91	3.58
15	Harsoria Healthcare Pvt. Ltd.	Huber needle	Haryana	5.46	1.09
16	GRK Medical Devices Pvt. Ltd.	Peripheral coils	Telangana	5.31	1.06
17	Huwel Lifesciences Pvt. Ltd.	Single-sample four-channel handheld RT-PCR machine (CUBO)	Telangana	16.83	3.36

Sl. No.	Applicant	Approved product/component	State	Project cost (₹ crore)	Grant-in-Aid (₹ crore)
18	Iscon Meditech Pvt. Ltd.	Polymer tubing components	Rajasthan	35.15	7.03
19	Majik Medical Solutions Pvt. Ltd.	Next-generation intravascular lithotripsy catheters	Telangana	5.63	1.12
20	Panacea Medical Technologies Pvt. Ltd.	6 or 9 MeV LINAC-based intraoperative electron radiotherapy equipment	Karnataka	10.237	2.04
21	Appidi Healthcare	Specialty ophthalmic lenses - Orthokeratology (Ortho-K) lenses	Telangana	42.92	8.58
22	Univlabs Technologies Pvt. Ltd.	Gynostart Mobilio	Haryana	7.61	1.52
23	Medsoria Healthcare Solutions Pvt. Ltd.	NFC Advance Connector	Haryana	25.25	5.05
24	Vimek Bioconcept Pvt. Ltd.	Point-of-care testing/FIA analyser and reagents (cardiac markers)	Maharashtra	4.60	0.92
Total				**608.5**	**101.5**

F. Common Facilities for Medical Device Clusters - finally approved projects (₹ lakh)

Sl. No.	Applicant/entity	Facility/activity	Project cost	Grant-in-Aid approved	Grant-in-Aid released	Implementation Status
1	International Centre for Medical Glass Engineering (IMAGE) - State Government	Common facility for design and production of specialised medical glass articles such as CT-scan	2,669.00	1,868.30	467.08	Under implementation

Sl. No.	Applicant/entity	Facility/activity	Project cost	Grant-in-Aid approved	Grant-in-Aid released	Implementation Status
	supported entity	tubes, X-ray tubes and high-strength glassware				
2	Medi-Mold Design and Fabrication Institute - Private entity	Common facility for design, development and fabrication of high-precision moulds, dies and tools	2,926.50	1,463.25	365.81	Under implementation
3	Telangana Life Science Foundation - State Government supported entity	Medical-device rapid prototyping and common testing facility	2,440.00	1,708.00	427.00	Under implementation
4	AIC-AMTZ Medivalley Incubation Council - State Government supported entity	Calibration, electronics and pre-compliance testing laboratory	715.00	500.00	125.00	Under implementation
5	Osel Devices Pvt. Ltd. - Private entity	Hearing-aid testing facility	287.85	143.92	71.96	Under implementation
6	Gesco Healthcare Pvt. Ltd. - Private entity	Testing facility for biomedical implants, including orthopaedic implants and dental prostheses	720.52	360.26	180.13	Under implementation
7	Sree Chitra Tirunal Institute for Medical Sciences and Technology - Central Government supported entity	Biocompatibility testing facility for medical devices	715.00	500.00	125.00	Under implementation
8	Centre for Cellular and Molecular Platforms (C-CAMP) - Private entity	Electrical-safety testing facility based on IEC 60601-1	400.00	200.00	50.00	Under implementation
9	QVC Certification Services Pvt. Ltd. -	Testing facility covering electrical safety, sterility,	1,128.17	500.00	250.00	Under implemen

Sl. No.	Applicant/entity	Facility/activity	Project cost	Grant-in-Aid approved	Grant-in-Aid released	Implementation Status
	Private entity	toxicity, biocompatibility and biomaterials				tation
Total			**12,001.50**	**7,243.73**	**2,061.98**	

STATEMENT-II

C. Medical Device Parks - beneficiary position

State	Location	Beneficiary position
Uttar Pradesh	Sector-28, Yamuna Expressway, Geater Noida, Gautam Buddha Nagar	101 manufacturing units/plot allotted by the Sate Government.
Madhya Pradesh	Vikram Udyogpuri, Ujjain	74 manufacturing units/plot allotted by the Sate Government.
Tamil Nadu	Oragadam Phase-II, Kancheepuram district	35 manufacturing units/plot allotted by the Sate Government.
Total		**210 manufacturing units/plot allotted**

STATEMENT-III

Year-wise FDI inflows in MediTech activities

Financial year	FDI inflow (₹ crore)
2021-22	1,545
2022-23	3,123
2023-24	3,978
2024-25	5,253
2025-26	3,302
Total	**17,201**

Note: The FDI Division does not maintain separate data for the manufacture of high-precision medical instruments. The above figures relate to the medical-devices/MediTech sector.

AYUSH DISPENSARIES AND WELLNESS CENTRES

1002. SHRI MURASOLI S.:

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

(a) the number of AYUSH dispensaries and wellness centres functional in Thanjavur Parliamentary Constituency under the Ayushman Bharat Health and Wellness Centre scheme during the last five years;

(b) the funds allocated and disbursed for AYUSH infrastructure in the district during the same period;

(c) whether any proposal exists to establish a dedicated Siddha research or treatment facility in Thanjavur district of Tamil Nadu; 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): During the last five years, as reported by State Government of Tamil Nadu, a total of 24 Ayush dispensaries / Ayush Health and Wellness Centres (Ayush) now renamed as Ayushman Arogya Mandir (Ayush) are functional in Thanjavur Parliamentary Constituency.

(b): As reported by State Government, a total amount of Rs. 120.00 lakhs has been allocated for AYUSH infrastructure.

(c): No such proposal.

(d): Question does not arise.

सिंथेटिक और मिलावटी दूध का रैकेट

1003. श्री भाऊसाहेब राजाराम वाकचौरे:

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

(क) क्या सरकार को जानकारी है कि फरवरी 2026 में महाराष्ट्र के अहिल्यानगर जिले के जामखेड़ तालुका में सिंथेटिक और रसायन मिलाकर बनाए जा रहे मिलावटी दूध के एक संगठित रैकेट का भंडाफोड़ किया गया था, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या इस मामले में प्रयुक्त रसायन के स्वास्थ्य पर पड़ने वाले प्रभावों के बारे में वैज्ञानिक जांच के आधार पर कोई रिपोर्ट तैयार की गई है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या केंद्र सरकार ने इस संबंध में महाराष्ट्र सरकार से कोई विस्तृत रिपोर्ट मांगी है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) के माध्यम से एक विशेष निरीक्षण दल तैनात करने का विचार है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) ऐसी घटनाओं की पुनरावृत्ति रोकने के लिए राष्ट्रीय स्तर पर एक नई निगरानी प्रणाली विकसित करने हेतु क्या उपाय किए जाने की संभावना है?

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

(क) से (ङ): भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) को खाद्य पदार्थों के लिए वैज्ञानिक आधार पर मानक निर्धारित करने तथा मानव उपभोग हेतु सुरक्षित एवं गुणवत्तापूर्ण आहार की उपलब्धता सुनिश्चित करने के लिए उनके विनिर्माण, भंडारण, वितरण, बिक्री एवं आयात का विनियमन करने का अधिदेश है। **खाद्य सुरक्षा और मानक अधिनियम, 2006** का कार्यान्वयन एवं प्रवर्तन केंद्र तथा राज्य सरकारों की साझा जिम्मेदारी है।

महाराष्ट्र सरकार से प्राप्त रिपोर्ट के अनुसार, दिनांक **14.02.2026** को खाद्य सुरक्षा अधिकारी ने स्थानीय अपराध शाखा के साथ मिलकर महाराष्ट्र के **अहिल्यानगर** में दूध में

मिलावट के संबंध में कार्रवाई की। इस दौरान **मैसर्स बंधुप्रेम मिल्क कलेक्शन सेंटर** के परिसर से संदिग्ध मिलावटी अपमिश्रण तथा दूध का स्टॉक जब्त किया गया। नमूने लेकर दिनांक **16.02.2026** को परीक्षण हेतु भेजे गए। राज्य जन स्वास्थ्य प्रयोगशाला, पुणे की परीक्षण रिपोर्ट के अनुसार, एक नमूने में **खनिज तेल, डिटर्जेंट तथा न्यूट्रलाइज़र** की मौजूदगी पाई गई, जिससे उसमें अपमिश्रण रसायनों की पुष्टि हुई।

मैसर्स बंधुप्रेम मिल्क कलेक्शन सेंटर का **खाद्य सुरक्षा और मानक अधिनियम** के अंतर्गत पंजीकरण निरस्त कर दिया गया है तथा इस मामले में **तीन आरोपियों को पुलिस हिरासत में लिया गया है।**

अवधारित मानकों, सीमाओं तथा **खाद्य सुरक्षा और मानक अधिनियम, 2006** तथा उसके अधीन बनाए गए नियमों एवं विनियमों के अन्य सांविधिक प्रावधानों के अनुपालन को सुनिश्चित करने के लिए राज्य सरकारों के अधीन **खाद्य सुरक्षा आयुक्त** के नेतृत्व में राज्य खाद्य सुरक्षा प्राधिकरण दूध एवं दुग्ध उत्पादों के संबंध में स्थानीय अथवा लक्षित प्रवर्तन एवं निगरानी गतिविधियां संचालित करते हैं।

राज्य खाद्य सुरक्षा प्राधिकरण त्योहारों के प्रारंभ होने से पूर्व तथा त्योहारों के दौरान विशेष अभियान भी चलाते हैं। इन विशेष अभियानों के अंतर्गत बाजार से दूध एवं दुग्ध उत्पादों पर विशेष ध्यान देते हुए यादृच्छिक (रैंडम) नमूना संग्रहण किया जाता है, क्योंकि त्योहारों के दौरान अपमिश्रण की संभावना अधिक रहती है। इसके अतिरिक्त, पूर्व में किए गए नमूना परीक्षण एवं विश्लेषण के इतिहास, प्राप्त शिकायतों तथा स्थानीय मीडिया सहित विभिन्न माध्यमों से प्राप्त रिपोर्टों के आधार पर चिन्हित मिलावट संभावित क्षेत्रों (हॉटस्पॉट) में भी विशेष निगरानी एवं जांच की जाती है। इसके अतिरिक्त, **जोखिम-आधारित निरीक्षण प्रणाली** के अंतर्गत खाद्य कारोबार की जोखिम-विवरण के आधार पर निरीक्षण की आवृत्ति निर्धारित की जाती है। दूध एवं दुग्ध उत्पादों को **"उच्च जोखिम "** श्रेणी में रखा गया है, जिसके अंतर्गत प्रत्येक वर्ष अनिवार्य निरीक्षण तथा प्रत्येक निरीक्षण के दौरान नमूना संग्रहण अनिवार्य है।

इसके अलावा, एफएसएसएआई ने दिनांक **19.11.2025** को एक एडवाइजरी जारी कर उन सभी डेयरी निर्माताओं को, जो वेंडिंग/कियोस्क मशीनों के माध्यम से दूध एवं दुग्ध उत्पादों की बिक्री करते हैं, निर्देश दिया कि वे ऐसे सभी बिक्री केंद्रों पर **त्वरित परीक्षण किट** उपलब्ध कराएं, ताकि खाद्य पदार्थों में मिलावट की शीघ्र पहचान की जा सके तथा खाद्य सुरक्षा मानकों के अनुपालन का सत्यापन किया जा सके। संबंधित डेयरी इकाइयों को रैपिड टेस्ट किट के उपयोग संबंधी सरल निर्देश प्रदर्शित करने, उपभोक्ताओं को कियोस्क पर स्वयं परीक्षण करने अथवा प्रशिक्षित कर्मचारियों द्वारा उसका प्रदर्शन उपलब्ध कराने की सुविधा, परीक्षण किट की वैधता तथा विनिर्माता के दिशा-निर्देशों के अनुसार सुरक्षित रखी जाएं तथा परीक्षण परिणामों एवं किट के उपयोग का अभिलेख संधारित करने का निर्देश दिया गया, जिससे खाद्य सुरक्षा अनुपालन को और अधिक सुदृढ़ बनाया जा सके।

इसके अतिरिक्त, राज्यों/संघ राज्य क्षेत्रों में दुग्ध में संदिग्ध मिलावट की घटनाओं के दृष्टिगत, विक्रेताओं द्वारा खाद्य सुरक्षा और मानक अधिनियम के अंतर्गत अनिवार्य पंजीकरण/लाइसेंसिंग संबंधी प्रा डेयरी सहकारी समितियों के सदस्यों के अतिरिक्त अन्य सभी दुग्ध उत्पादकों तथा दुग्ध वधानों का कड़ाई से अनुपालन सुनिश्चित करने के लिए दिनांक 11.03.2026 को एक एडवाइजरी जारी की गई थी।

PRADHAN MANTRI MATRU VANDANA YOJANA

1004. SHRI B. Y. RAGHAVENDRA:

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

(a) the salient features and the progress made under the Pradhan Mantri Matru Vandana Yojana (PMMVY), including the enhanced maternity benefit for the second girl child under PMMVY 2.0;

(b) the cumulative number of beneficiaries covered and maternity benefits

sanctioned and disbursed under the said Scheme since its inception, State-wise, including district-wise in Karnataka;

(c) the details of beneficiaries covered under PMMVY 2.0, including the number of women who have received maternity benefits for the second girl child, State-wise including Karnataka;

(d) the details of the steps taken to ensure timely Aadhaar-based Direct Benefit Transfer (DBT), seamless processing of applications and effective implementation of the Scheme in coordination with State Governments; and

(e) the details of the initiatives undertaken to promote women's health empowerment through the said Scheme by increasing awareness, registration and saturation of coverage among eligible women, particularly in rural and tribal areas?

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

(a) to (e): The Ministry of Women and Child Development is implementing Pradhan Mantri Matru Vandana Yojana (PMMVY) w.e.f. 01.01.2017 across 35 States and UTs in the country (excluding Telangana, which is under process of onboarding on the PMMVY portal). PMMVY is a Centrally Sponsored Maternity Benefit Scheme under which cash incentives of ₹5,000/- is provided directly to the Bank/ Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for first child. The eligible beneficiaries receive the remaining cash incentive, as per approved norms towards maternity benefit under Janani Suraksha Yojana after institutional delivery, so that on an average a woman

gets ₹6,000/-. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child subject to the second child being a girl.

The State-wise number of beneficiaries paid under PMMVY 2.0 (from 01.04.2023 to 20.07.2026), including the number of women who received maternity benefits for the second girl child; beneficiaries paid and amount disbursed under PMMVY since its inception (from 01.01.2017 to 20.07.2026) is placed at **Statement-I.** Due to ongoing process at States and UTs level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system, the beneficiary payment data is only an estimate based on data from PFMS portal.

The district-wise number of beneficiaries paid and amount disbursed to them under PMMVY in the State of Karnataka, since its inception i.e. from 01.01.2017 to 31.10.2025 is placed at **Statement-II.** The district-wise payment data from 01.11.2025 onwards is not available with the Ministry due to ongoing process at State level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system.

A number of steps and initiatives have been undertaken by the Government of India to ensure timely Aadhar-based Direct Benefit Transfer (DBT) payments, seamless processing of applications, effective implementation of the Scheme and to promote women's health empowerment by increasing awareness, registration and saturation of coverage among eligible women, including in rural and tribal areas. Some of these are as under:

i. New portal for PMMVY, which is completely paperless was launched in

March 2023. As per earlier Guideline, physical forms were required to be filled and uploaded in the earlier PMMVY-CAS portal for onward process. In new system, physical application forms have been eliminated and complete online solution has been given.

ii. Payments are through Adhaar Bridge Payment System [ABPS] as PMMVY portal is enabled for Aadhar-based biometric verification (by means of facial recognition) to confirm identity details of the applicants.

iii. All the mandatory provisions like Aadhaar verification, DBT enablement of bank account etc. are checked at the time of registration for faster processing.

iv. Search and Track Status for all enrolled beneficiaries to check the approval and payment status of their applications.

v. Grievance Lodging and status module for all citizens to lodge any PMMVY related grievance. The Module directly sends the grievance to the implementing authorities thus saving time and leads to swifter resolution.

vi. PMMVY toll-free and multi lingual (17 - languages) helpline (1515) is available for PMMVY related enquiries and grievances. For transparency purposes, the Applicants/ beneficiaries receive SMS in one of the 12 major languages at different stages such as registration of application, rejection of registration, payment etc.

vii. PMMVY Portal is LGD compliant till AWC level. LGD Seeding is introduced up to State/District/Block/ Village/GP/Ward level.

viii. Open API allows the freedom to share data with other Central and State Ministry/Department.

ix. MIS Data can be generated at State/ District/ Block/ Village/ Ward/ Project/ Sector/ Anganwadi level for detailed monitoring/ analysis.

x. PMMVY will be used by Anganwadi/ ASHA workers for data centric operations and viewing reports.

xi. Available database of the PWandLM from Poshan Tracker is used to create a “Due List” of potential beneficiaries on PMMVY Portal accessible at AWW/ASHA level.

Additionally, the Ministry of Women and Child Development conducts various awareness programs including those on Maternity Benefits through SANKALP-Hub for Empowerment of Women (HEW) scheme for all States and UTs. It includes various Information, Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as Prabhat Pheri, Nukkad Natak, Newspaper Advertisements, Airing Radio Jingles, Selfie Campaign, Door to Door Campaign, Community Programmes which are conducted at field functionary levels. Further, the Ministry also runs special campaign for registration of eligible beneficiaries in all the States and UTs under PMMVY on a periodic basis.

STATEMENT-I

Beneficiaries paid and amount disbursed under PMMVY

Sl No	State/ UT	Beneficiaries Paid under PMMVY 2.0 (from 01.04.2023 to 20.07.2026)	Beneficiaries Paid since inception (from 01.01.2017 to 20.07.2026)	Amount Disbursed from 01.01.2017 to 20.07.2026 (₹ in crore)
	All India	**1,54,40,201**	**4,54,74,165**	**21,118.20**
1	Andaman and Nicobar Islands	4,120	11,804	5.60
2	Andhra Pradesh	5,91,188	20,49,252	941.91
3	Arunachal Pradesh	10,043	37,076	17.31
4	Assam	7,36,961	16,64,788	778.73
5	Bihar	13,28,737	44,10,947	1,980.68
6	Chandigarh	15,289	47,155	21.03
7	Chhattisgarh	7,47,801	14,00,882	631.21
8	Delhi	2,51,299	6,13,343	284.98
9	Goa	13,041	38,121	18.10
10	Gujarat	7,97,219	18,34,268	845.13
11	Haryana	2,91,206	10,25,754	499.58
12	Himachal Pradesh	1,51,528	3,94,753	191.25
13	Jammu and Kashmir	3,08,979	6,13,693	262.82
14	Jharkhand	3,98,902	11,71,183	543.23
15	Karnataka	13,61,655	31,88,401	1,544.08
16	Kerala	4,28,572	13,15,426	615.97
17	Ladakh	5,636	10,172	4.96
18	Lakshadweep	2,629	3,772	1.65
19	Madhya Pradesh	22,78,097	51,32,095	2,468.76
20	Maharashtra	15,11,067	46,48,237	2,148.85
21	Manipur	36,768	92,089	45.81
22	Meghalaya	31,727	78,273	36.22
23	Mizoram	16,053	51,115	24.90
24	Nagaland	22,286	54,340	26.90
25	Odisha	2,45,384	2,45,384	76.68
26	Puducherry	15,385	45,960	22.39
27	Punjab	3,30,707	8,46,525	412.01

28	Rajasthan	13,36,060	31,48,895	1,482.84
29	Sikkim	6,680	20,389	9.59
30	Tamil Nadu	6,32,341	21,72,710	1,118.74
31	The Dadra and Nagar Haveli and Daman and Diu	13,820	30,905	14.56
32	Tripura	70,293	1,67,635	77.00
33	Uttar Pradesh	12,27,603	67,95,666	3,004.74
34	Uttarakhand	2,20,672	4,74,699	220.75
35	West Bengal	454	16,38,459	739.27

STATEMENT-II

Beneficiaries paid and amount disbursed in Karnataka under PMMVY from 01.01.2017 to 31.10.2025

S. No.	District	Beneficiaries Paid	Amount Disbursed (₹ in crore)
	Entire Karnataka	**30,63,796**	**1,495.92**
1	Bagalkote	1,14,929	57.36
2	Ballari	1,34,362	65.07
3	Belagavi	2,60,365	127.85
4	Bengaluru Rural	50,599	24.45
5	Bengaluru Urban	2,32,498	111.94
6	Bidar	99,554	49.10
7	Chamarajanagara	41,879	20.19
8	Chikkaballapura	62,195	30.36
9	Chikkamagaluru	52,966	25.72
10	Chitradurga	87,722	42.53
11	Dakshina Kannada	1,06,852	51.71
12	Davangere	97,854	46.96
13	Dharwad	1,04,243	49.99
14	Gadag	58,759	28.56
15	Hassan	83,446	40.40

16	Haveri	87,398	42.66
17	Kalaburagi	1,95,961	98.34
18	Kodagu	21,832	10.56
19	Kolar	76,469	36.96
20	Koppal	84,348	40.46
21	Mandya	86,231	41.97
22	Mysuru	1,32,777	63.85
23	Raichur	1,05,012	51.76
24	Ramanagara	50,926	24.78
25	Shivamogga	90,073	43.96
26	Tumakuru	1,48,815	73.40
27	Udupi	56,415	27.63
28	Uttara Kannada	92,034	46.56
29	Vijayanagar	22,199	10.52
30	Vijayapura	1,33,386	65.72
31	Yadgir	91,697	44.61

District-wise payment data from 01.11.2025 onwards is not available with the Ministry due to ongoing process at State level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system.

मिशन वात्सल्य योजना

1005. श्री नीरज मौर्य:

श्री लालजी वर्मा:

श्री बाबू सिंह कुशवाहाः

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

(क) मिशन वात्सल्य योजना का प्राथमिक उद्देश्य क्या है, साथ ही उक्त योजना के अंतर्गत जारी

धन का राज्य-वार, विशेषकर से प्रदेश के बरेली, बदायूँ और शाहजहाँपुर जिलों के साथ-साथ अंबेडकर नगर, जौनपुर और आंवला संसदीय क्षेत्र का ब्यौरा क्या है;

(ख) उक्त योजना के प्रभावी कार्यान्वयन और निगरानी के लिए सरकार द्वारा अपनाए गए तंत्र का ब्यौरा क्या है;

(ग) उक्त क्षेत्रों में बाल कल्याण एवं संरक्षण समिति (सीडब्ल्यूपीसी) द्वारा चिन्हित बच्चों की संख्या के साथ-साथ उक्त योजना के अंतर्गत सहायता प्राप्त बच्चों की संख्या कितनी है;

(घ) उक्त क्षेत्रों में उक्त योजना के अंतर्गत वित्तीय सहायता प्राप्त करने वाले बच्चों की संख्या कितनी है; और

(ङ) उन लाभार्थियों को प्रदान की गई वित्तीय पुनर्वास सहायता का ब्यौरा क्या है जिन्होंने 18 वर्ष की आयु पूरी कर ली है और बाल देखभाल संस्थानों से चले गए है?

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

(क) और (ख): महिला एवं बाल विकास मंत्रालय, केंद्र प्रायोजित योजना 'मिशन वात्सल्य' को केंद्र और राज्य सरकारों के बीच पूर्व निर्धारित लागत साझाकरण के आधार पर राज्य और संघ राज्य क्षेत्रों की सरकारों के माध्यम से क्रियान्वित कर रहा है। इस योजना का उद्देश्य कठिन परिस्थितियों में रहने वाले बच्चों के लिए विभिन्न सेवाएं प्रदान करना है, जिसमें संस्थागत और गैर-संस्थागत देखरेख सेवाएं दोनों शामिल हैं।

मिशन वात्सल्य यह सुनिश्चित करता है कि परियोजनाएं/कार्यक्रम बनाते समय बच्चों के सर्वोत्तम हितों का हमेशा ध्यान रखा जाए। इसमें बच्चों के लिए संस्थागत देखरेख सेवाएं, गैर-संस्थागत देखरेख सेवाएं और आपातकालीन सहायता सेवाएं स्थापित करना शामिल है।

मिशन वात्सल्य योजना के दिशानिर्देशों में राज्य और जिला स्तर पर निगरानी तंत्र की परिकल्पना की गई है। इस योजना की निगरानी और कार्यान्वयन के लिए जिम्मेदार एजेंसियों में राज्य बाल संरक्षण समिति, राज्य दत्तक ग्रहण संसाधन एजेंसी, राज्य स्तर पर राज्य बाल कल्याण एवं संरक्षण समिति और जिला स्तर पर जिला बाल संरक्षण इकाई, जिला बाल कल्याण एवं संरक्षण

समिति और बाल कल्याण समिति शामिल हैं। देखरेख और संरक्षण की आवश्यकता वाले बच्चों के लिए जिला मजिस्ट्रेटों को जिला स्तर पर नोडल प्राधिकारी के रूप में अधिकार दिया गया है। इसके अतिरिक्त, राष्ट्रीय स्तर पर राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) और राज्य स्तर पर राज्य बाल अधिकार संरक्षण आयोग (एससीपीसीआर) किशोर न्याय (बालकों की देखरेख एवं संरक्षण) अधिनियम, 2015 (धारा 109) के कार्यान्वयन की निगरानी करते हैं।

मिशन वात्सल्य योजना के कार्यान्वयन हेतु राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों को निधि जारी की जाती है। वित्तीय वर्ष 2025-26 के दौरान मिशन वात्सल्य योजना के अंतर्गत जारी की गई निधि का प्रदेश राज्य सहित राज्यवार ब्यौरा **विवरण** में दिया गया है।

(ग) से (ङ): मिशन वात्सल्य योजना के दिशानिर्देशों में प्रत्येक जिले में जिला मजिस्ट्रेट की अध्यक्षता में जिला बाल कल्याण एवं संरक्षण समिति का गठन का प्रावधान किया गया है। यह समिति मिशन वात्सल्य योजना के अंतर्गत संस्थागत एवं गैर-संस्थागत देखरेख सेवाओं की निगरानी करेगी। मिशन वात्सल्य योजना के अंतर्गत गैर-संस्थागत देखरेख घटकों में प्रायोजन, पालक देखरेख और पश्चात देखरेख शामिल हैं।

दिनांक 31.03.2026 तक मिशन वात्सल्य योजना के तहत प्रदेश राज्य में गैर-संस्थागत देखरेख के लिए कुल 15,000 बच्चों को सहायता प्रदान की गई है। जिलावार और संसदीय निर्वाचन क्षेत्रवार आंकड़े केंद्रीय स्तर पर नहीं रखे जाते हैं।

विवरण

वित्तीय वर्ष 2025-26 के दौरान मिशन वात्सल्य योजना के तहत जारी की गई निधि का प्रदेश सहित राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

(करोड़ रुपये)

क्र. सं.	**राज्य/संघ राज्य क्षेत्र**	**जारी की गई राशि**
1	आंध्र प्रदेश	38.72
2	अरुणाचल प्रदेश	7.74
3	असम	29.61
4	बिहार	51.95

5	छत्तीसगढ़	28.79
6	गोवा	3.07
7	गुजरात	2.49
8	हरियाणा	7.85
9	हिमाचल प्रदेश	22.56
10	जम्मू एवं कश्मीर	33.79
11	झारखंड	31.64
12	कर्नाटक	45.48
13	केरल	13.80
14	मध्य प्रदेश	61.82
15	महाराष्ट्र	78.90
16	मणिपुर	34.36
17	मेघालय	42.75
18	मिजोरम	33.65
19	नागालैंड	25.66
20	ओडिशा	51.92
21	पंजाब	13.94
22	राजस्थान	30.43
23	सिक्किम	8.51
24	तमिलनाडु	89.14
25	तेलंगाना	27.26
26	त्रिपुरा	18.11
27	प्रदेश	107.15
28	उत्तराखंड	20.14
29	पश्चिम बंगाल	47.50
30	अंडमान और निकोबार द्वीप समूह	3.60
31	चंडीगढ़	4.90
32	दादरा और नगर हवेली एवं दमन और दीव	2.89
33	दिल्ली	6.63
34	लक्षद्वीप	0.09
35	लद्दाख	3.20
36	पुद्दुचेरी	3.21

AYUSH HEALTHCARE INFRASTRUCTURE IN ASSAM

1006. MD. RAKIBUL HUSSAIN:

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

(a) whether the Government has assessed the adequacy of AYUSH healthcare infrastructure in the State of Assam, particularly in rural, char, tea garden and flood-prone areas, if so, the details thereof;

(b) the details of AYUSH hospitals, dispensaries and AYUSH Health and Wellness Centres /Ayushman Arogya Mandirs (AAMs) Centres sanctioned, established and made functional in Assam as on date, along with details of such institutions that remain non-functional or partially functional, district-wise; and

(c) the total number of sanctioned posts of AYUSH doctors, pharmacists, nurses and other paramedical staff in Assam and the number of such posts lying vacant for more than one year, category-wise and district-wise?

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

(a) and (b): Public health being a State subject, the primary responsibility of establishment/functionality of Ayush health facilities and to assess the adequacy of Ayush healthcare infrastructure in the State of Assam, particularly in rural, char, tea garden and flood-prone areas lies with respective State Government. As reported by the State, the district-wise details of functional Ayush hospitals, dispensaries and Ayush Health and Wellness Centres now

renamed as Ayushman Arogya Mandirs (Ayush) [AAM (Ayush)] in Assam as on date which have also been supported under National Ayush Mission (NAM) is furnished at **Statement.**

(c): Public Health being a State subject, the primary responsibility for sanctioning of posts of Ayush doctors, pharmacists, nurses and other paramedical staff in Assam and maintaining data of category-wise and district-wise number of such posts lying vacant for more than one year, comes under the purview of respective State Government. No such data is being maintained at Central level.

STATEMENT

District-wise details of functional Ayush Hospitals, Dispensaries, AAM (Ayush) and co-located Ayush facilities in Assam

Sl. No	District	Ayush Hospitals	Dispensaries	AAM (Ayush)	Co-located Ayush Facilities
1	Baksa	0	5	23	23
2	Bajali	0	0	0	0
3	Barpeta	1	2	7	30
4	Biswanath	0	2	54	6
5	Bongaigaon	0	2	13	15
6	Cachar	1	4	32	12
7	Charaideo	0	2	15	3
8	Chirang	0	1	22	13
9	Darrang	0	3	5	12
10	Dhemaji	0	2	4	7
11	Dhubri	0	1	19	30
12	Dibrugarh	0	7	4	15
13	Dima Hasao	0	1	13	8
14	Goalpara	1	1	4	25
15	Golaghat	0	5	19	15

16	Hailakandi	0	0	11	7
17	Hojai	0	2	20	9
18	Jorhat	0	4	0	17
19	Kamrup	0	9	3	62
20	Kamrup Metropolitan	0	1	9	48
21	Karbi Anglong	0	3	13	8
22	Sribhumi	0	2	14	17
23	Kokrajhar	0	3	36	40
24	Lakhimpur	0	4	20	17
25	Majuli	1	1	0	5
26	Marigaon	0	2	20	17
27	Nagaon	0	7	31	40
28	Nalbari	1	2	12	35
29	Sivasagar	0	4	31	11
30	Sonitpur	0	6	16	13
31	South Salmara-Mancachar	0	1	1	11
32	Tamulpur	0			16
33	Tinsukia	0	5	16	6
34	Udalguri	0	3	9	21
35	West Karbi Anglong	0	1	4	5
Total		**5**	**98**	**500**	**619**

FUNCTIONING OF AYUSH COLLEGES IN TAMIL NADU

1007. SHRI G. SELVAM:

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

(a) the total number of Ayurveda, Siddha, Unani and Homoeopathy colleges functioning in Tamil Nadu along with their annual intake capacity and actual admissions during the academic years 2024-25 and 2025-26;

(b) whether the Government has assessed the adequacy of seats, faculty and

infrastructure in AYUSH institutions in the said State, if so, the details thereof;

(c) the details of funds allocated and utilised during the last five years to research institutions and colleges in the said State under various AYUSH disciplines including support provided through Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Homoeopathy (CCRH) and Central Council for Research in Unani Medicine (CCRUM);

(d) whether there are any proposals from the State Government of Tamil Nadu for establishing new AYUSH colleges or increasing undergraduate and postgraduate seats under the National Ayush Mission pending with the Union Government and the reasons for delay, if so, the details thereof and if not, the reasons therefor; and

(e) the steps taken by the Government to ensure adequate clinical exposure, hospital facilities and quality standards in AYUSH colleges across 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): The total number of Ayurveda, Siddha, Unani and Homoeopathy colleges functioning in Tamil Nadu along with their annual intake capacity and actual admissions during the academic years 2024-25 and 2025-26 are annexed herewith as **Statement-I**.

(b) and (e): The Central Government has enacted the National Commission for Indian System of Medicine Act, 2020 and the National Commission for

Homoeopathy Act, 2020 for Indian system of Medicine and Homoeopathy respectively. Further, the Central Government, by notification, constituted two Commissions, namely the National Commission for Indian System of Medicine (NCISM) and the National Commission for Homoeopathy (NCH) to exercise the powers conferred upon and to perform the functions assigned to them under the NCISM Act, 2020 and NCH Act, 2020 respectively. NCISM notified Minimum Essential Standards, Assessment and Rating for Undergraduate Ayurveda Colleges and Attached Teaching Hospitals Regulations, 2024 for assessment and rating of Ayurveda medical institutions; Minimum Essential Standards Assessment and Rating for UG Unani colleges and Attached Teaching Hospitals Regulations, 2023 for assessment and rating of Unani medical institutions; Minimum Essential Standards, Assessment and Rating for Undergraduate Siddha Colleges and Attached Teaching Hospitals Regulations, 2024 for assessment and rating of Siddha medical institutions; Minimum Essential Standards Assessment and Rating for UG Sowa-Rigpa Colleges and Attached Teaching Hospitals Regulations, 2023 for assessment and rating of Sowa-Rigpa medical institutions and NCH notified Assessment and Rating of Medical Institutions Regulations, 2024 for assessment and rating of homoeopathy medical institutions. The aforesaid regulations prescribed the Minimum Essential Standards/Minimum Standards Requirements for Ayush medical institutions covering infrastructure, faculty, teaching hospitals, clinical facilities, patient attendance, equipment and other academic requirements. Compliance with these standards is assessed by the respective Medical

Assessment and Rating Boards during the process of granting or renewing permission for admissions. This mechanism ensures the adequacy of seats, faculty, infrastructure, clinical exposure and quality standards in Ayush colleges across the country, including the State of Tamil Nadu.

(c): Public health and hospitals being a State subject, the establishment of new Ayush Educational Institutions and upgradation of existing institutions comes under the purview of the respective State/UT Governments, including the Government of Tamil Nadu. However, the Ministry of Ayush is implementing the Centrally Sponsored Scheme of the National Ayush Mission (NAM) through the State/UT Governments, including Tamil Nadu, for the promotion, overall development and public awareness of Ayush systems of medicine. Under NAM, financial assistance is provided to eligible States/UTs against proposals received through their State Annual Action Plans (SAAPs), in accordance with the NAM Guidelines and subject to appraisal, approval and availability of funds. The Mission, inter alia, also provides for (i) establishment of new Government Ayush Colleges underserved States; and (ii) infrastructure support to Ayush Educational Institutions, including Undergraduate (UG), Postgraduate (PG), add-on, paramedical and pharmacy programmes. The detail of fund allocated and utilized by Government of Tamil Nadu under NAM during the last five years are attached as **Statement-II.**

The details of the funds allocated and utilized during the last five years to research institutions and colleges in the said State under various AYUSH disciplines, including support provided through the Central Council for

Research in Ayurvedic Sciences (CCRAS), the Central Council for Research in Homoeopathy (CCRH), and the Central Council for Research in Unani Medicine (CCRUM), as well as the funds released and utilized under the National AYUSH Mission (NAM) for the establishment of new Government AYUSH Colleges in underserved States and infrastructure support to AYUSH educational institutions, including Undergraduate (UG), Postgraduate (PG), add-on, paramedical, and pharmacy programmes, are attached as **Statement-II.**

The Ministry of Ayush is implementing Central Sector Schemes namely Ayurgyan since 2021-22 with the aim to support Research and Innovation in Ayush by providing Extra Mural Research activities and Education by providing academic activities, training, Capacity Building etc. Under the scheme, financial assistance amounting to Rs. 572 Lakhs (i.e Rs. 173.50 lakh under CME and Rs. 398.50 lakhs under RandI component) have been released to various institutions/organizations located in the State of Tamil Nadu.

(d): Ministry of Ayush is implementing the Centrally Sponsored Scheme of the National Ayush Mission (NAM) through the State/UT Governments, including Tamil Nadu. Under NAM, financial assistance is provided to eligible States/UTs against proposals received through their State Annual Action Plans (SAAPs), in accordance with the NAM Guidelines and subject to appraisal, approval and availability of funds. There is **no** proposal from the Government of Tamil Nadu for the establishment of new Ayush colleges or for increasing undergraduate and postgraduate seats under the National Ayush Mission (NAM). Public

health and hospitals being a State subject, the establishment of new Ayush Educational Institutions and upgradation of existing institutions comes under the purview of the respective State/UT Governments, including the Government of Tamil Nadu.

STATEMENT-I

Total number of Ayurveda, Siddha, Unani and Homoeopathy colleges functioning in Tamil Nadu along with their annual intake capacity and actual admissions during the academic year 2024-25 and 2025-26

2024-25

Stream	Colleges	Annual Intake Capacity in UG	Admission in UG	Annual Intake Capacity in PG	Admission in PG
Ayurveda	08	430	380	30	30
Siddha	16	1040	1030	152	150
Unani	01	60	51	11	11
Homoeopathy	14	1073	912	123	86

2025-26

Stream	Colleges	Annual Intake Capacity in UG	Admission in UG	Annual Intake Capacity in PG	Admission in PG
Ayurveda	08	430	365	30	27
Siddha	16	1040	880	152	144
Unani	01	75	56	11	11
Homoeopathy	14	1073	672	123	80

Source by NCISM and NCH

STATEMENT-II

A. The Budget allocation and Utilised during the last five years in Tamil Nadu for Central Council for Research in Ayurvedic Sciences (CCRAS) as follows:

(Rs. in crore)

Institute	2021-22	2022-23	2023-24	2024-25	2025-26
Dr. Achanta Lakshmipati Regional Ayurveda Research Institute (ALRARI), Chennai	2.00	2.50	2.70	3.57	3.64
Captain Srinivasa Murthy Central Ayurveda Research Institute (CSMCARI), Chennai	3.04	4.78	5.88	6.00	6.02

Source by CCRAS

B. The Budget allocation during the last five years in Tamil Nadu for Central Council for Research in Homoeopathy (CCRH) as follows:

(Rs. in Lakh)

Institute	2021-22	2022-23	2023-24	2024-25	2025-26
Centre of Medicinal Plants Research in Homoeopathy,Ooty	64.45	60.08	74.13	68.73	56.47
Homoeopathy Research Institute for Disabilities (HRID), Chennai	107.11	129.34	96.80	82.88	130.96

Source by CCRH

C. The Budget allocation during the last five years in Tamil Nadu for Central Council for Research in Unani Medicine (CCRUM) as follows:

(Rs. in crore)

Institute	2021-22	2022-23	2023-24	2024-25	2025-26
Regional Research Institute of Unani Medicine (RRIUM), Chennai	9.148	7.8075	10.4684	12.7500	14.0543

Source by CCRUM

D. **The National Ayush Mission (NAM), inter alia, provides for (i) the establishment of new Government Ayush Colleges in Tamil Nadu State and (ii) infrastructure support to Ayush educational institutions, including Undergraduate (UG), Postgraduate (PG), add-on, paramedical, and pharmacy programmes during the last five years (2021–22 to 2025–26),**

(Rs. in crore)

2021-22	2022-23	2023-24	2024-25	2025-26
23.483	24.287	66.358	73.803	23.035

Source by NAM

चिकित्सा शिक्षा

1008. श्री अनूप प्रधान वाल्मीकिः

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

(क) क्या सरकार एमबीबीएस, बीएएमएस, बीएचएमएस और अन्य चिकित्सा पाठ्यक्रम हिंदी और अन्य क्षेत्रीय भाषाओं/मातृ भाषाओं में उपलब्ध कराने के लिए कोई व्यापक नीति बना रही है;

(ख) क्या चिकित्सा की पाठ्यपुस्तकों के अनुवाद, तकनीकी शब्दावली के मानकीकरण और डिजिटल अधिगम सामग्री के विकास के लिए कोई राष्ट्रीय व्यवस्था बनाई गई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) सरकार ने मातृभाषा-आधारित चिकित्सा शिक्षा के माध्यम से ग्रामीण और वंचित पृष्ठभूमि के विद्यार्थियों की भागीदारी बढ़ाने के लिए क्या ठोस कदम उठाए हैं; और

(घ) इस पहल को प्रभावी ढंग से कार्यान्वित करने के लिए क्या समय-सीमा नियत की गई है और क्या बजटीय प्रावधान किए गए हैं?

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

(क) से (घ): राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई जानकारी के अनुसार, एमबीबीएस पाठ्यक्रम के लिए शिक्षा का माध्यम अंग्रेजी है। तथापि, स्नातक चिकित्सा शिक्षा बोर्ड (यूजीएमईबी) द्वारा जारी दक्षता-आधारित चिकित्सा शिक्षा विनियमों के अंतर्गत शिक्षण, अधिगम एवं मूल्यांकन के लिए द्विभाषी माध्यम का प्रावधान किया गया है। इस व्यवस्था में अंग्रेजी के साथ-साथ हिंदी, असमिया, बांग्ला, गुजराती, कन्नड़, मलयालम, मराठी, ओड़िया, पंजाबी, तमिल तथा तेलुगु जैसी क्षेत्रीय भाषाओं को भी सम्मिलित किया गया है।

आयुष मंत्रालय द्वारा दी गई जानकारी के अनुसार, बैचलर ऑफ आयुर्वेदिक मेडिसिन एंड सर्जरी (बीएएमएस) के स्नातक एवं स्नातकोत्तर पाठ्यक्रमों में शिक्षण का माध्यम संस्कृत एवं अंग्रेजी के साथ-साथ संबंधित क्षेत्रीय भाषाएं भी हैं। राष्ट्रीय भारतीय चिकित्सा पद्धति आयोग ने द्विभाषी शैक्षणिक संसाधनों, जिनमें विनियम, पाठ्यक्रम, प्रयुक्त पारिभाषिक शब्दावली आदि शामिल हैं, का विकास करके तथा क्षेत्रीय भाषाओं में शिक्षण-अधिगम सामग्री तैयार करने को प्रोत्साहित करके भारतीय भाषाओं में अध्ययन-अधिगम को सुगम बनाया है।

राष्ट्रीय भारतीय चिकित्सा पद्धति आयोग (एनसीआईएसएम) ने अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), दिल्ली तथा हैदराबाद विश्वविद्यालय के संस्कृत अध्ययन विभाग के सहयोग से 13 मार्च, 2026 को क्षमता निर्माण संबंधी एक कार्यशाला का आयोजन किया था। इसने "संसाधनी" नामक एक मंच विकसित किया गया है, जिसे श्लोकों के सही उच्चारण, समुचित अर्थ एवं व्याख्या सहित अध्ययन एवं अध्यापन के उद्देश्य से तैयार किया गया है। इस पहल के अंतर्गत अष्टांगहृदयम् के प्रथम 15 अध्यायों के लिए एक ई-रीडर भी तैयार किया गया है, जो संहिता सिद्धांत विषय के अध्यापकों को प्रत्येक श्लोक के वास्तविक अर्थ एवं उसकी यथार्थ व्याख्या को समझने एवं स्पष्ट करने में सहायता प्रदान करता है।

इसके अतिरिक्त, राष्ट्रीय होम्योपैथी आयोग ने विद्यार्थियों के लिए पाठ्यक्रम को अधिक सुलभ बनाने के उद्देश्य से बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बीएचएमएस) तथा एम.डी. (होम्योपैथी) के दक्षता आधारित गतिशील पाठ्यक्रम का हिंदी में अनुवाद करने की पहल

की है। आयोग ने बीएचएमएस एवं एम.डी. (होम्योपैथी) के पाठ्यक्रम, विनियम, दक्षता आधारित मॉड्यूल, ऐच्छिक पाठ्यक्रम तथा शैक्षणिक दिशा-निर्देशों सहित विभिन्न डिजिटल शिक्षण संसाधनों का भी विकास किया है।

DIGITAL INITIATIVES AND AYUSH GRID

1009. SHRIMATI HIMADRI SINGH:

SHRI ANANTA NAYAK:

SHRI VINOD LAKHAMSHI CHAVDA:

SHRI ASHOK KUMAR RAWAT:

SHRI NABA CHARAN MAJHI:

SHRI AVIMANYU SETHI:

SHRI VISHNU DAYAL RAM:

SHRI RAJPALSINH MAHENDRASINH JADAV:

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

(a) the progress made under the AYUSH Grid and various digital platforms including the My AYUSH Integrated Services Portal (MAISP) and other e-governance initiatives;

(b) the extent of adoption of the AYUSH Grid by States, Union Territories and AYUSH healthcare institutions, particularly in rural, aspirational and tribal districts including the Keonjhar Parliamentary Constituency of Odisha;

(c) whether the Government has undertaken any initiatives for the digital strengthening of AYUSH hospitals, dispensaries, wellness centres and telemedicine services in the Keonjhar Parliamentary Constituency and if so,

the details thereof; and

(d) the future roadmap for the digital transformation of the AYUSH Grid including its integration with other National health programmes and expansion of digital healthcare services in underserved regions 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): The **Ayush Grid** project serves as the IT backbone of the Ayush sector, driving digital transformation across healthcare, research and development, Ayush drug administration, medicinal plants, education and awareness, capacity building and global/media outreach.

Under this initiative, twenty-four e-governance platforms have been developed and made accessible across the country. The My Ayush Integrated Services Portal (MAISP), the master portal of the Ministry of Ayush available at https://www.maisp.ayush.gov.in , integrates all Ayush-related applications and services into a unified digital ecosystem. An AI-enabled chatbot (Beta version) has also been deployed to assist visitors and enhance user experience. The portal facilitates citizen-centric access to various services and schemes and enables real-time monitoring and data-driven decision-making. (Details available at: maisp.ayush.gov.in)

Similarly, the Ayushman Bharat Digital Mission (ABDM)-compliant Ayush Hospital Management Information System (AHMIS) has been deployed to digitize healthcare delivery and improve the management of Ayush health

facilities. The Ayush Anudan Portal has streamlined the submission, processing, approval, and monitoring of funding proposals under various Central Sector Schemes of the Ministry. The Ayush Research Portal serves as a centralized digital repository of over 43,000 curated Ayush research publications, facilitating easy access for researchers, practitioners, and policymakers. The Ayush Nivesh Saarthi Portal serves as a dedicated gateway for domestic and international investors in the Ayush sector, providing comprehensive information to promote investment opportunities. The e-Charak portal functions as a virtual marketplace and information platform for the medicinal plants sector, connecting farmers, collectors, buyers, manufacturers, and exporters.

The Y-Break Pro mobile application promotes holistic well-being in workplaces through short Yoga sessions. The mYoga application encourages regular Yoga practice by providing learning modules and guided sessions that can be accessed anytime and anywhere. The Yoga Portal serves as a dedicated digital platform for promoting Yoga as a holistic lifestyle practice and enhancing its accessibility to all. It provides authentic and structured information on Yoga protocols, training modules, certified institutions, events, and research studies, ensuring credibility and ease of access for learners and practitioners.

Further, Yoga Sangam, hosted on the Yoga Portal during the International Day of Yoga (IDY) 2026, witnessed the registration of over 7.6 lakh organizations, which uploaded over 8 lakh photographs of people

performing Yoga simultaneously across the country.

Collectively, all e-governance tools developed under the Ayush Grid are accessible to everyone and have strengthened service delivery, improved operational efficiency, and enhanced transparency and accountability.

(b): The Ayush Grid has improved access to Ayush-based primary healthcare, including in rural and aspirational districts, by strengthening digital infrastructure and standardizing service delivery.

Through platforms such as the Ayush Hospital Management Information System (A-HMIS), patient registration, electronic health records, referrals and continuity of care are being enabled digitally. As on 15 July 2026, a total of 5,386 Ayush health facilities across the country have been onboarded onto AHMIS. Regional Research Institute in Unani Medicine, Regional Research Institute in Homoeopathy and Central Ayurveda Research Institute have on-boarded on AHMIS application in Odisha. Real-time dashboards and standardized reporting further support monitoring, planning and targeted interventions by State and District authorities, thereby enhancing availability and accessibility of Ayush services in such areas.

Further, the PM GatiShakti portal has enabled GIS mapping of Ayush health facilities using PM Gatishakti Ayush Asset Mapping Tool to support planning and decision-making. As on 15 July 2026, a total of 6,002 facilities have been mapped on the portal among which 85 Standalone Ayush dispensaries and 150 AAMs are from Odisha State. In Yoga Sangam hosted on Yoga Portal during International Day of Yoga 2026, 235 organizations have

been registered under Keonjhar Parliamentary Constituency and 14890 organizations registered in Odisha.

The adoption of these digital platforms by Ayush healthcare institutions across States and Union Territories has enhanced the accessibility, quality, and continuity of Ayush services, including rural and aspirational districts.

(c): My Ayush Integrated Services Portal (MAISP), the master portal of the Ministry of Ayush, integrates all Ayush-related applications and services into a unified digital ecosystem. All portals developed under Ayush Grid project is accessible to all users including in Keonjhar Parliamentary Constituency of Odisha. Further, AHMIS application has been developed for digital strengthening of AYUSH hospitals, dispensaries, wellness centers etc. throughout India. Using AHMIS application, patients can book online appointments and directly visit the facility without waiting in queue. Digital maintenance of the medicines' stock is being done through AHMIS application.

(d): Ministry of Ayush is strengthening the Ayush Grid as a comprehensive digital ecosystem for the Ayush sector by enhancing digital platforms, promoting interoperability, adopting emerging technologies like Artificial Intelligence and Machine Learning, and enabling data-driven governance.

These efforts are aimed at improving service delivery, facilitating evidence-based policymaking, providing multilingual support in convergence with Digital India BHASHINI Division (DIBD) under Ministry of Electronics and Information Technology (MeitY), and ensuring seamless integration with national health programmes and digital health initiatives, including the

Ayushman Bharat Digital Mission (ABDM).

एकीकृत शिशु परिचर्या केंद्र

1010. श्रीमती संध्या रायः

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

(क) क्या कामकाजी महिलाओं और गृहिणियों के लिए बच्चों की सुरक्षित देखरेख की उचित व्यवस्था न होने से उनकी आर्थिक और सामाजिक भागीदारी पर प्रभाव पड़ता है;

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

(ग) क्या सरकार का हर विकास खंड स्तर पर एकीकृत शिशु परिचर्या केंद्र स्थापित करने के लिए कोई राष्ट्रीय योजना बनाने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या ऐसी योजना में मध्य प्रदेश के भिंड और दतिया जिलों को शामिल करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (ङ): मंत्रालय ने 01 अप्रैल, 2022 को आंगनवाड़ी-सह-क्रेच (पालना) की शुरुआत की, ताकि रोज़गार की स्थिति को ध्यान में रखे बिना सभी माताओं के बच्चों (06 महीने - 06 वर्ष की आयु) को सुरक्षित और संरक्षित वातावरण में डे केयर क्रेच सुविधाएं प्रदान की जा सकें। इसके साथ ही, पोषण संबंधी सहायता, बच्चों का स्वास्थ्य और संज्ञानात्मक विकास, विकास निगरानी, टीकाकरण, शिक्षा आदि जैसी सुविधाएं प्रदान की जा सकें। आंगनवाड़ी केंद्र बच्चों की देखभाल और सहायता के लिए समर्पित दुनिया की सबसे बड़ी बाल देखभाल संस्था हैं, जो देखभाल से जुड़ी सुविधाएं अंतिम लाभार्थी तक पहुंचाते हैं।

पालना एक केंद्र प्रायोजित योजना है और इसे केंद्र तथा राज्य सरकारों एवं विधान मंडल वाले संघ राज्य क्षेत्रों के बीच 60:40 के वित्तपोषण अनुपात के साथ कार्यान्वित किया जाता है; जबकि

पूर्वोत्तर एवं विशेष श्रेणी के राज्यों के लिए यह अनुपात 90:10 है। बिना विधानमंडल वाले संघ राज्य क्षेत्रों के लिए केंद्र सरकार द्वारा 100 प्रतिशत निधि प्रदान की जाती है। आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) की आवश्यकता का आकलन संबंधित राज्यों/संघ राज्य क्षेत्रों द्वारा किया जाता है तथा प्रस्तावों को संबंधित राज्यों/संघ राज्य क्षेत्रों के साथ विस्तृत चर्चा के पश्चात कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा अनुमोदित किया जाता है। दिनांक 31.03.2026 तक मध्य प्रदेश में 448 आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) अनुमोदित किए गए हैं। मध्य प्रदेश द्वारा दी गई सूचना के अनुसार, वर्तमान में राज्य में कोई भी एडब्ल्यूसीसी कार्यशील नहीं है। वर्तमान में देशभर में कुल 4,172 आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) कार्यशील हैं, जिनसे लगभग 43,000 बच्चे लाभान्वित हो रहे हैं।

समय-समय पर किए जाने वाले श्रम बल सर्वेक्षण के अनुसार, श्रम बल में महिलाओं की भागीदारी 2017-18 में 23.3 प्रतिशत से बढ़कर 2025 में 40 प्रतिशत हो गई है।

उत्तर प्रदेश में आंगनवाड़ी सेवाएं

1011. श्री बाबू सिंह कुशवाहाः

श्री अजेन्द्र सिंह लोधी:

श्री लालजी वर्मा:

श्रीमती रुचि वीरा:

श्री नीरज मौर्य:

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

(क) क्या उत्तर प्रदेश के कई आंगनवाड़ी केंद्रों में स्मार्टफोन, इंटरनेट कनेक्टिविटी, डिजिटल निगरानी प्रणाली और अन्य आधुनिक सुविधाएं अभी भी प्रभावी रूप से उपलब्ध नहीं हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है, साथ ही इन सुविधाओं से पूर्णतया युक्त तथा इनसे वंचित जिलों का ब्यौरा क्या है;

(ख) उत्तर प्रदेश सहित पूरे देश में वर्ष 2025-26 के दौरान आंगनवाड़ी केंद्रों के आधुनिकीकरण के लिए स्वीकृत की गई और व्यय की गई निधि का ब्यौरा क्या है, तथा स्वच्छ पेयजल, शौचालय, पक्की इमारतों, बिजली और डिजिटल सुविधाओं की उपलब्धता वाले केंद्रों की राज्य-वार/जिले-वार संख्या क्या है;

(ग) क्या सरकार को जौनपुर सहित ग्रामीण क्षेत्रों में बच्चों और गर्भवती/स्तनपान कराने वाली माताओं को नियत पोषण समय पर मिलने में बाधा डालने वाली पोषण सप्लीमेंट की आपूर्ति, गुणवत्ता और वितरण में गड़बड़ी की शिकायतें मिली हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार का विचार आंगनवाड़ी कार्यकर्ताओं और सहायिकाओं को नियमित सेवा का दर्जा देने, उनका मानदेय बढ़ाने और उसे सीपीआई से जोड़ने का है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): 'मिशन सक्षम आंगनवाड़ी और पोषण 2.0' के तहत, फील्ड कार्यकर्ताओं के लिए डिजिटल ट्रैकिंग सिस्टम (पोषण ट्रैकर) का उपयोग करने के लिए स्मार्टफोन और इंटरनेट कनेक्टिविटी हेतु डेटा रिचार्ज फंड की व्यवस्था की गई है। इसके अतिरिक्त, लाभार्थियों की वृद्धि मापने के लिए देश के सभी आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में योजना के तहत चार ग्रोथ मॉनिटरिंग डिवाइस भी उपलब्ध कराए गए हैं। महिला एवं बाल विकास मंत्रालय की ओर से जारी प्रतिस्थापन नीति के अनुसार राज्य और संघ राज्य क्षेत्र प्रत्येक 4 वर्ष में स्मार्टफोन और वृद्धि निगरानी उपकरणों को प्रतिस्थापित कर सकते हैं।

'पोषण ट्रैकर' एप्लिकेशन को एक महत्वपूर्ण शासन उपकरण के रूप में शुरू किया गया था। पोषण ट्रैकर परिभाषित संकेतकों पर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निगरानी और ट्रैकिंग की सुविधा प्रदान करता है। बच्चों में बौनापन, दुबलापन, अल्प वजन के व्याप्तता की गतिशील पहचान के लिए पोषण ट्रैकर के तहत प्रौद्योगिकी का लाभ

उठाया जा रहा है। इसने आंगनवाड़ी सेवाओं जैसे आंगनवाड़ी केंद्रों को खोलना, बच्चों की दैनिक उपस्थिति, ईसीसीई कार्यकलाप, बच्चों की वृद्धि की निगरानी, पका हुआ गर्म भोजन (एचसीएम)/टेक होम राशन (टीएचआर-कच्चा राशन नहीं), विकास मापन इत्यादि के लिए लगभग तत्समय डेटा संग्रह की सुविधा प्रदान की है। लाभार्थियों की संख्या और आंगनवाड़ी सेवाओं से संबंधित अन्य जानकारी पर पोषण ट्रैकर डेटा https://www.poshantracker.in/statistics पर उपलब्ध है।

मिशन के अंतर्गत दो लाख आंगनवाड़ी केन्द्रों को बेहतर पोषण प्रदान करने और ईसीसीई गतिविधियों के लिए सक्षम आंगनवाड़ियों के रूप में उन्नयन करने के लिए अनुमोदित किया गया है। ये आंगनवाड़ी केंद्र एलईडी स्क्रीन, जल निस्पंदन प्रणाली, पोषण वाटिका, प्रारंभिक बाल्यावस्था देखरेख और शिक्षा (ईसीसीई) सामग्री और बिल्डिंग एज लर्निंग एड (बाला) पेंटिंग जैसे बेहतर बुनियादी ढांचे से सुसज्जित हैं। अनुमोदित सक्षम आंगनवाड़ियों का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा **विवरण-I** में दिया गया है।

वर्ष 2025 के दौरान उत्तर प्रदेश राज्य सहित देश भर में आंगनवाड़ी केंद्रों के आधुनिकीकरण के लिए आवंटित निधि का ब्यौरा **विवरण-II** में दिया गया है।

इसके अलावा, मिशन पोषण 2.0 के तहत शिकायत दर्ज करने के तीन माध्यम उपलब्ध हैं; समर्पित पोषण हेल्पलाइन 1515, पोषण ट्रैकर ऐप/डैशबोर्ड में लाभार्थी निवारण मॉड्यूल और केंद्रीकृत लोक शिकायत निवारण और निगरानी प्रणाली (सीपीजीआरएएमएस)। पोषण हेल्पलाइन 1515 (पूर्व में 14408) अप्रैल 2025 से कार्यशील है, जिसमें केंद्रीकृत शिकायत निवारण और लाभार्थी सहायता प्रदान करने के लिए 125 सीटों वाला कॉल सेंटर है। कॉल सेंटर 17 भाषाओं में कार्य कर रहा है। पोषण ट्रैकर एप्लिकेशन में लाभार्थी निवारण मॉड्यूल और डैशबोर्ड में शिकायत, अपील और नागरिक प्रतिक्रिया की व्यवस्था है। प्रति दिन औसतन लगभग 3,200 कॉल का उत्तर दिया जाता है। सभी शिकायतों की तुरंत जांच की जाती है और निर्धारित प्रक्रिया के अनुसार उनका निपटान किया जाता है।

समय-समय पर, भारत सरकार और राज्य सरकार आंगनवाड़ी कार्यकर्त्रियों के मानदेय और प्रोत्साहन राशि को बढ़ाने के लिए प्रावधान करती हैं जिसका ब्यौरा **विवरण III** में दिया गया है।

विवरण-I

अनुमोदित सक्षम आंगनवाड़ियों का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा

क्र.सं.	राज्य और संघ राज्य क्षेत्रों के नाम	उन्नयन के लिए स्वीकृत आंगनवाड़ी केन्द्रों की कुल संख्या
1	नागालैंड	149
2	मणिपुर	30
3	लद्दाख	14
4	चंडीगढ़	69
5	सिक्किम	435
6	अरुणाचल प्रदेश	152
7	आंध्र प्रदेश	9958
8	असम	5407
9	मिजोरम	1600
10	मेघालय	121
11	कर्नाटक	17732
12	त्रिपुरा	474
13	महाराष्ट्र	14,745
14	गोवा	24
15	जम्मू एवं कश्मीर	338
16	अंडमान एवं निकोबार द्वीप समूह	140
17	लक्षद्वीप	18
18	उत्तर प्रदेश	23697
19	तमिलनाडु	11972
20	पुदुच्चेरी	135
21	केरल	4152
22	उत्तराखंड	827
23	छत्तीसगढ	11490
24	पश्चिम बंगाल	5359
25	मध्य प्रदेश	24662

26	ओडिशा	12140
27	बिहार	11529
28	तेलंगाना	5008
29	गुजरात	13147
30	राजस्थान	3514
31	झारखंड	16775
32	हिमाचल प्रदेश	1030
33	पंजाब	353
34	हरियाणा	2804
कुल		**2,00,000**

<u>विवरण-II</u>

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत निधि का ब्यौरा (करोड़ रुपये)		
क्र.सं.	**राज्य और संघ राज्य क्षेत्रों का नाम**	**2025-26**
		जारी निधि
1	अंडमान एवं निकोबार द्वीप समूह	8.1
2	आंध्र प्रदेश	759.76
3	अरुणाचल प्रदेश	118.5
4	असम	1548.67
5	बिहार	905.43
6	चंडीगढ़	9.87
7	छत्तीसगढ़	518.22
8	दादरा और नागर हवेली एवं दमन और दीव	5.92
9	दिल्ली	150.21
10	गोवा	19.74
11	गुजरात	699.13
12	हरियाणा	67.12
13	हिमाचल प्रदेश	328.59
14	जम्मू एवं कश्मीर	401.62
15	झारखंड	429.26
16	कर्नाटक	863.64
17	केरल	283.81

18	लद्दाख	16.41
19	लक्षद्वीप	0.82
20	मध्य प्रदेश	937.45
21	महाराष्ट्र	1405.45
22	मणिपुर	199.99
23	मेघालय	182.04
24	मिजोरम	52.69
25	नागालैंड	146.29
26	ओडिशा	911.27
27	पुदुच्चेरी	4.02
28	पंजाब	190.73
29	राजस्थान	843.51
30	सिक्किम	18.21
31	तमिलनाडु	636.6
32	तेलंगाना	209.2
33	त्रिपुरा	154.73
34	उत्तर प्रदेश	2145.42
35	उत्तराखंड	271.05
36	पश्चिम बंगाल	1333.9
कुल		**16,777.37**

विवरण-III

राज्यों द्वारा अपने संसाधनों से आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को अतिरिक्त मानदेय का भुगतान किया जाता है			
क्र.सं.	**राज्य और संघ राज्य क्षेत्र**	**2026-27** आंगनवाड़ी कार्यकर्त्री	**2026-27** आंगनवाड़ी सहायिका
1	अंडमान एवं निकोबार द्वीप समूह	7,500	5,750
2	आंध्र प्रदेश	7,000	4,750
3	अरुणाचल प्रदेश	3,000	3,000
4	असम	3,500	1,750
5	बिहार	4,500	2,250
6	चंडीगढ़	3,600	1,800

7	छत्तीसगढ़	5,500	2,750
8	दादरा और नगर हवेली एवं दमन और दीव	3,500	1,750
9	दिल्ली	6,720	3,360
10	गोवा	15,000-23,000	8,500-11,500
11	गुजरात	5,500	3,250
12	हरियाणा	10,250	5,650
13	हिमाचल प्रदेश	6,000	3,550
14	जम्मू एवं कश्मीर	600	300
15	झारखंड	7,000	3,500
16	कर्नाटक	8,000	5,250
17	केरल	8,300	6,800
18	लद्दाख	1,300	650
19	लक्षद्वीप	5,500	4,750
20	मध्य प्रदेश	8,500	4,250
21	महाराष्ट्र	8,500	5,250
22	मणिपुर	1,000	600
23	मेघालय	3,000	1,000
24	मिजोरम	950	725
25	नागालैंड	शून्य	शून्य
26	ओडिशा	5,500	2,750
27	पुदुच्चेरी	1,950	2,125
28	पंजाब	5,000	2,850
29	राजस्थान	6,061	4,041
30	सिक्किम	7,000	4,500
31	तमिलनाडु	9,780	6,270
32	तेलंगाना	9,150	5,550
33	त्रिपुरा	5,946-3,500	4,218-2,750
34	उत्तर प्रदेश	1,500	750
35	उत्तराखंड	4,800	3,000
36	पश्चिम बंगाल	4,500	4,550

फलों और सब्जियों में प्रतिबंधित हार्मोन और रसायनों का प्रयोग

1012. डॉ. आनंद कुमार गोंडः

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

(क) क्या सरकार ने संज्ञान लिया है कि हाल के वर्षों में फसल की पैदावार बढ़ाने, फलों और सब्जियों का आकार बढ़ाने या उन्हें समय से पहले पकाने के लिए प्रतिबंधित हार्मोन, रसायनों या अन्य हानिकारक पदार्थों के प्रयोग में बढ़ोतरी हुई है, जिससे उपभोक्ताओं की सेहत पर बुरा प्रभाव पड़ रहा है और कई प्रकार की बीमारियों का खतरा पैदा हो रहा है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) पिछले तीन वर्षों में सामने आए ऐसे मामलों का वर्ष-वार और राज्य-वार ब्यौरा क्या है और सरकार द्वारा दोषियों के विरुद्ध की गई दंडात्मक कार्रवाई का ब्यौरा क्या है;

(ग) क्या सरकार का विचार फलों और सब्जियों के नमूने लेने, उनकी जांच और निगरानी की व्यवस्था को और सुदृढ़ करने का है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) सरकार द्वारा सुरक्षित और वैज्ञानिक कृषि पद्धतियों को बढ़ावा देने तथा इस संबंध में किसानों, व्यापारियों और उपभोक्ताओं के बीच जागरूकता पैदा करने के लिए उठाए गए / उठाए जाने वाले कदम क्या हैं?

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

(क) से (घ): भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) को खाद्य पदार्थों के लिए वैज्ञानिक आधार पर मानक निर्धारित करने तथा मानव उपभोग हेतु सुरक्षित एवं गुणवत्तापूर्ण आहार की उपलब्धता सुनिश्चित करने के लिए उनके विनिर्माण, भंडारण, वितरण, बिक्री एवं आयात का विनियमन करने का अधिदेश है। खाद्य सुरक्षा और मानक अधिनियम, 2006 का कार्यान्वयन एवं प्रवर्तन केंद्र तथा राज्य सरकारों की साझा जिम्मेदारी है।

फसल उत्पादन में वृद्धि अथवा उत्पादकता बढ़ाना कृषि पद्धतियों से संबंधित विषय है, जो

एफएसएसएआई के सांविधिक अधिकार-क्षेत्र के अंतर्गत नहीं आता। तथापि, खाद्य सुरक्षा और मानक (बिक्री पर प्रतिषेध एवं प्रतिबंध) विनियम, 2011 के माध्यम से एफएसएसएआई ने फलों को पकाने के लिए कार्बाइड गैस के उपयोग पर प्रतिबंध लगाया है। इन विनियमों के अनुसार, *"कोई भी व्यक्ति ऐसे फलों का विक्रय, विक्रय हेतु प्रस्तुतीकरण अथवा अपने परिसर में विक्रय के उद्देश्य से भंडारण नहीं करेगा, जिन्हें एसीटिलीन गैस (जिसे सामान्यतः कार्बाइड गैस कहा जाता है) के उपयोग से कृत्रिम रूप से पकाया गया हो। तथापि, फसल, उसकी किस्म एवं परिपक्वता के आधार पर अधिकतम 100 पीपीएम (100 माइक्रोलीटर/लीटर) की सांद्रता तक एथिलीन गैस का उपयोग कर फलों को कृत्रिम रूप से पकाया जा सकता है।"* इन्हीं विनियमों के उप-विनियम 2.3.6 में ताजे फलों एवं सब्जियों की बिक्री के संबंध में प्रावधान है कि *"ताजे फल एवं सब्जियां सड़न से मुक्त तथा मोम, खनिज तेल एवं कृत्रिम रंगों की परत से मुक्त होंगे। तथापि,* खाद्य सुरक्षा और मानक (पैकेजिंग एवं लेबलिंग) विनियम, 2011 *के विनियम* 2.4.5(44) *के अंतर्गत निर्धारित लेबल घोषणा के अधीन, ताजे फलों पर अच्छी विनिर्माण पद्धतियों के अनुरूप सीमित मात्रा में मधुमक्खी मोम (सफेद एवं पीला), कार्नौबा वैक्स अथवा शेलैक वैक्स का लेप किया जा सकता है।"*

खाद्य उत्पादों की सुरक्षा सुनिश्चित करने के लिए एफएसएसएआई ने खाद्य नमूनों के परीक्षण हेतु **259 राष्ट्रीय परीक्षण एवं अंशांकन प्रयोगशाला प्रत्यायन बोर्ड** से मान्यता प्राप्त खाद्य परीक्षण प्रयोगशालाओं का एक नेटवर्क अधिसूचित किया है। इनमें राज्य/संघ राज्य क्षेत्र सरकारों, विभिन्न सरकारी संस्थानों तथा अन्य एनएबीएल मान्यता प्राप्त प्रयोगशालाएं शामिल हैं। अपीलीय संबंधी नमूनों के परीक्षण के लिए **24 रेफरल खाद्य प्रयोगशालाओं** को भी अधिसूचित किया गया है। एफएसएसएआई राज्य खाद्य सुरक्षा प्राधिकरणों को उनकी खाद्य परीक्षण अवसंरचना को सुदृढ़ बनाने के लिए वित्तीय एवं तकनीकी सहायता प्रदान करता है। प्रयोगशालाओं की क्षमता वृद्धि के उद्देश्य से एफएसएसएआई अपनी अधिसूचित खाद्य परीक्षण प्रयोगशालाओं के लिए नियमित रूप से प्रशिक्षण कार्यक्रम आयोजित करता है, जिनमें फलों एवं सब्जियों के विश्लेषण से संबंधित प्रशिक्षण भी शामिल हैं।

इसके अतिरिक्त, एफएसएसएआई ने विभिन्न खाद्य वस्तुओं के विश्लेषण की विधियों से संबंधित पुस्तिकाएं प्रकाशित की हैं, जिनमें **फल एवं सब्जी उत्पादों के विश्लेषण की विधियां** भी शामिल हैं। ये पुस्तिकाएं फल एवं सब्जी उत्पादों के परीक्षण एवं विश्लेषण के लिए व्यापक मार्गदर्शिका के रूप में कार्य करती हैं।

चूंकि देश के लगभग **98 प्रतिशत खाद्य कारोबार** राज्य खाद्य सुरक्षा प्राधिकरणों के नियामकीय नियंत्रण में आते हैं, इसलिए **03 अप्रैल, 2023**, **21 नवंबर, 2023**, **16 मई, 2025** तथा **16 अप्रैल, 2026** को जारी परामर्शों के माध्यम से सभी राज्यों/संघ राज्य क्षेत्रों के **खाद्य सुरक्षा आयुक्तों** को अपने-अपने अधिकार-क्षेत्र में फल बाजारों/मंडियों में निरीक्षण तीव्र करने तथा कड़ी निगरानी बनाए रखने के निर्देश दिए गए हैं। राज्यों/संघ राज्य क्षेत्रों द्वारा विशेष प्रवर्तन अभियान संचालित किए जाते हैं ताकि ताजे फलों की बिक्री पर प्रभावी निगरानी सुनिश्चित की जा सके तथा प्रतिबंधित अथवा पकाने वाले अनधिकृत कृत्रिम रसायनों, कृत्रिम रंगों एवं गैर-अनुमत मोम के लेप के उपयोग को रोका जा सके।

खाद्य सुरक्षा और मानक अधिनियम, 2006 तथा उसके अधीन बनाए गए नियमों एवं विनियमों के प्रावधानों का उल्लंघन करने वाले **खाद्य कारोबार संचालकों (एफबीओ)** के विरुद्ध अधिनियम के **अध्याय-IX (अपराध एवं शास्ति)** तथा विशेष रूप से **धारा 48 से 67** के अंतर्गत निर्धारित प्रावधानों के अनुसार **दंडात्मक** -कार्रवाई की जाती है। तथापि, **खाद्य सुरक्षा और मानक अधिनियम, 2006** की **धारा 18(3)** के अनुसार, *"इस अधिनियम के प्रावधान किसी किसान, मछुआरे अथवा कृषि संचालन, फसलों, पशुधन, जलीय कृषि तथा खेती में प्रयुक्त या उत्पादित सामग्रियों अथवा किसान द्वारा खेत स्तर पर उत्पादित फसल उत्पादों या मछुआरे द्वारा अपने कार्य के दौरान प्राप्त उत्पादों पर लागू नहीं होंगे।"*

वित्त वर्ष **2022-23 से 2024-25** के दौरान किए गए **निरीक्षणों, जब्ती कार्रवाई तथा नियामक कार्रवाइयों** का ब्यौरा **विवरण** में है।

विवरण

कृत्रिम रूप से पके हुए फलों के निरीक्षण और ज़ब्ती का ब्यौरा

(खाद्य सुरक्षा और मानक विनियम का उल्लंघन करते हुए)

वर्ष	फलों में कृत्रिम पकाने वाले एजेंट के इस्तेमाल का पता लगाने के लिए पिछले पांच सालों में किए गए निरीक्षण	विश्लेषण किए गए नमूने	अमानक (बिना इजाज़त वाले एजेंट के साथ कृत्रिम पकाए हुए पाए गए)	जब्ती/विनष्ट (किलोग्राम में)
2022-23	14185	704	9	10182
2023-24	17180	1450	45	19582.2
2024-25	20365	1953	54	42395.46

SUPREME COURT COLLEGIUM RECOMMENDATIONS

1013. SHRI MATHESWARAN V. S.:

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

(a) the number of Supreme Court Collegium recommendations on the transfer of High Court Judges that are pending with the Government for more than six months; and

(b) the number of Supreme Court Collegium recommendations on the appointment of High Court Judges that are pending with the Government for more than one year?

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): Article 222 of the Constitution of India stipulates that the President

may, after consultation with the Chief Justice of India, transfer a Judge from one High Court to any other High Court. As per the Memorandum of Procedure (MoP) for appointment and transfer of High Court Judges, the proposal for transfer of High Court Judges is initiated by the Chief Justice of India in consultation with four senior-most puisne Judges of the Supreme Court.

The MoP further provides that the Chief Justice of India is also expected to take into account the views of the Chief Justice of High Court from which the Judge is to be transferred, as also the Chief Justice of the High Court to which the transfer is to be effected, besides taking into account the views of one or more Supreme Court Judges who are in position to offer views. The personal factors relating to the concerned Judge, including the Chief Justice, and his response to the proposal, including his preference of places, should invariably be taken into account by the Chief Justice of India and the first four puisne Judges of the Supreme Court before arriving at conclusion on the proposal. All transfers are to be made in public interest i.e. for promoting better administration of justice throughout the country. No timeline has been prescribed in the MoP for transfer of judges from one High Court to another.

Appointment of Judges to the Supreme Court and High Courts is made under Articles 124, 217 and 224 of the Constitution of India and according to the procedure laid down in the Memorandum of Procedure (MoP) prepared in 1998 pursuant to the Supreme Court Judgment of October 6, 1993 (Second Judges case) read with their Advisory Opinion of October 28, 2 1998 (Third Judges case). As per the MoP, the responsibility for initiation of proposals for

appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court, in consultation with two senior-most puisne Judges of the High Court. As per the MoP, the High Courts are required to make recommendations at least 06 months before the occurrence of a vacancy. 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.

AYUSH HOSPITALS AND HEALTH INSTITUTIONS IN WARANGAL

1014. DR. KADIYAM KAVYA:

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

(a) the details of AYUSH hospitals, dispensaries, Health and Wellness Centres/Ayushman Arogya Mandirs (AAMs) and other AYUSH institutions

functioning in Warangal district of Telangana established with Central Assistance along with the details of financial assistance sanctioned and released during the last three years;

(b) the steps taken by the Government to strengthen AYUSH infrastructure and promote AYUSH systems of medicine in the said district; and

(c) the measures taken by the Government to integrate AYUSH services with the mainstream public healthcare system, including co-location of AYUSH facilities in Government hospitals and Health and Wellness Centres/Ayushman Arogya Mandirs (AAMs) in the district?

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

(a): The details of supported Ayush facilities in Warangal district of Telangana along with status of financial assistance provided under Centrally Sponsored Scheme of National Ayush Mission (NAM) is furnished at **Statement**.

(b): Under NAM, 09 Ayushman Arogya Mandirs (Ayush) have been supported for renovation of buildings, minor repairs, water and toilet facilities and permanent Yoga sheds etc. Further, additional block has been built at Government Ayurveda Hospital.

(c): To integrate Ayush services with the mainstream public healthcare system, Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different

systems of medicines under a single window. The engagement of Ayush doctors/ paramedics and their training is supported by the MoHandFW under National Health Mission (NHM), while the support for Ayush infrastructure, equipment/furniture and medicines are provided by the Ministry of Ayush under NAM as shared responsibilities.

As reported by State Government of Telangana, 11 co-located Ayush facilities are functional in Government Hospitals and one each Medical Officer, Pharmacist and Sweeper cum Scavenger have been deployed at these facilities from Ayush Department, Government of Telangana. Additionally, 02 Government Ayush Dispensaries are co-located with District Hospitals and 01 Government Ayush Dispensary with a Primary Health Centre. State Government is also implementing Ayush Public Health Programs in coordination with State Health Department.

STATEMENT

The details of Ayush Hospitals, Dispensaries, Ayushman Arogya Mandirs (Ayush) and other Ayush institutions functioning in Warangal district of Telangana as supported under NAM along with the status of financial assistance sanctioned/ released during the last three years

(Rs. in lakhs)

Sl. No.	Facility	Details of the Dispensary/ Hospital/ College	Financial assistance sanctioned/released during the last three years		
			2023-24	2024-25	2025-26
1	Ayushman Arogya Mandir (Ayush) (09)	i. Government Unani Dispensary, Itikalapally, Warangal District ii. Government Homoeo Dispensary, MGM Hospital, Warangal District	6.908	13.82	17.34

		iii. Government Ayurvedic Dispensary, Budharaopet, Budharaopet (V), Khanapur (M), Warangal Rural(Dist.) iv. Government Ayurvedic Dispensary, Ramachandrapuram, Sangem (M), Warangal Rural(Dist.) v. Government Ayurvedic Dispensary, Sannur, Sannur (V), , Warangal Rural(Dist.) vi. Government Ayurvedic Dispensary, Nallabelly, Warangal District vii. Government Ayurvedic Dispensary, Elkurthy (H), Warangal District viii. Government Unani Dispensary, MGM Hospital, Warangal District ix. Government Ayurvedic Dispensary, Nekkonda, Warangal District			
2	Upgradation of Hospital (01)	Government Ayurvedic Teaching Hospital, Warangal	0	0	25.00
3	Supply of essential medicines	09 AAM (Ayush), 02 Government Ayurved Dispensaries	05.25	10.50	21.00
4	Upgradation of Ayush UG college (01)	AL Government Ayurvedic College, Warangal	44.00	0	259.363
Total			**56.158**	**24.32**	**322.703**

REFORMS IN MEDICAL INSTITUTIONS REGULATIONS, 2025

1015. SHRI DUSHYANT SINGH:

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

(a) the manner in which the reforms introduced under the Medical Institutions (Qualifications of Faculty) Regulations, 2025, including the expansion of faculty eligibility norms and the rationalisation of teaching hospital requirements are expected to strengthen faculty availability while maintaining academic standards, particularly in semi-urban and rural regions;

(b) the steps taken by the Government under the Competency-Based Medical Education (CBME) Curriculum Guidelines, 2024, to strengthen training in medical ethics, professional conduct, medico-legal awareness and related legal aspects for MBBS students; and

(c) the measures being taken by the Government to ensure that the recent expansion in medical seats leads to improved availability of doctors and specialists in rural and underserved areas including district and community hospitals in the country?

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

(a): The National Medical Commission (NMC) has notified the Medical Institutions (Qualifications of Faculty) Regulations, 2025 (MIQF-2025), with the objective of ensuring an adequate supply of qualified medical faculty while maintaining uniform academic standards across the country.

The major reforms include:

(i) Rationalisation and broadening of faculty eligibility criteria without compromising educational quality.

(ii) Recognition of diverse academic pathways and experience for appointment and promotion of faculty in accordance with prescribed qualifications and experience.

(iii) Designation of eligible non-teaching Government hospitals with 220 or more beds as teaching institutions, enabling existing specialists to join the medical education system, subject to the prescribed qualifications and faculty development requirements.

(iv) Extension of eligibility of M.Sc.-Ph.D. qualified faculty to the Departments of Microbiology and Pharmacology, in addition to Anatomy, Physiology and Biochemistry .

(v) Recognition of research publications, Basic Course in Biomedical faculty Research (BCBR), and other mandatory development programmes as eligibility requirements for career progression.

(vi) Expansion of feeder broad specialties for super- specialty programmes to improve faculty utilization and multidisciplinary academic development.

These reforms improve faculty availability. particularly in newly established, semi-urban, and rural medical colleges, while ensuring that the prescribed qualifications, teaching experience, research output, and faculty development requirements continue to uphold academic quality and competency-based medical education standards.

(b): Under the Competency-Based Medical Education (CBME) curriculum, the NMC has strengthened phase-wise training and allocated dedicated time for professional development through the Attitude, Ethics, and Communication

(AETCOM) course. The MBBS program has a duration of four and a half years and additionally the students are required to undergo 12 months of internship. Throughout this period, students are trained in the principles of AETCOM beginning from their first year of entry into medical college and continuing as a longitudinal component of the curriculum across all phases of study. The subject of Forensic Medicine also trains the students on various objects of medical jurisprudence.

(c): The measures undertaken by Government to strengthen the healthcare network and medical education capacity particularly in rural and underserved areas are:

i) Under the Centrally Sponsored Scheme (CSS) for establishment of new medical colleges by upgrading district/ referral hospital with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college, 157 new medical colleges were approved, of which 139 are currently operational in the country. The fund sharing mechanism under the scheme between the Centre and State Government is in the ratio of 90:10 for North Eastern and Special Category, and 60:40 for others.

ii) Under the CSS for strengthening/ upgradation of existing State Government/ Central Government medical colleges to increase the number of MBBS UG and PG seats support has been provided for increase of 4977 MBBS seats in 83 colleges with an approved cost of Rs. 5972.20 Crore; 4058 PG seats in phase-I in 72 colleges with an approved cost of

Rs. 1498.43 Crore; and 4000 PG seats in phase-II in 65 colleges with an approved cost of Rs. 4478.25 Crore.

iii) Also, the Union Cabinet in September, 2025 approved Phase-III of (CSS) for “Strengthening and upgradation of existing State Government/Central Government Medical Colleges/Standalone PG Institutes/Government Hospitals” to facilitate increase of 5000 PG seats with an enhanced cost ceiling of Rs. 1.5 Crore per seats and extension of existing CSS for UG Scheme for 5023 MBBS seats with a enhanced cost of Rs. 1.5 Crore per seats. The timeline for implementation of both the Scheme is 2028-2029.

iv) Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved of which 18 are currently operational in various States/UTs in the country till date.

Further, the Government has taken various measures to improve rural healthcare delivery and availability of doctors in the country which include: -

i. The Family Adoption Programme (FAP) has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages, and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron-Folic Acid supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.

ii. Under District Residency Program of National Medical Commission (NMC), second/third year PG students of medical colleges are posted in district hospitals.

iii. Hard area allowance is provided to specialist doctors for serving in rural and remote areas and for their residential quarters.

iv. Under the National Health Mission, states are allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.

v. Honorarium to Gynaecologists/Emergency Obstetric Care (EmoC) trained, Paediatricians and Anaesthetist/Life Saving Anaesthesia Skills (LSAS) trained doctors is provided to increase availability of specialists for conducting Caesarean Sections in rural and remote area.

vi. Special incentives for doctors and incentive for Auxiliary Nurse Midwife (ANM) for ensuring timely checkup and recording for antenatal care and adolescent reproductive and sexual health.

vii. Non-Monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

viii. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NHM for achieving improvement in health outcomes.

देश में कुपोषण की दर

1016. श्रीमती मंजू शर्मा:

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

(क) क्या सरकार के पास देश में कुपोषण की दर से जुड़ा कोई आंकड़ा उपलब्ध है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और 2022 से इससे प्रभावित महिलाओं और बच्चों का ब्यौरा क्या है तथा देश में कुपोषण की वर्ष-वार दर क्या है;

(ग) 2022 से अब तक कुपोषण से जुड़ी स्वास्थ्य समस्याओं के कारण मरने वाली महिलाओं और बच्चों की संख्या कितनी है; और

(घ) सरकार द्वारा कुपोषण से जुड़ी समस्याओं से निपटने के लिए कार्यान्वित की जा रही योजनाओं का ब्यौरा क्या है तथा इस उद्देश्य के लिए कितनी निधि आवंटित की गई है?

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

(क) से (घ): कुपोषण की चुनौतियों का समाधान करने के लिए, आंगनवाड़ी सेवाओं, पोषण अभियान और किशोरियों के लिए योजना (आकांक्षी जिलों और पूर्वोत्तर क्षेत्र में 14-18 वर्ष की) को मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0) के तहत शामिल किया गया है। यह एक केंद्र प्रायोजित मिशन है जहां विभिन्न गतिविधियों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है। इस मिशन को देश के सभी राज्यों और संघ राज्य क्षेत्रों में कार्यान्वित किया जा रहा है। वित्तीय वर्ष 2025-26 में मिशन पोषण 2.0 के तहत 21,960 करोड़ रुपये आवंटित किए गए हैं।

महिला एवं बाल विकास मंत्रालय ने मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत परिभाषित संकेतकों पर आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों से संबंधित सभी गतिविधियों की निगरानी और ट्रैकिंग के लिए एक आईसीटी आधारित उपकरण 'पोषण ट्रैकर' डिजिटल एप्लिकेशन शुरू किया है। 5 वर्ष से कम आयु के बच्चों में दुबलापन, बौनापन, अल्प वजन की व्यापतता की गतिशील पहचान के लिए पोषण ट्रैकर के तहत प्रौद्योगिकी का लाभ उठाया

जा रहा है। देश में पोषण संकेतकों पर राज्यवार जानकारी पोषण ट्रैकर सार्वजनिक डैशबोर्ड पर https://www.poshantracker.in/statistics (https:\/\/www.poshantracker.in\/statistics) लिंक पर उपलब्ध है।

`नमूना पंजीकरण प्रणाली-भारत के महारजिस्ट्रार द्वारा जारी मृत्यु के कारणों की रिपोर्ट (2021-23) के अनुसार बच्चों में कुपोषण को मृत्यु का प्रत्यक्ष कारण नहीं माना गया है हालांकि, यह संक्रमण के प्रति प्रतिरोध क्षमता को कम करके रुग्णता और मृत्यु दर को बढ़ा सकता है।

मिशन पोषण 2.0 के तहत, महिला एवं बाल विकास मंत्रालय द्वारा पोषण संबंधी परिणामों में सुधार के लिए महत्वपूर्ण उपाय किए गए हैं:

राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 की अनुसूची-II में निहित पोषण मानदंडों के अनुसार बच्चों (6 माह से 6 वर्ष तक), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को अनुपूरक पोषण प्रदान किया जाता है। गंभीर रूप से तीव्र कुपोषित (एसएएम) बच्चों को टेक-होम राशन (टीएचआर) के रूप में अतिरिक्त पोषण भी प्रदान किया जाता है।

पोषण संबंधी पहलुओं पर लोगों को शिक्षित करने के लिए जन आंदोलन (पोषण पखवाड़ा वर्ष में दो बार और पोषण माह वर्ष में एक बार) के रूप में सामुदायिक जुटाव और जागरूकता प्रचार-प्रसार शुरू की गई प्रमुख गतिविधियों में से एक है क्योंकि पोषण की अच्छी आदत को अपनाने के लिए व्यवहार परिवर्तन के लिए निरंतर प्रयासों की आवश्यकता होती है।

महिला एवं बाल विकास मंत्रालय और स्वास्थ्य और परिवार कल्याण मंत्रालय ने संयुक्त रूप से बच्चों में गंभीर रूप से कुपोषण की रोकथाम और उपचार के लिए और संबंधित रुग्णता और मृत्यु दर को कम करने के लिए बच्चों में कुपोषण के प्रबंधन के लिए प्रोटोकॉल जारी किया है।

आहार-विविधता और पौष्टिक स्थानीय उत्पादों के उपभोग को प्रोत्साहित करने के लिए, आंगनवाड़ी केंद्रों में पोषण वाटिका विकसित की गई है।

स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत जीवन चक्र दृष्टिकोण में प्रजनन, मातृ, नवजात, बच्चे, किशोर स्वास्थ्य और पोषण

(आरएमएनसीएएच+एन) कार्यनीति को लागू करता है। इसमें देश भर में किशोरियों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और 5 वर्ष से कम आयु के बच्चों के बीच पोषण संबंधी मुद्दों का समाधान करने के लिए कार्यकलाप शामिल हैं। जिसका विवरण इस प्रकार है:

एनीमिया मुक्त भारत (एएमबी) 7X7X7 कार्यनीति के माध्यम से एनीमिया की उच्च व्याप्तता का समाधान करता है जिसमें सात लाभार्थी आयु समूहों और मजबूत संस्थागत तंत्र के माध्यम से सात कार्यकलाप शामिल हैं।

पोषण पुनर्वास केंद्र (एनआरसी) चिकित्सा जटिलताओं के साथ मध्यम और गंभीर तीव्र कुपोषण से पीड़ित 5 वर्ष से कम आयु के बच्चों को इन-पेशेंट(अस्पताल में भर्ती करके) चिकित्सा और पोषण देखभाल प्रदान करने के लिए।

स्तनपान कवरेज में सुधार के लिए माताओं का पूर्ण स्नेह (एमएए) कार्यक्रम।

नवजात गहन परिचर्या इकाइयों और विशेष नवजात परिचर्या इकाइयों में भर्ती बीमार, समय से पहले और जन्म के समय अल्प वजन वाले बच्चों को दूध पिलाने के लिए सुरक्षित, दान किए गए मानव दुग्ध की उपलब्धता सुनिश्चित करने के लिए स्तनपान प्रबंधन केन्द्र।

राष्ट्रीय कृमि मुक्ति दिवस (एनडीडी) के तहत मृदा संचारित कृमि (एसटीएच) संक्रमण को कम करने के लिए एल्बेंडाजोल की गोलियां दी जाती हैं।

मातृ एवं बाल स्वास्थ्य सेवाओं के प्रावधान और पोषण सहित मातृ एवं बाल देखभाल के संबंध में जागरूकता प्रसार करने के लिए ग्राम स्वास्थ्य स्वच्छता एवं पोषण दिवस मनाए जाते हैं।

SOCIAL SECURITY BENEFITS FOR ORPHANS

1017. DR. KALANIDHI VEERASWAMY:

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

(a) whether the Government has conducted any recent survey/estimation of

the number of orphans in the country, if so, the details thereof, State/UT-wise including Tamil Nadu;

(b) the details of children identified as orphans, single-parent/abandoned children currently residing in child care institutions, including those covered under Mission Vatsalya;

(c) the measures being taken by the Government for rehabilitation, adoption, foster care and educational support for such children during the last five years;

(d) whether there exists a centralized database/tracking system for orphaned and vulnerable children, if so, the details thereof, its functioning and coverage; and

(e) the details of the steps taken to ensure their protection, access to healthcare, education and social security benefits, along with proposed policy initiatives, if any, therein?

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

(a) to (e): The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) is the primary legislation for ensuring safety, security, dignity and wellbeing of children in need of care and protection and those in conflict with law by catering to their basic needs through care, protection, development, treatment, rehabilitation and social re-integration. The Ministry of Women and Child Development is the nodal Ministry for the JJ Act.

Under the JJ Act 2015, the Child Welfare Committees (CWCs) have

been empowered to take decisions with regard to the children in need of care and protection including orphaned, abandoned and surrendered children. They are also mandated to monitor the functioning of the Child Care Institutions (CCIs). Similarly, the Juvenile Justice Boards (JJBs) are empowered to take decisions regarding the welfare of children in conflict with law. The Act defines standards of care and protection to secure the best interest of children living in CCIs and aims to provide family environment through non-institutional care services which includes sponsorship, foster care and aftercare.

The number of children residing in Child Care Institutions (CCIs) funded under Mission Vatsalya Scheme including orphans, single-parent/abandoned children State and UT-wise (including in the State of Tamil Nadu) during FY 2025-26 is at **Statement.**

Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya' in all States and Union Territories on predefined cost sharing basis between the Central and the State Governments to deliver various services for children in difficult circumstances including orphan children. The scheme provides institutional care and non-institutional care. Child Care Institutions (CCIs) established under the Mission Vatsalya scheme provide, inter-alia, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Under Non-Institutional Care Service, support is provided through Sponsorship, Foster Care and After Care.

Further, Adoption is regulated and facilitated through the Central Adoption Resource Authority (CARA) in accordance with the provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015 and Adoption Regulations. Foster care and sponsorship are promoted to encourage family-based care, and financial assistance is provided to support children's upbringing in a family environment.

The Ministry of Women and Child Development has developed an integrated unified Mission Vatsalya Portal in consultation and coordination with States and UTs. The TrackChild portal for Missing/Found Children, and Khoya-Paya application for Missing/Sighted Children have been integrated with this unified Mission Vatsalya Portal. The Portal integrates key child protection services and facilitates digital case management, beneficiary tracking, institutional monitoring and reporting by States and UTs. The Portal also integrates the Child Adoption Resource Information and Guidance System (CARINGS) portal thereby strengthening tracking, rehabilitation and adoption-related services for children in need of care and protection.

The Mission Vatsalya Portal has been rolled out across all 36 States and Union Territories. States and Union Territories, have been advised from time to time to ensure regular updation of child-specific and institutional data.

STATEMENT

STATE and UT WISE INCLUDING TAMIL NADU CHILDREN RESIDING IN CHILD CARE INSTITUTIONS (CCIs) FUNDED UNDER MISSION VATSALYA SCHEME INCLUDING ORPHANS, SINGLE-PARENT/ABANDONED CHILDREN DURING FY 2025-26

S. No.	State and UT	Total Children in CCIs During FY 2025-26
1	Andhra Pradesh	2284
2	Arunachal Pradesh	222
3	Assam	2036
4	Bihar	3228
5	Chhattisgarh	1714
6	Goa	405
7	Gujarat	2987
8	Haryana	960
9	Himachal Pradesh	1312
10	Jammu and Kashmir	1870
11	Jharkhand	1765
12	Karnataka	2853
13	Kerala	1370
14	Madhya Pradesh	2392
15	Maharashtra	4185
16	Manipur	2555
17	Meghalaya	993
18	Mizoram	1742
19	Nagaland	663
20	Odisha	7311
21	Punjab	543
22	Rajasthan	4629
23	Sikkim	725
24	Tamil Nadu	11217

25	Telangana	2465
26	Tripura	1235
27	Uttar Pradesh	5125
28	Uttarakhand	909
29	West Bengal	7725
30	Andaman and Nicobar	264
31	Chandigarh	370
32	Dadra and Nagar Haveli and Daman and Diu	58
33	Ladakh	96
34	Lakshadweep	0
35	Delhi	1630
36	Puducherry	673

महिलाओं और बच्चों का सर्वांगीण विकास

1018. एडवोकेट चन्द्र शेखर:

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

(क) क्या सरकार ने महिलाओं और बच्चों की सुरक्षा, कुपोषण और बाल संरक्षण से जुड़ी चुनौतियों पर ध्यान दिया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) पिछले तीन वर्षों के दौरान 'मिशन शक्ति', 'मिशन वात्सल्य' और 'सक्षम आंगनवाड़ी और पोषण 2.0' के अंतर्गत आवंटित निधि/किए गए व्यय और लाभार्थियों की राज्य वार संख्या कितनी है,

(ग) देश में आंगनवाड़ी केंद्रों के आधुनिकीकरण, पोषण सेवाओं को सुदृढ़ करने और डिजिटल निगरानी प्रणाली को कार्यान्वित करने में अब तक हुई प्रगति का ब्यौरा क्या है; और

(घ) सरकार की महिलाओं और बच्चों की सुरक्षा, पोषण और सर्वांगीण विकास सुनिश्चित करने के लिए समयबद्ध कार्ययोजना का ब्यौरा क्या है?

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

(क) से (घ): महिला एवं बाल विकास मंत्रालय द्वारा पूरे देश में महिलाओं और बच्चों की सुरक्षा,

पोषण और सर्वांगीण विकास के लिए कार्यान्वित विभिन्न योजनाओं की समीक्षा की गई है और उन्हें तीन व्यापक मिशनों अर्थात: (1) पोषण एवं स्वास्थ्य संकेतकों में सुधार के लिए मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0; (2) महिलाओं की सुरक्षा, संरक्षा और सशक्तिकरण के लिए मिशन शक्ति; और (3) कठिन परिस्थितियों में बच्चों की सुरक्षा, देखरेख और कल्याण के लिए मिशन वात्सल्य में समेकित किया गया है। इन योजनाओं का विवरण इस प्रकार है:

(i) **सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0):** 15वें वित्त आयोग में, 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं, किशोरियों (14-18 वर्ष) के लिए पोषण सहायता; प्रारंभिक बाल्यावस्था देखरेख और शिक्षा [3-6 वर्ष]; आधुनिक, उन्नत सक्षम आंगनवाड़ी सहित आंगनवाड़ी अवसंरचना, पोषण अभियान और किशोरियों के लिए योजना घटकों को मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0) के तहत पुनर्गठित किया गया है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, पात्र लाभार्थियों को छह सेवाओं का एक पैकेज प्रदान किया जाता है जिनमें पूरक पोषण (एसएनपी), विधालय-पूर्व अनौपचारिक शिक्षा, पोषण एवं स्वास्थ्य शिक्षा, टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं शामिल हैं। इन छह सेवाओं में से तीन अर्थात टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं स्वास्थ्य से संबंधित हैं तथा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और जन स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं। मिशन सक्षम आंगनवाड़ी और पोषण 2.0 केंद्र प्रायोजित योजना है। इस योजना के तहत समग्र आयोजना और नीति के लिए केंद्र सरकार जिम्मेदार है, जबकि इसका दैनिक कार्यान्वयन राज्य सरकार या संघ राज्य क्षेत्र के दायरे में आता है।

इसके अतिरिक्त, किशोरियों के लिए योजना को 01.04.2022 से संशोधित किया गया और इसे मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत शामिल कर लिया गया। इस योजना का उद्देश्य किशोरियों (14-18 वर्ष) को पोषण संबंधी सहायता प्रदान करना है ताकि पोषण घटक के अंतर्गत उनके स्वास्थ्य और पोषण स्तर में सुधार हो सके और गैर-पोषण घटक के तहत उन्हें

आईएफए अनुपूरण, स्वास्थ्य जांच एवं रेफरल सेवा, पोषण एवं स्वास्थ्य शिक्षा और कौशल विकास आदि सेवाएं प्रदान की जा सकें। इस योजना की लक्षित लाभार्थी आकांक्षी जिलों और सभी पूर्वी राज्यों में 14 से 18 वर्ष आयु वर्ग की किशोरियां हैं।

(ii)मिशन शक्ति: 'मिशन शक्ति' का उद्देश्य महिलाओं की सुरक्षा, संरक्षा और सशक्तिकरण के लिए किए जा रहे प्रयासों को मजबूत करना है। यह मंत्रालयों/विभागों और शासन के विभिन्न स्तरों पर समन्वय को बेहतर बनाने के लिए कार्यनीतियां प्रस्तावित करने पर केंद्रित है। मिशन शक्ति में महिलाओं की सुरक्षा एवं संरक्षा और सशक्तिकरण के लिए क्रमशः 'संबल' और 'सामर्थ्य' नामक दो उप-योजनाएं शामिल हैं।

"संबल" उप-योजना महिलाओं की सुरक्षा और संरक्षा के लिए है। इसमें वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत घटक शामिल हैं।

- **वन स्टॉप सेंटर (ओएससी)-**वन स्टॉप सेंटर (ओएससी) पूरे देश में निजी और सार्वजनिक दोनों क्षेत्रों में हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत और तत्काल सहायता 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।
- **महिला हेल्पलाइन (डब्ल्यूएचएल)-** महिला हेल्पलाइन (डब्ल्यूएचएल-181) आपातकालीन और गैर-आपातकालीन दोनों स्थितियों में महिलाओं की सहायता के लिए 24 घंटे टोल-फ्री दूरसंचार सेवाएं प्रदान करती है। यह पूरे देश में हिंसा से प्रभावित महिलाओं को सहायता तथा सरकारी योजनाओं और सेवाओं के बारे में जानकारी देती है।
- **बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी)-** बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) योजना 22 जनवरी 2015 को शुरु की गई थी। इसका उद्देश्य बाल लिंग अनुपात (सीएसआर) तथा जीवन चक्र के दौरान बालिकाओं और महिलाओं के सशक्तिकरण से संबंधित मुद्दों का

समाधान करने में सहायता देना है। बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) योजना ने सरकारी एजेंसियों, मीडिया, नागरिक समाज और आम जनता सहित विभिन्न हितधारकों को एकजुट करके एक नीतिगत पहल से राष्ट्रीय आंदोलन का रूप ले लिया है।

- **नारी अदालत-**नारी अदालत योजना ग्राम पंचायत स्तर पर महिलाओं के लिए वैकल्पिक शिकायत निवारण मंच प्रदान करती है। इन अदालतों को पंचायत स्तर पर, संकटग्रस्त महिलाओं को घरेलू हिंसा और लिंग आधारित अन्य हिंसा से संबंधित छोटे मामलों को बातचीत, मध्यस्थता और आपसी सहमति से सुलह के माध्यम से हल करने में सहायता करने का दायित्व सौंपा गया है ताकि उन्हें न्याय मिल सके।

"सामर्थ्य" उप योजना महिलाओं के सशक्तिकरण के लिए है। इसमें प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई), शक्ति सदन, सखी निवास, पालना और संकल्प: महिला सशक्तिकरण केंद्र (एचईडब्ल्यू) घटक शामिल हैं।

- **प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई)-** पीएमएमवीवाई केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत पहले बच्चे के लिए 5,000/-रुपए की नकद प्रोत्साहन राशि सीधे लाभार्थी के बैंक/डाकघर खाते में प्रत्यक्ष लाभ अंतरण (डीबीटी) के माध्यम से दी जाती है। पात्र लाभार्थियों को शेष नकद प्रोत्साहन राशि संस्थागत प्रसव के बाद, जननी सुरक्षा योजना के तहत मातृत्व लाभ के लिए स्वीकृत मानदंडों के अनुसार प्राप्त होती है, जिससे औसतन एक महिला को 6,000/- रुपए मिलते हैं। पीएमएमवीवाई के तहत दूसरे बच्चे के लिए भी 6,000/- रुपए की नकद प्रोत्साहन राशि दी जाती है, बशर्ते दूसरा बच्चा बेटी हो।
- **शक्ति सदन-** व्यापक 'मिशन शक्ति' के अंतर्गत, कठिन परिस्थितियों में फंसी महिलाओं के लिए पहले की 'स्वाधार गृह' योजना और मानव दुर्व्यापार की रोकथाम के लिए 'उज्ज्वला गृह' योजना का 1 अप्रैल, 2022 से विलय कर दिया गया जिसे अब 'शक्ति सदन योजना' के नाम से जाना जाता है। यह एक एकीकृत राहत एवं पुनर्वास गृह है जो संकटग्रस्त

महिलाओं, जिनमें दुर्व्यापार की शिकार महिलाएं भी शामिल हैं, के लिए है। इसका उद्देश्य कठिन परिस्थितियों में फंसी महिलाओं के लिए एक सुरक्षित और सहायक वातावरण तैयार करना है ताकि वे प्रतिकूल परिस्थितियों से उबर सकें।

- **सखी निवास-**सखी निवास योजना (कामकाजी महिला छात्रावास) एक मांग आधारित केंद्र प्रायोजित योजना है, जिसके तहत योजना के कार्यान्वयन के लिए सीधे राज्यों/संघ राज्य क्षेत्रों को धनराशि जारी की जाती है और इसका उद्देश्य शहरी, अर्ध-शहरी और यहां तक कि ग्रामीण क्षेत्रों में जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, वहां कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक स्थानों पर आवास की उपलब्धता को बढ़ावा देना है।
- **पालना-**पालना योजना के कार्यान्वयन का उद्देश्य शिशु गृहों (क्रेच) की उपलब्धता का विस्तार करना है ताकि यह सुनिश्चित हो सके कि हर जगह महिलाओं को काम करने का अवसर मिले और देखरेख संबंधी जिम्मेदारियों के कारण वे कार्यबल से बाहर न रहें। पालना का लक्ष्य 6 महीने से 6 वर्ष तक के बच्चों के लिए डे-केयर शिशु गृह (क्रेच) की सुविधा प्रदान करना है।
- **संकल्प: महिला सशक्तिकरण केंद्र (एचईडब्ल्यू)-**संकल्प: एचईडब्ल्यू (महिला सशक्तिकरण केंद्र) मिशन शक्ति के सभी घटकों के लिए एक परियोजना निगरानी इकाई (पीएमयू) के रूप में कार्य करता है। यह महिलाओं के लिए उपलब्ध योजनाओं और सुविधाओं के बारे में जानकारी और ज्ञान की कमी को दूर करने के साथ-साथ उन्हें लाभ और हक प्राप्त करने के लिए मार्गदर्शन प्रदान करने वाली एकल खिड़की प्रणाली (सिंगल विंडो सिस्टम) के रूप में कार्य करता है।

(**iii**) **मिशन वात्सल्य:** मिशन वात्सल्य [पूर्व में बाल संरक्षण सेवा योजना (आईसीपीएस)] केंद्र प्रायोजित योजना है, जिसे राज्यों/संघ राज्य क्षेत्रों के माध्यम से कार्यान्वित किया जाता है ताकि देखरेख और संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) और विधि का उल्लंघन करने वाले

बच्चों (सीसीएल) के लिए बेहतर पहुंच और संरक्षण सेवाएं प्रदान की जा सकें, इसमें मिशन मोड में संस्थागत और गैर-संस्थागत देखरेख शामिल है जिसका उद्देश्य: (i) कठिन परिस्थितियों में बच्चों की सहायता और पालन-पोषण करना, (ii) विभिन्न पृष्ठभूमि के बच्चों के समग्र विकास के लिए संदर्भ-आधारित समाधान विकसित करना, (iii) नवीन समाधानों को प्रोत्साहित करने के लिए ग्रीनफील्ड परियोजनाओं के लिए गुंजाइश प्रदान करना और (iv) यदि आवश्यक हो तो पूरक निधि देकर समन्वित कार्रवाई को सुदृढ़ करना है।

इस योजना के तहत चाइल्ड हेल्पलाइन (1098) के माध्यम से कठिन परिस्थितियों में फंसे बच्चों के लिए आपातकालीन सहायता सेवाएं (24x7) भी उपलब्ध कराई जाती हैं।

पिछले तीन वर्षों के दौरान मंत्रालय की योजनाओं के अंतर्गत जारी की गई निधि का राज्य-वार एवं वर्ष-वार ब्यौरा **विवरण-I** में दिया गया है।

मंत्रालय की योजनाओं के अंतर्गत शामिल लाभार्थियों का ब्यौरा **विवरण-II** में दिया गया है। मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत पोषण सेवा प्रदायगी को सुदृढ़ करने तथा प्रारंभिक बाल्यावस्था देखभाल एवं शिक्षा (ईसीसीई) को बढ़ावा देने हेतु 2 लाख आंगनवाड़ी केंद्रों (एडब्ल्यूसी) को 40,000 आंगनवाड़ी केंद्र प्रति वर्ष की दर से सक्षम आंगनवाड़ी के रूप में उन्नत करने का विचार है। सक्षम आंगनवाड़ियाँ पारंपरिक आंगनवाड़ी केंद्रों की तुलना में उन्नत अवसंरचना से सुसज्जित हैं, जिनमें एलईडी स्क्रीन, जल शोधक/आरओ मशीन, पोषण वाटिका, ईसीसीई किट तथा बाला 'बिल्डिंग एज़ लर्निंग एड' पेंटिंग जैसी सुविधाएँ उपलब्ध हैं। अब तक, 34 राज्यों/संघ राज्य क्षेत्रों में उन्नयन हेतु कुल 2 लाख आंगनवाड़ी केंद्र स्वीकृत किए गए हैं, जिनमें से 1,23,532 आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी के रूप में उन्नत किया जा चुका है। इसमें तीन अनुमोदित घटकों का प्रावधान शामिल है, जिनमें एलईडी स्क्रीन एक प्रमुख घटक है। सक्षम आंगनवाड़ी के रूप में उन्नयन हेतु राज्य-वार स्वीकृत आंगनवाड़ी केंद्रों का दिनांक 16 जुलाई 2026 तक ब्यौरा **विवरण-III** में दिया गया है।

इसके अतिरिक्त, राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 की अनुसूची-II में उल्लिखित

पोषण मानदंडों के अनुसार बच्चों (6 माह से 6 वर्ष तक), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण दिया जाता है। इन मानदंडों में जनवरी 2023 में संशोधन किया गया है। पुराने मानदंड ज़्यादातर कैलोरी-आधारित थे; जबकि संशोधित मानदंड, आहार विविधता के सिद्धांतों पर आधारित हैं और पूरक पोषण की मात्रा और गुणवत्ता दोनों के संदर्भ में अधिक व्यापक और संतुलित हैं जिनमें गुणवत्ता वाले प्रोटीन, लाभदायक वसा और सूक्ष्म पोषक तत्व (कैल्शियम, जिंक, आयरन, आहार फोलेट, विटामिन ए, विटामिन-बी 6 और विटामिन बी-12) का प्रावधान है। राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 (एनएफएसए) के अनुसार, गंभीर रूप से कुपोषित (एसएएम) बच्चों को अतिरिक्त पूरक पोषण प्रदान किया जाता है।

आहार-विविधता को प्रोत्साहित करने तथा संपूर्ण स्थानीय खाद्य पदार्थों के उपभोग को बढ़ावा देने के उद्देश्य से आंगनवाड़ी केंद्रों में पोषण वाटिका तैयार की गई हैं। पोषण वाटिकाएं वर्ष-भर विभिन्न प्रकार के फल, मेवे, जड़ी-बूटी, औषधीय पौधे एवं सब्जियां उपलब्ध कराकर आहार-विविधता संबंधी उस महत्वपूर्ण कमी को पूरा करने में सहायक हैं, जिसे विभिन्न सर्वेक्षणों में बार-बार बताया गया है। पोषण वाटिका की अवधारणा को कार्यान्वित करने का मुख्य उद्देश्य समुदाय के सदस्यों को अपने घरों के पीछे (बैकयार्ड में) स्थानीय खाद्य फसलें उगाने के लिए प्रोत्साहित करना है।

इसके अलावा,महिला एवं बाल विकास मंत्रालय और स्वास्थ्य और परिवार कल्याण मंत्रालय ने बच्चों में गंभीर तीव्र कुपोषण को रोकने एवं उसका उपचार करने तथा इससे जुड़ी बीमारियों और मृत्यु दर को कम करने के लिए कुपोषण के सामुदायिक प्रबंधन हेतु संयुक्त रूप से प्रोटोकॉल जारी किया है। इस समुदाय-आधारित अवधारणा में, समुदाय में गंभीर तीव्र कुपोषण से पीड़ित बच्चों की समय पर पहचान और स्क्रीनिंग करना शामिल है। जिन बच्चों में कोई चिकित्सीय जटिलताएँ नहीं होतीं, उनका प्रबंधन घर पर ही पौष्टिक, स्थानीय भोजन और सहायक चिकित्सीय देखरेख के माध्यम से किया जाता है। उक्त प्रोटोकॉल में 6 महीने से 6 वर्ष तक की आयु के उन बच्चों के लिए 'भूख परीक्षण' और स्क्रीनिंग प्रक्रिया शामिल है, जो गंभीर तीव्र कुपोषण या गंभीर

रूप से अल्प वज़न के हैं। स्क्रीनिंग के बाद, ऐसे बच्चों को आगे की देखरेख के लिए 'पोषण पुनर्वास केंद्रों' या अस्पतालों में भेजा जाता है।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत प्रमुख गतिविधियों में से एक है सामुदायिक जुटाव और जागरूकता का प्रसार करना, जिसका उद्देश्य लोगों को पोषण संबंधी पहलुओं पर शिक्षित करना है, क्योंकि पोषण की अच्छी आदत को अपनाने के लिए व्यवहार परिवर्तन हेतु 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 आंदोलन के तहत नियमित रूप से संवेदीकरण क्रियाकलाप कर रहे हैं और उनकी रिपोर्टिंग कर रहे हैं। समुदाय आधारित कार्यक्रमों (सीबीई) ने पोषण तौर-तरीकों को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में कार्य किया है तथा सभी आंगनवाड़ी कार्यकर्त्रियों को हर महीने समुदाय आधारित दो कार्यक्रम आयोजित करने अपेक्षित हैं। वर्ष 2018 से जून 2026 तक कुल 10.8 करोड़ सीबीई आयोजित किए गए हैं। वर्ष 2018 से अब तक 15 जन आंदोलनों के माध्यम से 150 करोड़ से अधिक जन आंदोलन गतिविधियां संचालित की गई हैं।

'पोषण ट्रैकर' एप्लिकेशन को 1 मार्च 2021 को एक महत्वपूर्ण निगरानी उपकरण के रूप में शुरू किया गया था। पोषण ट्रैकर सभी आंगनवाड़ी केन्द्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निर्धारित संकेतकों के आधार पर निगरानी और ट्रैकिंग की सुविधा प्रदान करता है। पोषण ट्रैकर के तहत प्रोधोगिकी का उपयोग बच्चों में बौनापन, दुबलापन और अल्प-वजन के प्रचलन की निरंतर पहचान के लिए किया जा रहा है। इसने आंगनवाड़ी सेवाओं जैसे आंगनवाड़ी केंद्रों को समय पर खोलना, दैनिक उपस्थिति, प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा, बच्चों की शारीरिक वृद्धि निगरानी, गर्म पका हुआ भोजन/ टेक होम राशन, विकास मापन आदि के लगभग तत्समय(रियल टाइम) डेटा संग्रह को सुगम बनाया है। अंतिम लाभार्थी तक सेवा प्रदायगी का पता लगाने 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 इच्छित लाभार्थी को ही मिले। पोषण ट्रैकर में नामित व्यक्ति मॉड्यूल शुरू किया गया है ताकि लाभार्थियों यथा 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।

विवरण-I

पिछले तीन वर्षों के दौरान मंत्रालय की योजनाओं के तहत जारी की गई निधि का राज्य-वार और वर्ष-वार ब्यौरा

I. मिशन सक्षम आंगनवाड़ी और पोषण 2.0

(करोड़ रुपए)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	2023-24	2024-25	2025-26
1	अंडमान व नोकोबार द्वीप समूह	12.15	9.63	8.1
2	आंध्र प्रदेश	705.68	645.73	759.76
3	अरुणाचल प्रदेश	162.06	102.61	118.5
4	असम	2233.31	2482.34	1548.67
5	बिहार	1859.29	2262.92	905.43
6	चंडीगढ़	19.79	14.56	9.87
7	छत्तीसगढ़	579.46	733.3	518.22
8	दादरा और नगर हवेली एवं दमन और दीव	11.97	9.13	5.92
9	दिल्ली	161.81	160.41	150.21
10	गोवा	13.95	13.44	19.74
11	गुजरात	1126.8	601.32	699.13
12	हरियाणा	225.78	232.69	67.12
13	हिमाचल प्रदेश	301.09	313.07	328.59
14	जम्मू एवं कश्मीर	530.88	662.79	401.62
15	झारखंड	664.3	496.95	429.26

16	कर्नाटक	912.96	886.85	863.64
17	केरल	306.64	435.74	283.81
18	लद्दाख	19.62	18.89	16.41
19	लक्षद्वीप	2.88	1.35	0.82
20	मध्य प्रदेश	1123.11	1144.54	937.45
21	महाराष्ट्र	1699.52	1368.84	1405.45
22	मणिपुर	201.28	342.87	199.99
23	मेघालय	269.69	137.93	182.04
24	मिजोरम	100.27	55.29	52.69
25	नागालैंड	262.91	147.01	146.29
26	ओडिशा	968.8	948.16	911.27
27	पुद्दुचेरी	4.48	3.68	4.02
28	पंजाब	307.87	265.48	190.73
29	राजस्थान	1091.96	741.85	843.51
30	सिक्किम	33.49	18.07	18.21
31	तमिलनाडु	880.79	638.47	636.6
32	तेलंगाना	507.87	430.76	209.2
33	त्रिपुरा	244.22	153.41	154.73
34	प्रदेश	2668.69	2694.62	2145.42
35	उत्तराखंड	288.24	216.33	271.05
36	पश्चिम बंगाल	1237.56	1513.8	1333.9

II. मिशन वात्सल्य

(करोड़ रुपए)

क्र.सं.	**राज्य/संघ राज्य क्षेत्र का नाम**	**2023-24**	**2024-25**	**2025-26**
1	आंध्र प्रदेश	25.01	44.03	38.72
2	अरुणाचल प्रदेश	24.35	5.32	7.74
3	असम	59.66	31.39	29.61
4	बिहार	65.18	53.35	51.95
5	छत्तीसगढ़	44.66	39.10	28.79
6	गोवा	0.00	5.14	3.07
7	गुजरात	47.10	19.50	2.49

8	हरियाणा	16.17	6.40	7.85
9	हिमाचल प्रदेश	21.15	37.68	22.56
10	जम्मू एवं कश्मीर	43.64	44.75	33.79
11	झारखंड	37.66	18.73	31.64
12	कर्नाटक	90.94	86.48	45.48
13	केरल	22.27	12.03	13.80
14	मध्य प्रदेश	60.85	117.24	61.82
15	महाराष्ट्र	95.38	144.97	78.90
16	मणिपुर	29.24	68.15	34.36
17	मेघालय	31.28	22.30	42.75
18	मिजोरम	53.09	37.06	33.65
19	नागालैंड	29.28	33.92	25.66
20	ओडिशा	60.28	68.83	51.92
21	पंजाब	15.44	14.76	13.94
22	राजस्थान	42.84	74.98	30.43
23	सिक्किम	5.80	16.21	8.51
24	तमिलनाडु	128.70	122.82	89.14
25	तेलंगाना	39.98	36.97	27.26
26	त्रिपुरा	32.09	19.23	18.11
27	प्रदेश	103.57	92.05	107.15
28	उत्तराखंड	32.63	14.49	20.14
29	पश्चिम बंगाल	57.42	70.18	47.50
30	अंडमान और निकोबार द्वीप	2.68	3.13	3.60
31	चंडीगढ़	5.83	7.63	4.90
32	दादरा और नगर हवेली एवं दमन और दीव	3.19	9.91	2.89
33	दिल्ली	3.89	7.62	6.63
34	लक्षद्वीप	0.36	0.00	0.09
35	लद्दाख	4.39	3.81	3.20
36	पुद्दुचेरी	5.67	4.17	3.21

III. मिशन शक्ति

(करोड़ रुपए)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	2023-24	2024-25	2025-26
1	अंडमान एवं निकोबार द्वीप समूह	3.04	0.88	1.70
2	आंध्र प्रदेश	76.56	50.50	47.73
3	अरुणाचल प्रदेश	9.03	12.17	11.11
4	असम	204.96	98.64	39.07
5	बिहार	1.58	151.29	218.22
6	चंडीगढ़	5.32	4.96	6.16
7	छत्तीसगढ़	30.40	79.56	94.72
8	दादरा और नगर हवेली एवं दमन और दीव	2.31	5.26	2.64
9	दिल्ली	31.45	25.80	8.77
10	गोवा	0.94	2.68	2.06
11	गुजरात	97.94	82.39	72.30
12	हरियाणा	11.71	38.78	33.52
13	हिमाचल प्रदेश	19.85	31.98	27.30
14	जम्मू और कश्मीर	58.40	58.88	34.27
15	झारखंड	13.66	39.51	56.77
16	कर्नाटक	144.85	174.93	85.62
17	केरल	69.17	11.15	77.66
18	लद्दाख-यूटी	1.87	1.93	2.28
19	लक्षद्वीप	0.69	0.27	0.50
20	मध्य प्रदेश	136.15	279.83	131.73
21	महाराष्ट्र	30.32	154.62	160.88
22	मणिपुर	40.65	26.23	27.84
23	मेघालय	7.58	10.25	21.91
24	मिजोरम	14.44	19.59	22.55
25	नागालैंड	18.63	26.56	12.10
26	ओडिशा	13.85	57.10	40.84
27	पुद्दुचेरी	1.37	2.30	3.10
28	पंजाब	42.89	38.05	38.43
29	राजस्थान	144.17	106.43	115.84

क्र.सं.	राज्य/संघ राज्य क्षेत्र	2023-24	2024-25	2025-26
30	सिक्किम	5.14	2.90	5.82
31	तमिलनाडु	44.48	124.85	159.36
32	तेलंगाना	22.12	16.04	26.31
33	त्रिपुरा	14.53	13.59	16.51
34	प्रदेश	40.02	34.81	34.39
35	उत्तराखंड	41.80	28.07	49.11
36	पश्चिम बंगाल	7.20	6.42	7.92

विवरण-II

मंत्रालय की योजनाओं के तहत शामिल लाभार्थियों का ब्यौरा

मिशन	योजना	वर्ग	लाभार्थियों की संख्या
मिशन सक्षम आंगनवाड़ी एवंम पोषण 2.0 (30.06.2026 तक)		गर्भवती महिलाएं	61,98,879
		स्तनपान कराने वाली माताएं	45,64,413
		बच्चे (0-6 वर्ष)	7,72,54,990
		किशोरियां	15,81,540
मिशन वात्सल्य (वित्तीय वर्ष 2025-26)		संस्थागत देखभाल के तहत लाभार्थी	80,511
		गैर-संस्थागत देखभाल के तहत लाभार्थी	1,70,598
मिशन शक्ति	वन स्टॉप सेंटर (30.06.2026 तक)	सहायता प्राप्त महिलाएं	15,80,000
	महिला हेल्पलाइन (30.06.2026 तक)	सहायता प्राप्त महिलाएं	1,04,00,000
	प्रधानमंत्री मातृ वंदना योजना (20.07.2026 तक)	भुगतान प्राप्त लाभार्थी	4,54,00,000
	शक्ति सदन (वित्त वर्ष 2025-26)	शक्ति सदन में लाभार्थी	42,822
	सखी निवास (वित्त वर्ष 2025-26)	सखी निवास में लाभार्थी	56,815

	पालना (20.07.2026 तक)	क्रेच में लाभार्थी	43000
	संकल्प: एचईडब्ल्यू(15.07.2026 तक)	महिला लाभार्थी	2,78,620

<u>विवरण-III</u>

सक्षम आंगनवाड़ियों में उन्नयन के लिए अनुमोदित आंगनवाड़ी केंद्रों का राज्य-वार ब्यौरा (16 जुलाई 2026 तक)

राज्य एवं संघ राज्य क्षेत्र	वित्त वर्ष 2022-23 के दौरान स्वीकृत	वित्त वर्ष 2023-24 के दौरान स्वीकृत	वित्त वर्ष 2024-25 के दौरान स्वीकृत	कुल स्वीकृत
अंडमान और निकोबार द्वीप समूह	0	86	54	140
आंध्र प्रदेश	1,105	1,763	7,090	9,958
अरुणाचल प्रदेश	100	0	52	152
असम	3,963	815	629	5,407
बिहार	3,566	3,550	4,413	11,529
चंडीगढ़	0	0	69	69
छत्तीसगढ़	4,750	1,740	5,000	11,490
गोवा	0	24	0	24
गुजरात	1,250	0	11,897	13,147
हरियाणा	10	0	2,794	2,804
हिमाचल प्रदेश	100	25	905	1,030
जम्मू एवं कश्मीर	86	50	202	338
झारखंड	6,850	0	9,925	16,775
कर्नाटक	100	178	17,454	17,732
केरल	250	1,710	2,192	4,152
लद्दाख	0	0	14	14
लक्षद्वीप	0	0	18	18
मध्य प्रदेश	2,220	9,486	12,956	24,662

महाराष्ट्र	1,150	589	13,006	14,745
मणिपुर	30	0	0	30
मेघालय	100	8	13	121
मिजोरम	100	988	512	1,600
नागालैंड	100	49	0	149
ओडिशा	6,000	1,084	5,056	12,140
पुद्दुचेरी	0	65	70	135
पंजाब	100	0	253	353
राजस्थान	213	340	2,961	3,514
सिक्किम	100	335	0	435
तमिलनाडु	800	5,590	5,582	11,972
तेलंगाना	500	3,529	979	5,008
त्रिपुरा	200	245	29	474
प्रदेश	2,349	17,845	3,503	23,697
उत्तराखंड	350	213	264	827
पश्चिम बंगाल	4,750	609	0	5,359
कुल	**41192**	**50916**	**107892**	**200000**

PREVALENCE OF JAPANESE ENCEPHALITIS

1019: DR. SHASHI THAROOR:

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

(a) whether the Government has undertaken any recent assessment of the prevalence of Japanese Encephalitis across the country, if so, the details thereof including the identification of high-risk States and districts, State/districts-wise;

(b) whether the Government has evaluated the effectiveness of large-scale Japanese Encephalitis vaccination campaigns, including the recent campaign undertaken in Malappuram district, Kerala, if so, the details and key findings

thereof;

(c) whether the Government maintains data on the incidence, mortality and vaccination coverage relating to Japanese Encephalitis, if so, the details thereof, State/UT-wise and district- wise;

(d) whether the Government has identified gaps in surveillance, early detection and vaccination coverage in high-risk areas, if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government to strengthen surveillance, expand vaccination coverage and improve preparedness to prevent outbreaks of Japanese Encephalitis?

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): Public Health is a State Subject and the responsibility for strengthening of healthcare system lies with respective State/Union Territory Governments. However, under National Health Mission (NHM), Ministry of Health and Family Welfare, Government of India provides financial and technical support to the States/UTs including Kerala in an integrated manner for control of Vector Borne Diseases including Japanese Encephalitis (JE) control activities, based on the Programme Implementation Plans (PIPs) submitted by the States/UTs within their overall resource envelope.

The Ministry of Health and Family Welfare, Directorate General of Health Services and National Center for Vector Borne Diseases Control (NCVBDC) are regularly monitoring the prevalence of Japanese Encephalitis

in the country including Malappuram district, Kerala, through regular reviews and reports submitted by the States/UTs and through field visits.

NCVBDC under Ministry of Health and Family Welfare maintains surveillance data on Japanese Encephalitis (JE) cases. Japanese Encephalitis (JE) is endemic in 357 districts of 24 States/UTs. As reported by respective State/UTs, the State/UT wise incidence, mortality and vaccination coverage data is attached at **Statement-I.**

The following measures and initiatives have been undertaken for prevention and control of Japanese Encephalitis (JE) in the country including Kerala:

i. Disease Management involving early case detection, strengthening of referral services, epidemic preparedness and rapid response.
ii. Vector control includes fogging in selected high-risk areas, minor environmental engineering and source reduction for prevention of breeding and minor environmental engineering and source reduction for prevention of breeding.
iii. Inter-Sectoral Convergence including high-level advocacy with allied ministries, Human Resource Development through capacity building and policy development.
iv. Supportive Interventions aiming at Information Education and Communication (IEC) and Behaviour Change Communication (BCC) and dissemination of public health messages through various media platforms including social media, radio, newspapers, and electronic

media.

v. States are trained to enter the data on Integrated Health Information Portal-Vector Borne Diseases (IHIP-VBD) portal including JE surveillance for real time monitoring,

vi. Provided Technical Guidelines for case management, prevention and control to the States for implementation.

vii. For surveillance and free diagnosis of JE, a network of 178 Sentinel Surveillance Hospitals (SSHs) and 15 Apex Referral laboratories (ARLs) identified across the country. GoI provides IgM test kits to all identified laboratories through National Institute of Virology (NIV), Pune.

viii. Capacity building and training of trainers, community leaders, and frontline workers to enhance outreach at the grassroots level.

ix. Advisories are regularly issued to States and Union Territories to continue promotive, preventive, and curative measures, including outbreak containment.

JE is endemic in Malappuram district of Kerala and State of Kerala has informed that the vaccination campaign has been started in Malappuram district from January, 2026. The details of vaccination coverage in different Blocks of Malappuram district is attached at **Statement-II.**

STATEMENT-I

State/UT wise incidence, mortality and vaccination coverage data of JE

Sl. No.	Endemic States/ UTs	2025		Vaccination coverage under Routine Immunization (%)	
		Cases	Deaths	JE-1	JE-2
1.	Assam	423	79	78.9	71.4
2.	Meghalaya	70	5	86.2	79.2
3.	Chhattisgarh	69	2	105.9	102.4
4.	Tamil Nadu	65	0	91.3	85.5
5.	Uttar Pradesh	63	2	96.8	86.9
6.	Madhya Pradesh	48	0	91.1	77.5
7.	West Bengal	40	7	93.5	87.3
8.	Jharkhand	37	0	93.1	86.9
9.	Karnataka	31	1	108.6	105.2
10.	Bihar	28	5	99.6	94.3
11.	Manipur	21	2	95.0	88.8
12.	Tripura	20	0	95.7	91.3
13.	Nagaland	19	3	81.8	70.3
14.	Odisha	18	0	97.8	94.3
15.	Arunachal Pradesh	10	2	109.9	101.8
16.	Maharashtra	7	1	87.2	71.4
17.	Kerala	3	1	114.1	120.2
18.	Andhra Pradesh	2	0	91.4	84.5
19.	Punjab	1	0	0	0
20.	Goa	0	0	109.6	104.7
21.	Haryana	0	0	101.7	94.1
22.	Telangana	0	0	126.4	116.7
23.	Uttarakhand	0	0	77.0	71.9
24.	Delhi	0	0	0	0
Grand Total		975	110		

STATEMENT-II

Coverage in different Blocks of Malappuram district

Sr. No.	Block	Vaccination Coverage under Routine Immunization (%)
1.	Chungathara	15
2.	Edappal	20
3.	Edavanna	9
4.	Kalikavu	9
5.	Mankada	8
6.	Maranchery	13
7.	Mankeri	13
8.	Melattur	12
9.	Pallikkal	16
10.	Peruvallur	12
11.	Pookkottur	8
12.	Thirurvali	13
13.	Valavannur	8
14.	Vengara	12
15.	Vettom	12

महाराष्ट्र में मेडिकल स्टाफ़ और उपकरणों की कमी

1020.श्री निलेश ज्ञानदेव लंके:

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

(क) क्या यह सच है कि देशभर में प्रधान मंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत आने वाले संस्थानों सहित सरकारी अस्पतालों और मेडिकल कॉलेजों में डॉक्टरों, नर्सों और आवश्यक मेडिकल उपकरणों की कमी है;

(ख) यदि हाँ, तो महाराष्ट्र राज्य में स्थित ऐसे संस्थानों में रिक्त पदों की वर्तमान स्थिति क्या है;

(ग) पिछले तीन वर्षों के दौरान महाराष्ट्र राज्य में तृतीयक स्वास्थ्य देखरेख सेवा अवसंरचना को सुदृढ़ करने के लिए जारी की गई निधियों का ब्यौरा क्या है; और

(घ) सरकार द्वारा उक्त राज्य के शहरों में अच्छी गुणवत्ता और किफायती स्वास्थ्य देखरेख सेवाओं

की उपलब्धता सुनिश्चित करने के लिए उठाए गए प्रभावी कदम क्या हैं?

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

(क) से (घ): 'जन स्वास्थ्य' एवं 'अस्पताल' राज्य के विषय हैं। देश के विभिन्न जन स्वास्थ्य सुविधाकेंद्रों में चिकित्सकों, स्पेशलिस्ट, नर्सों तथा पैरामेडिकल स्टाफ की उपलब्धता सुनिश्चित करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की होती है।

महाराष्ट्र सहित पूरे देश के सरकारी अस्पतालों एवं स्वास्थ्य परिचर्या सुविधाकेंद्रों में चिकित्सकों, नर्सों तथा स्पेशलिस्ट और उनके रिक्त पदों का विवरण हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई) 2023-24 के निम्नलिखित लिंक पर देखा जा सकता हैः

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

एम्स, नागपुर में स्वीकृत, भरे हुए एवं रिक्त पदों का ब्यौरा निम्नानुसार है :

	संकाय की स्थिति		**गैर-संकाय की स्थिति *(सीनियर रेजिडेंट/जूनियर रेजिडेंट/नर्स सहित)***		
स्वीकृत	तैनात	रिक्त	स्वीकृत	तैनात	रिक्त
373	282	91	2107	1619	488

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) महाराष्ट्र सहित देशभर में, स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधा केंद्रों में मानव संसाधनों तथा गुणवत्तापूर्ण स्वास्थ्य सेवाओं की पहुंच एवं उपलब्धता में सुधार के लिए सहायता प्रदान करता है। राज्यों/संघ राज्य क्षेत्रों को एनएचएम के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य प्रणाली को सुदृढ़ करने हेतु तकनीकी एवं वित्तीय सहायता प्रदान की जाती है। उपलब्ध संसाधनों एवं मानकों के अनुसार इन प्रस्तावों को कार्यवाही के रिकॉर्ड (आरओपी) के रूप में अनुमोदन प्रदान किया जाता है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत महाराष्ट्र राज्य को वित्त वर्ष 2023-24 से 2025-26 के दौरान किए गए केंद्रीय निर्गत का विवरण निम्नानुसार हैः

(करोड़ रुपये में)

वित्त वर्ष	केंद्रीय निर्गत
2023-24	2,729.30
2024-25	2,417.95
2025-26	2,496.32

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत वित्त वर्ष 2021-22 से 2025-26 के लिए महाराष्ट्र राज्य हेतु कुल 1,086.44 करोड़ रुपये स्वीकृत किए गए हैं।

पंद्रहवें वित्त आयोग (एफसी-XV) के अंतर्गत वित्त वर्ष 2021-22 से 2025-26 की अवधि के लिए महाराष्ट्र राज्य को स्वास्थ्य अनुदान के रूप में कुल 7,063.60 करोड़ रुपये स्वीकृत किए गए हैं।

एनपी-एनसीडी के अंतर्गत 'विशिष्ट कैंसर परिचर्या केंद्र (टीसीसीसी) सुविधाओं को सुदृढ़ीकरण' योजना के तहत, देश के विभिन्न हिस्सों में राज्य कैंसर संस्थानों (एससीआई) और विशिष्ट परिचर्या कैंसर केंद्रों (टीसीसीसी) की स्थापना के लिए राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता प्रदान की जाती है। महाराष्ट्र राज्य में, विशिष्ट स्वास्थ्य देखभाल अवसंरचना को सुदृढ़ करने के लिए योजना के तहत तीन संस्थानों को अनुमोदित किया गया है, जिसमें दो टीसीसीसी और एक एससीआई शामिल हैं। वित्त वर्ष 2023-24 के दौरान, दो अनुमोदित टीसीसीसी को क्रमशः 6.8186 करोड़ रुपये और 6.7415 करोड़ रुपये की वित्तीय सहायता जारी की गई।

राष्ट्रीय वृद्ध जन स्वास्थ्य देखभाल कार्यक्रम (एनपीएचसीआई) के तहत, वित्त वर्ष 2024-2025 के दौरान जीएमसी एंड जे.जे. अस्पताल, मुंबई को 1.41 करोड़ रुपये की राशि जारी की गई थी।

देश भर में कुल 1.86 लाख आयुष्मान आरोग्य मंदिर (एएएम) कार्यशील हैं, जिसमें महाराष्ट्र में 13,457 शामिल हैं। सभी कार्यशील एएएम में टेलीकंसल्टेशन सेवाएं उपलब्ध हैं, जो लोगों के घरों के निकट स्पेशलिस्ट स्वास्थ्य परिचर्या सेवा तक पहुंच को सुविधाजनक बनाती हैं, और दिनांक 30.06.2026 तक देश भर में 46.90 करोड़ टेलीकंसल्टेशन किए गए हैं। इसके अतिरिक्त, राष्ट्रीय एम्बुलेंस सेवा के तहत, एनएचएम महाराष्ट्र सहित पूरे देश में विभिन्न श्रेणियों की 28,472 एम्बुलेंस और आपातकालीन प्रतिक्रिया वाहनों को सपोर्ट प्रदान करती है, ताकि रोगियों, विशेष रूप से गर्भवती महिलाओं और बीमार शिशुओं को जन स्वास्थ्य सुविधा केंद्रों तक समय पर पहुँचाया जा सके।

इसके अतिरिक्त, मंत्रालय ने विभिन्न केंद्र प्रायोजित योजनाओं (सीएसएस) के माध्यम से देश में चिकित्सकों/चिकित्सा पेशेवरों की कमी के समाधान लिए जिला/रेफरल अस्पताल को उन्नत करके नए मेडिकल कॉलेज की स्थापना, एमबीबीएस और पीजी सीटों की संख्या बढ़ाकर मौजूदा राज्य सरकार/केंद्रीय सरकार मेडिकल कॉलेजों को सुदृढ़ीकरण/उन्नयन, सुपर स्पेशलिटी ब्लॉकों के विनिर्माण द्वारा सरकारी मेडिकल कॉलेजों का उन्नयन, और देश भर में नए एम्स की स्थापना जैसे कदम उठाए हैं।

DOMESTIC PRODUCTION OF FERTILIZERS

1021. SHRI SHYAMKUMAR DAULAT BARVE:

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

(a) whether the ongoing war between the US and Iran has impacted the import of Crude Oil, Liquefied Natural Gas, and Feedstock supplies necessary for domestic petrochemical and fertilizer production;

(b) if so, the details thereof regarding the actual domestic production of major chemical fertilizers during the last five years and the specific production figures

recorded so far in 2026, year-wise; and

(c) the current gap between the actual national demand and total imports of fertilizers in 2026, alongside the strategic measures being undertaken by the Government to diversify import channels and secure the domestic supply buffer for the upcoming cropping seasons?

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

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

To mitigate the global disruptions and ensure uninterrupted supply of fertilizers, Long Term Agreements (LTA) have been finalized between Indian fertilizer companies and Saudi Arabian companies for the annual supply of about **31 LMT** of DAP to India. Similarly, Indian fertilizer companies have entered into agreements with Russian suppliers for the import of about 26.50 LMT of DAP/NPK fertilizers in this year. Moreover for supply of MOP, Indian companies have finalized agreements for 4.80 LMT in this year from Russia, Germany and Turkmenistan.

The details of domestic and imported Natural gas consumption and details of Import of Crude Oil is at **Statement-I**. Further, the details of major

chemical fertilizers produced in the country during the last five years and the imports of Urea, DAP, MOP, NPK for the year 2025-26 is at **Statement-II.**

Also, following measures are taken by the Government every season for ensuring timely, adequate and uninterrupted supply of fertilizers in the country:

i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise 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. Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.
v. The distribution of fertilizers within the State is done by the respective State Government.

Accordingly, the availability of fertilizers has remained adequate in the country during the last five year i.e 2021-22, 2022-23, 2023-24, 2024-25, and 2025-26. The information regarding requirement, availability and sales of fertilizers in the country during the said period is placed at **Statement-III.**

STATEMENT-I

Details of Domestic and Imported Natural Gas Consumption

Consumption of natural Gas in fertilizer Sector (in MMSCM)			
Financial Year	**Domestic**	**RLNG**	**Total**
FY 2025-26	2887	16762	19649
FY 2026-27(April-May 2026) (P)	428	2562	2990
Consumption of natural Gas in Petrochemical Sector (in MMSCM)			
Financial Year	Domestic	RLNG	Total
FY 2025-26	1854	2045	3899
FY 2026-27(April-May 2026) (P)	134	199	333
Source: - Oil and Gas companies reporting to PPAC, P-Provisional			

Details of Import of Crude Oil

Crude oil import details (pre and post-war) is as below:		
	Month	**Crude oil import (TMT)**
Pre-war	Monthly Average of April-Feb 2025-26	20580
Post-war	Mar-26	19389
	Apr-26	18468
	May-26	22421
	Jun-26	19592
	Source: Major Oil Companies, Data is Provisional	

STATEMENT-II

Details of Production of Major Chemical Fertilizers

YEAR-WISE PRODUCTION OF MAJOR FERTILIZERS								
Production (Fig. in LMT)								
YEAR	Urea	A/S	DAP	Complex	SSP	TSP	PDM 0-0-14.5-0	Total Fertilizers
2021-22	250.72	6.40	42.22	83.27	53.34	--	--	435.95
2022-23	284.94	7.45	43.47	92.95	56.44	0.04	--	485.29
2023-24	314.09	6.37	42.93	95.48	44.44	0.04	--	503.35
2024-25	306.67	7.77	37.69	113.28	52.44	0.03	0.01	517.90
2025-26	293.26	8.36	39.01	120.01	56.72	0.13	0.24	517.74
2026-27 (Upto June, 2026)	71.55	1.57	9.84	19.20	13.50	0.06	0.01	115.72
Source : dbtfert.nic.in								

Details of Imports of Urea, DAP, MOP and NPK

Import of Fertilizers (Urea, DAP, MOP and NPK)				
Qty in LMT				
Year	Urea	As Reported by the Companies		
		DAP	MOP	NPK
2025-26	103.50	61.94	29.00	37.08
2026 (upto June 2026)	25.08	7.11	6.09	4.91
MOP includes both Agriculture and Industrial Use				

STATEMENT-III

ALL INDIA

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING 2021-22 to 2025-26

Fig. in LMT

S.No	YEAR	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	2025-26	381.45	450.79	396.60	110.42	121.72	100.80	26.82	30.58	22.56	158.49	198.97	150.37
2	2024-25	364.01	443.83	387.92	111.92	105.14	96.29	22.21	30.85	22.02	151.29	183.98	149.72
3	2023-24	356.08	437.47	357.81	110.18	127.42	109.73	27.62	22.74	16.45	126.31	156.51	116.80
4	2022-23	359.19	415.82	357.26	114.20	130.93	105.31	34.17	19.55	16.32	120.69	138.15	107.31
6	2021-22	356.53	389.68	341.73	123.90	100.49	92.64	37.10	27.06	23.93	122.74	135.74	121.37

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

ERADICATION OF CHRONIC ENDEMIC AND VECTOR-BORNE DISEASES

1022. SHRI A. MANI:

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

(a) whether the Government has identified Dharmapuri district, Tamil Nadu, as requiring targeted interventions for the prevention, control and eradication of chronic endemic and vector-borne diseases, including tuberculosis, dengue, malaria and other region-specific communicable diseases, if so, the details thereof;

(b) whether any district-specific health action plan has been prepared for Dharmapuri to strengthen disease surveillance, early diagnosis, laboratory infrastructure, awareness campaign and timely treatment, if so, the details thereof;

(c) whether the Government has reviewed the effectiveness of the ongoing disease control programmes in Dharmapuri and identified gaps in healthcare infrastructure, manpower and public health outreach, if so, the details thereof; and

(d) the measures taken/proposed by the Government along with the fixed timeline to reduce the burden of chronic endemic diseases and improve public health outcomes in Dharmapuri district?

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

(a) to (d): Public Health is a State Subject and the responsibility for strengthening of healthcare system lies with respective State/Union Territory Governments. However, under National Health Mission (NHM), Ministry of Health and Family Welfare, Government of India provides financial and technical support to the States/UTs including Tamil Nadu in an integrated manner for prevention, control and eradication of chronic endemic and vector-borne diseases, including Tuberculosis, Dengue, Malaria, Leprosy and other region-specific communicable diseases, based on the Programme Implementation Plans (PIPs) submitted by the States/UTs within their overall resource envelope.

The Government has implemented TB Mukt Bharat Abhiyan (National TB Elimination Programme), under the aegis of National Health Mission (NHM) across all districts of the country, including Dharmapuri district of Tamil Nadu, with the following objectives:

- Early diagnosis of TB patients, prompt treatment with quality assured drugs and treatment regimens.
- Private sector engagement to support patients seeking care in the private sector.
- TB prevention strategies through contact tracing and TB preventive treatment.
- Airborne infection control.
- Multi-sectoral response for addressing social determinants.

The details of measures taken by GoI to address TB in all districts of the Country including Dharmapuri district of Tamil Nadu is as under:

- Targeted interventions in high TB burden areas through State and district specific strategic plans
- Provision of free drugs and diagnostics to TB patients
- Active TB case finding campaigns in key vulnerable populations and congregate settings
- Decentralized TB screening and treatment services to the level of Ayushman Arogya Mandir
- Private sector engagement with incentives for notification and reporting of treatment outcomes
- Scale up of molecular diagnostic laboratories to sub-district levels
- Intensified Information, Education and Communication (IEC) campaigns to reduce stigma, enhance community awareness and improve health seeking behaviour
- Provision of TB Preventive Treatment to contacts of TB patients and eligible vulnerable population
- Tracking notified TB cases through Ni-kshay portal

The National Center for Vector Borne Diseases Control (NCVBDC) under the Ministry of Health and Family Welfare administers an umbrella programme, namely, National Vector Borne Diseases Control Programme

(NVBDCP) for prevention and control of vector borne diseases including Dengue and Malaria. Dharmapuri district is not endemic for Lymphatic Filariasis, Kala azar and Japanese Encephalitis.

The Government of India (GoI) has taken the following measures and initiatives for prevention and control of vector borne diseases in the country including Tamil Nadu:

- Disease Management involving early case detection with active, passive and sentinel surveillance followed by complete and effective treatment, strengthening of referral services, epidemic preparedness and rapid response.
- Integrated Vector Management including Indoor Residual Spray in selected high-risk areas, Bed Nets in high malaria endemic areas, use of larvivorous fish, anti-larval measures in urban areas including bio-larvicides and minor environmental engineering and source reduction for prevention of breeding.
- Inter-Sectoral Convergence including high-level advocacy with allied ministries, Human Resource Development through capacity building and policy development.
- Supportive Interventions aiming at Information Education and Communication (IEC) and Behaviour Change Communication (BCC) and dissemination of public health messages through various media platforms including social media, radio, newspapers, and electronic

media.

- States are trained to enter the data on Integrated Health Information Portal (IHIP) portal.
- The Government is actively collaborating with State Health Departments and Urban Local Bodies to enhance sanitation, strengthen mosquito control measures, and increase public awareness for the prevention and control of malaria and other vector-borne diseases (VBDs).
- Inter-departmental coordination, involving Panchayati Raj Institutions (PRIs), Self-Help Groups (SHGs), Public Distribution System (PDS) members, and religious/community leaders to mobilize communities and promote preventive practices.
- Technical Guidelines for case management, prevention and control to the States for implementation.
- For early diagnosis and complete treatment of malaria, drugs and diagnostics are supplied to the States/UTs through NHM.
- For surveillance and free diagnosis of Dengue, a network of 887 Sentinel Surveillance Hospitals (SSHs) and 27 Apex Referral laboratories (ARLs) identified across the country. Out of which, 46 SSHs and 1 ARL are identified in Tamil Nadu. Dharmapuri district has one identified SSH. GoI provides IgM test kits to all identified laboratories through National Institute of Virology (NIV), Pune.
- Capacity building and training of trainers, community leaders, and

frontline workers to enhance outreach at the grassroots level.

- Advisories are regularly issued to States and Union Territories including Tamil Nadu to continue promotive, preventive, and curative measures, including outbreak containment.

Focused strategies under National Leprosy Eradication Programme (NLEP) are implemented in districts and States including Dharmapuri district, Tamil Nadu reporting a Prevalence Rate (PR) of more than 1 per 10,000 population.

The various activities undertaken by GoI for eradication and control of Leprosy in the country including Tamil Nadu are as under :

- Early detection of cases through Leprosy Case Detection Campaigns (LCDC)
- Free Multi-Drug Therapy (MDT) to all diagnosed patients;
- Contact tracing and administration of Single-Dose Rifampicin Post-Exposure Prophylaxis (SDR-PEP) to eligible contacts;
- Disability Prevention and Medical Rehabilitation (DPMR);
- Focused Leprosy Campaigns in areas reporting child and Grade-II Disability (G2D) cases, including intensified contact tracing and active case search;
- Screening of children through the Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishor Swasthya Karyakram (RKSK);
- Information, Education and Communication (IEC) activities and capacity building of healthcare workers; and

- Continuous disease surveillance and programme monitoring.

EVACUATION OF INDIANS NATIONAL ABROAD

1023. SHRI RAMASAHAYAM RAGHURAM REDDY:

DR. NAMDEO KIRSAN:

DR. AMAR SINGH:

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

(a) whether incidents involving attacks, harassment, detention or exploitation of Indian citizens, students and workers abroad have increased during the last three years;

(b) if so, the details of such incidents reported during last three years, country-wise and the assistance provided by Indian Missions;

(c) whether the Government has taken any recent diplomatic initiatives to safeguard the interests, safety and timely evacuation of Indian nationals from conflict-affected regions across the world, if so, the details of such initiatives, including the number of Indian citizens assisted through evacuation, consular support and emergency helplines 24×7 during the last two years;

(d) whether the Government proposes to further strengthen India's crisis response mechanism through additional missions, digital consular services and coordination with friendly countries; and

(e) the steps taken to ensure faster communication and assistance to overseas Indians during international emergencies?

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): Country-wise details of incidents related to attacks, harassment, detention or exploitation of Indian citizens, including students and workers, during last 3 years are enclosed at **Statement-I**. All the cases have been promptly and appropriately assisted by the Indian Missions abroad and taken up with the concerned authorities of the host country to ensure that the cases are properly investigated and action initiated against the perpetrators as per their domestic laws. These issues are also raised at the political and official level with the countries concerned during bilateral engagements and through institutional dialogue mechanisms, including at the highest levels, as appropriate.

(c) to (e)**:** Government accords utmost priority to the safety, security and well-being of the Indian nationals abroad, and has undertaken various operations to safely evacuate stranded Indian nationals from conflict regions. Details of India's evacuations/ operations in last 2 years are attached at **Statement-II**.

Government utilizes a structured, multi-layered crisis response mechanism, which includes issue of advisories to caution Indian nationals, activate communication mechanisms to enable Indian nationals to reach Indian Missions/Posts, and, when required, to launch evacuation operations. Government also remains in continuous contact with its counterparts in host governments through diplomatic channels to ensure safety and well-being of

the Indian nationals abroad.

With a view to swiftly responding to crisis situations faced by overseas Indian nationals, the Ministry's 'Rapid Response Cell (RRC)' coordinates with all agencies, services, armed forces and Ministries, for the execution of evacuation operations. Ministry has also developed and is undertaking final trials of the Digital Emergency Response Solution for use during planning and execution of evacuation operations.

STATEMENT-I

Number of incidents involving attacks, harassment, detention and exploitation of Indian citizens, students and workers abroad during the last 3 years

Country	**Number of incidents/Indian nationals**
Bahrain	1659 (labour grievances)
Cambodia	2489 (Indian nationals rescued from scam centres)
Canada	16
Croatia	05 (attack on workers)
Dominican Republic	14 (detained)
Eswatini	02 (detention of 4 Indians)
Germany	133 (including accommodation scam with 119 students)
Guyana	01 (grievance from a group of 37 workers)
Iraq	01 (worker grievance)
Ireland	30 (attacks)

Israel	01 (attack)
Italy	02 (attack and exploitation)
Kuwait	10111 (assisted and repatriated in labour, conflict, medical emergency cases)
Lao PDR	2318 (Indians rescued from Golden Triangle Special Economic Zone)
Latvia	04 (attacks)
Malaysia	12733 (labour complaints, detention and deportation)
Maldives	07
Mali	05 (abduction involving 13 Indian nationals)
Myanmar	2078 (rescued from cyber scam centres)
Niger	02 (2 cases of abduction of 8 Indians)
Philippines	109 (detained)
Russia	84 (detention cases and attacks on students)
Saudi Arabia	2000 (detained)
Serbia	20 (assisted upon detention)
Seychelles	147 (labour grievance including 01 harassment case)
Slovak Republic	46
Slovenia	03 (attacks)
South Africa	02 (deportation of 2 Indians)

Sri Lanka	555 (visa violation and exploitation)
Syria	07 (Indians in distress)
Thailand	1964 (rescued from cyber scam centres)
Turkiye	01 (harassment)
Ukraine	02 (student grievance)
USA	27 (attacks)

STATEMENT-II

Details of evacuations/operations undertaken by Government during last 2 years in conflict affected regions

Year	Country and Name of the Operation	Number of evacuated Indian nationals
2024	Haiti Operation Indravati	17
2024-25	Syria	86
2022-25	Iraq	135
2024	**Kuwait** (Special Humanitarian Airlift of deceased Indian nationals)	45 (mortal remains)
2025	Iran Operation Sindhu	3597 (excluding 14 OCI Card holders and 14 foreign nationals)
2025	Israel Operation Sindhu	818
2025-26	Repatriation of Indian nationals forced to work in cyber-scam	1741

	centres alongside Myanmar-Thailand Border	
2025	**Sri Lanka** HADR Operation Sagar Bandhu	2500 (424 Indians evacuated by special IAF flights on gratis basis and 2076 Indians were facilitated to return by commercial flights)
2026	Iran via Armenia (Cross-border movement of Indian nationals from Iran via Armenia to return by available flights during recent West Asia crisis)	2557

PORT DEVELOPMENT UNDER SAGARMALA IN ANDHRA PRADESH

1024. SHRI APPALANAIDU KALISETTI:

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

(a) the total number of projects taken up in Andhra Pradesh under the Sagarmala Programme, including the number of projects currently in the planning, implementation and completed stages, year-wise and district-wise;

(b) the details of funds allocated, released and utilized for port modernization and new port development in Andhra Pradesh, specifically for enhancing the global standing of Visakhapatnam Port, year-wise; and

(c) the number of candidates especially from Andhra Pradesh, who have received maritime-specific skill training under the Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY)and the total number of successful placements achieved in the State, district-wise?

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

(a) and (b): Ministry of Ports, Shipping and Waterways (MoPSW) has sanctioned financial assistance of ₹ 272 crore under Sagarmala scheme to 9 projects worth around ₹ 1,286 crore in the State of Andhra Pradesh. These projects are related to Ro-Pax and passenger jetties, fishing harbours, port modernization and skill development. The details of these 9 projects funded under Sagarmala scheme is available at **Statement-I**.

(c): The number of candidates trained/ certified/ placed under Sagarmala Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY) convergence program in the state of Andhra Pradesh is available at **Statement-II**.

STATEMENT-I

List of Sagarmala-funded Projects in Andhra Pradesh:

Sl. No.	Name of Project	Implementing Agency	Status	District	Project Cost *(₹ Cr)*	MoPSW Share *(₹ Cr)*
1	Construction of coastal Berth at Visakhapatnam port	Visakhapatnam Port Authority (VPA)	Completed	Visakhapatnam	43	30
2	Construction of grade separator from H-7 area to Port connectivity Road by passing Convent Junction - Visakhapatnam Port	National Highways Authority of India (NHAI)	Completed	Visakhapatnam	60	23.17
3	2 to 4 laning of port road connectivity to NH – 5 -Phase II	NHAI	Completed	Visakhapatnam	77.00	20.00

4	Centre of Excellence in Maritime and Shipbuilding - CEMS - AP-18 out of 24 Labs in Andhra Pradesh	Indian Register of Shipping (IRS)	Completed	Visakhapatnam	574.00	36.76
5	Coastal Districts Skill Development Program - Phase I -Andhra Pradesh	Ministry of Rural Development (DDU-GKY)	Completed	Multiple districts	0.14	0.14
6	Development of Fishing Harbour in Juvvaladinne in SPSR Nellore District, Andhra Pradesh	Andhra Pradesh Maritime Infrastructure Development Corporation (APMIDCL)	Completed	Nellore	288	69.14
7	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district, Andhra Pradesh	Andhra Pradesh Maritime Board	Completed	Kakinada	85.83	36.67
8	Modernisation of Visakhapatnam Fishing Harbour	VPA	Under Implementation	Visakhapatnam	178.51	50.00
9	Coastal Districts Skill Development Program - Phase 2 -Andhra Pradesh	Ministry of Rural Development (DDU-GKY)	Under Implementation	Multiple districts	5.98	5.98

STATEMENT-II

District wise candidates trained and placed under Sagarmala DDUGKY Convergence Programme in the state of Andhra Pradesh:

DDUGKY Phase	District of Andhra Pradesh	Trained	Placed
Phase-I (2015-16)	East Godavari	20	36
	Srikakulam	20	
Phase-II (2018-23 extended)	East Godavari	108	43
	Visakhapatnam	2822	2161
	Total	2970	2240

ISSUE OF CHILDHOOD HYPERTENSION AND OBESITY

1025. SHRI P. C. MOHAN:

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

(a) the details of the guidance document on Diabetes Mellitus in Children released by the Government, including the screening, diagnosis and free care package envisaged for children aged 0-18 years;

(b) whether any similar structured guidelines exist or are being formulated by the Government for childhood hypertension and obesity, given that India ranks second globally in childhood obesity, if so, the details thereof;

(c) the details of the Rashtriya Bal Swasthya Karyakram (RBSK) 2.0 and its expanded school-based screening for non-communicable diseases and mental health among children; and

(d) the measures being taken by the Government to curb the rising incidence of these lifestyle-related health issues among children, including awareness

generation for parents and schools?

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 Guidance Document on Diabetes Mellitus in Children released by the Ministry of Health and Family Welfare under the expanded Rashtriya Bal Swasthya Karyakram (RBSK) 2.0 framework provides for structured childhood diabetes care. The framework includes screening of children in schools and community for risk factors of Diabetes Mellitus (DM) and availability of diagnostic services at public health facilities. It makes provision for access to insulin therapy, monitoring devices such as glucometers and test strips along with regular follow-up and counselling services at Non-Communicable Disease (NCD) clinics for the management of DM in children.

(b) and (c): The operational guideliness of RBSK 2.0 of the Ministry of Health and Family Welfare (MoHFW) has expanded the programmatic framework to cover 38 common health conditions. The revised guidelines include emerging child health priorities such as non-communicable diseases including diabetes and hypertension, mental health conditions, and behavioural concerns among children.

The existing Mobile Health Teams (MHTs) under RBSK are strengthened through additional support of human resources from other existing health programs under National Health Mission for screening in Schools and Anganwadi centres. A comprehensive preventive, promotive, and

curative continuum of care approach is used for tracking and follow-up using a digital platform for effective implementation

(d): To generate awareness among children and parents regarding lifestyle-related health issues, and to strengthen healthy lifestyle practices Information Education and Communication (IEC) materials like health booklet, videos, and posters have been developed, and shared with States/UTs for dissemination in the community.

AYUSH DISPENSARIES AND WELLNESS CENTRE

1026. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

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

(a) whether the Government has sanctioned any funds for the development of AYUSH infrastructure in Tamil Nadu;

(b) if so, the details thereof along with the funds allocated during the last five years, year-wise, hospital-wise;

(c) the steps taken by the Government to promote AYUSH medicinal research and related activities; and

(d) the funds allocated during the last five years by the Government in this regard?

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

(a) and (b): Under the Centrally Sponsored Scheme of the National Ayush

Mission (NAM), as per the proposals received from the Government of Tamil Nadu through the State Annual Action Plans (SAAPs), funds have been sanctioned for the development of Ayush infrastructure. The details of the sanctioned funds allocated during the last five years, year-wise and hospital/institute-wise, are furnished at **Statement-I**.

Further, under the Central Council for Research in Unani Medicine (CCRUM), the Regional Research Institute of Unani Medicine (RRIUM), Chennai is functioning in the State of Tamil Nadu. The details of the funds allocated and released to RRIUM, Chennai during the last five years are furnished at **Statement-II**.

Further, the Ministry of Ayush has also sanctioned funds through the Central Council for Research in Siddha (CCRS) for the development and strengthening of Siddha research infrastructure in Tamil Nadu. The details of the funds allocated/utilised during the last five years, year-wise and institute-wise, are furnished at **Statement-III.**

(c): As reported by the Government of Tamil Nadu, a Research and Development (R & D) Wing has been established at Indian Systems of Medicine (ISM), Chennai to undertake research activities in the Indian Systems of Medicine. The R & D Wing has integrated research projects into the practical training of undergraduate and postgraduate students and has provided research training to students of Siddha, Ayurveda and Unani disciplines. It also conducts capacity-building workshops for undergraduate and postgraduate students. Further, the R & D Wing, in collaboration with the

State Drugs Testing Laboratory, has completed **132 research studies and published five research articles.** Ongoing research activities include standardization and evaluation of Siddha and Ayurveda formulations, including poly-herbal anti-diabetic formulations.

Further, the Central Council for Research in Ayurvedic Sciences (CCRAS) has been promoting Ayurveda through Information, Education and Communication (IEC) activities using print and electronic media in English, Hindi and regional languages. These materials are disseminated through National and State-level Arogya Melas, health camps, exhibitions, expos and outreach programmes such as the Scheduled Caste Sub Plan (SCSP) Research Programme and Tribal Health Care Research Programme (THCRP) through its network of 30 peripheral institutes. The Council also disseminates research outcomes through its website, quarterly CCRAS Bulletin, and scientific journals, namely the Journal of Drug Research in Ayurvedic Sciences (JDRAS), Journal of Research in Ayurvedic Sciences (JRAS) and Journal of Indian Medical Heritage (JIMH), besides publishing books, monographs and technical reports for wider public access.

Further, the Central Council for Research in Homoeopathy (CCRH), an apex body under the Ministry of Ayush, undertakes research in Clinical Research, Drug Proving, Drug Verification, Drug Validation, Drug Standardization, Public Health Research, Fundamental Research and Epidemic Research through its network of 27 research institutes/units and six Homoeopathic Treatment Centres across the country. To strengthen

homoeopathic research, CCRH has undertaken infrastructure upgradation of its institutes, established advanced research laboratories, strengthened postgraduate education, and entered into 12 international Memoranda of Understanding (MoUs) and one Letter of Intent with universities and scientific institutions in countries including Germany, Canada, the USA, the UK, Argentina, Israel, Armenia, Mexico and Brazil. The Council has also implemented public health programmes such as NPCDCS integration, Swasthya Rakshan Programme, Homoeopathy for Healthy Child, Scheduled Caste Component Plan health camps and extensive Information, Education and Communication (IEC) activities, besides providing healthcare services through its OPDs/IPDs and promoting Homoeopathy through health camps, exhibitions, social media and awareness campaigns.

Further, the Central Council for Research in Siddha (CCRS), an autonomous organization under the Ministry of Ayush, undertakes scientific research in Siddha through its network of research institutes and units across the country. The Council carries out Intramural Research (IMR), Extra-Mural Research (EMR), clinical research, drug standardization, medicinal plant research, collaborative research with premier institutions, preservation and digitization of Siddha manuscripts, publication of scientific literature, development of Siddha pharmacopoeial standards, postgraduate research programmes, public health initiatives and awareness programmes for the promotion and development of the Siddha system of medicine. The detailed steps taken by CCRS are furnished at **Statement-IV**.

(d): Under the National Ayush Mission (NAM), no funds have been sanctioned specifically for AYUSH medicinal research and related activities.

However, under the Central Council for Research in Unani Medicine CCRUM), the details of the Budget Estimates (BE) and Revised Estimates/Funds Released (RE/Release) during the last five years are furnished at **Statement-V**.

Further, the details of the grants received from the Ministry of Ayush and the expenditure incurred by the Central Council for Research in Siddha (CCRS) during the last five years for the promotion of Siddha medicinal research and related activities are furnished at **Statement-VI**.

STATEMENT-I

Ayush Infrastructure in Tamil Nadu (Year-wise) and facility-wise under the National Ayush Mission (NAM)

SAAP 2021-2022

(₹ in Lakhs)

Sl. No.	Name of Infrastructure	Approved Amount
1	2 Co-Located PHC	26.50
2	110 AHWCs	550.00
3	Upgradation of Govt. Rural Aysuh Dispensary, Mathikalir Manikam (Civil Work)	20.00
Total		**596.50**

SAAP 2022-2023

(₹ in Lakhs)

Sl. No.	Name of Infrastructure	Approved Amount
1	Upgradation of 100 Aysuh Dispensaries into Aysuh Health and Wellness Centres	685.00

2	Establishment of New Aysuh Dispensary at Cuddalore	30.00
3	Setting up of Aysuh Wings in District Hospitals (7 DHQs)	175.00
4	Establishment of 50-Bedded Integrated Aysuh Hospital at Namakkal	200.00
5	Establishment of Aysuh OPD Clinics in PHCs at 30 Locations in Tamil Nadu	600.00
6	50 Bedded Integrated Ayush Hospital (Theni and Thiruvannamalai)	36.98
7	2 OPD Clinics	46.951
8	Setting up of Smart Class Room, Government Siddha Medical College, Chennai	20.00
Total		**1793.931**

SAAP 2023-2024

(₹ in Lakhs)

Sl. No.	Name of Infrastructure	Approved Amount
1	Co-Location at District Hospitals (Madurai and Perambalur)	50.00
2	Procurement of Equipment and Furniture at 50 Bedded Integrated Aysuh Hospital (Theni and Tiruvannamalai)	151.67
3	Setting up of 50 Bedded Integrated Aysuh Hospital, AAGHIM Campus, Chennai	500.00
4	Setting up of Aysuh Wings in District Hospitals	250.00
5	300 Aysuh Health and Wellness Centres (Infrastructure Strengthening)	2,025.00
6	Aysuh Health and Wellness Centres (100 AHWCs – Committed Liability)	30.00
7	Setting up of 50 Bedded Integrated Aysuh Hospital, Namakkal	100.00
8	Setting up of Aysuh Wings in District Head Quarters Hospitals (5 Units)	125.00
9	Government Ayurveda Medical College, Kottar, Nagercoil	215.37
10	Government Siddha Medical College, Pharmacy, Palayamkottai (PG)	160.00
11	Government Siddha Medical College, Chennai (Procurement of Equipment)	20.00
12	Establishment of New Siddha Dispensary, Naduveeranpattu, Cuddalore	30.00

13	Government Siddha Medical College, Palani, Dindigul	400.00
14	Government Unani Medical College, Chennai (Smart Class Room)	15.00
15	Government Yoga and Naturopathy Medical College, Chennai (Smart Class Room)	15.00
Total		**4,087.04**

SAAP 2024-2025

(₹ in Lakhs)

Sl. No.	Name of Infrastructure	Approved Amount
1	10 District Headquarters Hospitals (50 × 10)	500.00
2	20 Government Primary Health Centres (20 × 20)	400.00
3	Siddha Dispensary	30.00
4	Homeopathy Medical College, Madurai	7,000.00
5	30 Bedded Inward Hospital, Kottar, Nagercoil	525.00
6	Upgradation of Government Yoga and Naturopathy College, Chennai	390.00
7	Upgradation of Government Unani Medical College, Chennai	315.654
8	GSMC, Palayamkottai	60.73
9	GSMC, Chennai	50.00
10	Establishment of Yoga Wellness Centres (New)	100.00
11	Setting up of 50 Bedded Integrated Ayush Hospital, Namakkal	150.00
12	Setting up of Integrated Hospital AAGHIM, Chennai	500.00
Total		**10,021.384**

SAAP 2025-2026

(₹ in Lakhs)

Sl. No.	Name of Infrastructure	Approved Amount
1	50-Bedded Integrated Aysuh Hospital, Namakkal (Ongoing)	50.00
2	50-Bedded Integrated Aysuh Hospital, AAGHIM, Chennai (Ongoing)	500.00
3	30-Bedded Integrated Aysuh Hospital, Govt. Ayurveda Medical	615.00

	College, Kottar	
4	AYURVIDYA – School Health Programme through Yoga and Naturopathy	704.705
5	AYURVIDYA – Promotion of Healthy Lifestyle through Siddha	153.295
6	Homeopathy Medical College, Madurai (Ongoing Construction)	2200.00
7	Government Ayurveda Medical College, Nagercoil	97.463
8	International Institute of Yoga and Naturopathy Medical Science, Chengalpattu	350.00
9	Government Siddha Medical College PG Block, Palayamkottai	320.00
10	Ayush Fertility Centres (30 Units Approved)	451.74
Total		**5442.203**

STATEMENT –II

Details of Funds Allocated and Released to the Regional Research Institute of Unani Medicine (RRIUM), Chennai during the Last Five Years

(₹ Crore)

Year	Amount
2021-22	9.1418
2022-23	7.8075
2023-24	10.4684
2024-25	12.7500
2025-26	14.0543
Total	**54.222**

STATEMENT –III

Details of Funds Allocated and Utilised by the Central Council for Research in Siddha (CCRS) and its Peripheral Units in Tamil Nadu during the Last Five Years (Year-wise and Unit-wise)

₹ in Crore

S.No.	Year	Central Council for Research in Siddha, HQ Chennai.	Siddha Central Research Institute, Chennai.	Siddha Central Research Unit, Palayamkottai	Siddha Medicinal Plants Garden, Mettur.
1	2020-2021	12.70	12.54	0.59	1.15

2	2021-2022	15.06	13.80	0.56	1.29
3	2022-2023	16.29	15.97	0.75	1.35
4	2023-2024	17.71	16.73	0.71	1.50
5	2024-2025	18.65	18.76	0.66	1.89
Total		**80.41**	**77.8**	**3.27**	**7.18**

STATEMENT-IV

Steps taken by the Central Council for Research in Siddha (CCRS) for promotion of Siddha medicinal research and related activities

The Central Council for Research in Siddha (CCRS), an autonomous organization under the Ministry of Ayush, is the apex body for research in Siddha and provides healthcare services through its network of research institutes and units across the country. The major initiatives undertaken by CCRS are as follows:

1. Research Activities: CCRS has undertaken 115 Intramural Research (IMR) projects, of which 44 projects have been completed and 71 projects are in progress. In addition, one Extra-Mural Research (EMR) project and one project under the CSIR-ASPIRE Scheme are under implementation.
2. Regional Raw Drug Repository (RRDR): CCRS has implemented the Regional Raw Drug Repository (RRDR) project under which 834 raw drug monographs have been developed for quality assurance and standardization of Siddha drugs.
3. Scientific Publications: CCRS has published 975 scientific research papers and secured one patent related to the Siddha System of Medicine.
4. WHO Technical Documents: The WHO technical documents on Siddha

Training and Siddha Practice have been finalized after international consultation and are under publication.

5. Capacity Building: CCRS has launched programmes such as Student Academic Initiative for Research in Siddha (STAIRS), Post-Doctoral Fellowship (PDF) and Research Initiative for the Teaching Professionals of Healthcare and Medicine in Siddha (RITHAMS) to promote research among students, scholars and faculty membe₹
6. Preservation of Siddha Literature: Under Mission P2P (Palm to Paper), CCRS is engaged in collection, digitization, transcription, translation and publication of ancient Siddha palm-leaf manuscripts, paper manuscripts and rare Siddha books.
7. Classical Manuscripts: CCRS has collected 1,000 palm-leaf bundles, is digitizing 3,500 additional palm-leaf bundles, and has preserved 1,697 paper manuscripts in physical and digital form.
8. Standard Treatment Guidelines (STGs): CCRS has published Standard Treatment Guidelines for Musculoskeletal and Metabolic Disorders and has prepared STGs for Skin Diseases in the Siddha System of Medicine.
9. Pharmacopoeia and Standards: In collaboration with PCIMandH, CCRS has published 9 Siddha Pharmacopoeial and Formulary books, initiated 13 new publications, and, in collaboration with the Bureau of Indian Standards (BIS), published 31 standards relating to Siddha medicines, products and services.
10. Collaborative Research: CCRS has signed 24 Memoranda of

Understanding (MoUs) with institutions such as AIIMS, ICMR, CSIR, Dravidian University, PCIMandH, NIS and NIFTEM-T for collaborative and interdisciplinary research.

11. Tuberculosis Research: CCRS, in collaboration with ICMR-NIRT and ICMR-NITM, has initiated research projects on prevention, management and rehabilitation of Tuberculosis (TB) and organized brainstorming sessions on priority research areas.
12. Cancer Research: CCRS has initiated research on integrative supportive care for breast cancer patients and established a Cancer Core Committee for strengthening Siddha cancer research.
13. Public Health Initiative: CCRS has proposed a nationwide programme for integrating Varmam Therapy into Public Ayush Hospitals to support the management of pain and non-communicable diseases.
14. Awareness and Outreach: CCRS organizes Siddha Day, seminars, workshops, conferences, health camps, exhibitions and awareness programmes to promote the Siddha System of Medicine. The Mega Siddha Expo and Herbal Exhibition 2026 showcased Siddha medicinal plants, manuscripts, rare books and traditional medical practices.

STATEMENT-V

Budget Estimates (BE) and Revised Estimates/Funds Released (RE/Release) under the Central Council for Research in Unani Medicine (CCRUM) during the Last Five Years

(₹ Lakh)

Year	BE	RE/Release
2021-22	16,779.00	15,773.00
2022-23	17,580.00	17,505.00
2023-24	17,330.00	17,410.00
2024-25	22,805.00	19,005.00
2025-26	21,450.00	19,900.00
Total	**95,944.00**	**89,593.00**

STATEMENT-VI

Details of Grants Received and Expenditure Incurred by the Central Council for Research in Siddha (CCRS) for the Promotion of Siddha Medicinal Research and Related Activities during the Last Five Years

₹ in Cr.

S. No	Year	Final Grant Received from MoA	Total Expenditure
1	2020-2021	35.30	34.99
2	2021-2022	39.06	38.82
3	2022-2023	46.88	44.02
4	2023-2024	50.91	47.72
5	2024-2025	55.94	51.82
6	2025-2026 (Provisional)	71.34	57.22
Total		**299.43**	**274.59**

बाल गृहों में कौशल विकास शिक्षा

1027. श्री तनुज पुनिया:

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

(क) देश में ऐसे बाल गृह संस्थानों की कुल संख्या कितनी है, जो औपचारिक शिक्षा के साथ-साथ कौशल विकास शिक्षा भी प्रदान कर रहे हैं; और

(ख) उक्त संस्थानों में औपचारिक शिक्षा के साथ-साथ कौशल विकास शिक्षा प्राप्त करने वाले बच्चों की राज्य-वार संख्या कितनी है?

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

(क) और (ख): किशोर न्याय (बाल देखरेख एवं संरक्षण) अधिनियम, 2015 के अंतर्गत बाल देखभाल संस्थाओं (सीसीआई) की स्थापना, प्रबंधन एवं निगरानी का दायित्व संबंधित राज्य सरकारों तथा संघ राज्य क्षेत्र प्रशासन का है। महिला एवं बाल विकास मंत्रालय, मिशन वात्सल्य नामक केंद्र प्रायोजित योजना के माध्यम से राज्यों तथा संघ राज्य क्षेत्रों के प्रयासों में सहयोग करता है।

किशोर न्याय (बाल देखरेख एवं संरक्षण) अधिनियम, 2015 की धारा 53 के अनुसार, अधिनियम के अंतर्गत पंजीकृत संस्थाएं बच्चों को पुनर्वास एवं पुनःएकीकरण सेवाएं प्रदान करेंगी, जिनमें उपयुक्त शिक्षा, कौशल विकास, व्यावसायिक चिकित्सा, जीवन-कौशल शिक्षा, व्यावसायिक प्रशिक्षण हेतु रेफरल सेवाएं तथा व्यक्तिगत देखभाल योजना (आईसीपी) के माध्यम से केस प्रबंधन शामिल हैं।

किशोर न्याय (बाल देखभाल एवं संरक्षण) मॉडल नियम, 2016 में यह उपबंध है कि प्रत्येक बाल देखभाल संस्था अपनी देखरेख में रह रहे बच्चों के लिए शिक्षा एवं कौशल विकास तक पहुंच सुनिश्चित करेगी। नियम 36 के अनुसार, प्रत्येक बाल देखभाल संस्था प्रत्येक बालक को उसकी आयु एवं क्षमता के अनुरूप मुख्यधारा की स्कूली शिक्षा, मुक्त विद्यालयी शिक्षा, सेतु पाठ्यक्रम तथा अनौपचारिक शिक्षा सहित उपयुक्त शैक्षिक माध्यमों से शिक्षा उपलब्ध कराएगी। साथ ही, बच्चों की नियमित उपस्थिति सुनिश्चित करेगी तथा छात्रवृत्तियों एवं अन्य शैक्षिक सहायता तक उनकी पहुंच सुगम बनाएगी। नियम 37 के अनुसार, प्रत्येक बाल देखभाल

संस्था प्रत्येक बालक की आयु, अभिरुचि, योग्यता एवं क्षमता के अनुरूप लाभप्रद व्यावसायिक प्रशिक्षण तथा कौशल-आधारित शिक्षा उपलब्ध कराएगी, ताकि उसकी रोजगार-योग्यता में वृद्धि हो तथा जहां लागू हो, उसे प्रमाणन भी प्राप्त हो सके।

महिला एवं बाल विकास मंत्रालय, कठिन परिस्थितियों में रह रहे बच्चों को विभिन्न सेवाएं उपलब्ध कराने के उद्देश्य से सभी राज्यों एवं संघ राज्य क्षेत्रों में 'मिशन वात्सल्य' नामक एक केंद्र प्रायोजित योजना का कार्यान्वयन कर रहा है। मिशन वात्सल्य योजना के अंतर्गत, बाल देखभाल संस्थाओं (सीसीआई) में निवासरत बच्चों की देखरेख, संरक्षण, शिक्षा, व्यावसायिक प्रशिक्षण एवं पुनर्वास हेतु राज्यों तथा संघ राज्य क्षेत्रों को वित्तीय सहायता प्रदान की जाती है।

वित्तीय वर्ष 2025-26 के दौरान मिशन वात्सल्य योजना के अंतर्गत वित्तपोषित बाल देखभाल संस्थाओं (सीसीआई) तथा उनमें निवासरत बच्चों की संख्या का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा **विवरण** में दिया गया है।

विवरण

वित्तीय वर्ष 2025-26 के दौरान मिशन वात्सल्य योजना के अंतर्गत वित्तपोषित बाल देखभाल संस्थाओं तथा उनमें निवासरत बच्चों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

क्र.सं.	राज्य	सीसीआई की संख्या	वित्त वर्ष 2025-26 के दौरान सीसीआई में निवासरत बच्चों की संख्या
1	आंध्र प्रदेश	98	2284
2	अरुणाचल प्रदेश	11	222
3	असम	91	2036
4	बिहार	99	3228
5	छत्तीसगढ़	102	1714
6	गोवा	19	405
7	गुजरात	80	2987
8	हरियाणा	31	960
9	हिमाचल प्रदेश	55	1312
10	जम्मू और कश्मीर	60	1870

11	झारखंड	46	1765
12	कर्नाटक	156	2853
13	केरल	44	1370
14	मध्य प्रदेश	107	2392
15	महाराष्ट्र	107	4185
16	मणिपुर	99	2555
17	मेघालय	58	993
18	मिजोरम	67	1742
19	नागालैंड	62	663
20	ओडिशा	184	7311
21	पंजाब	42	543
22	राजस्थान	147	4629
23	सिक्किम	28	725
24	तमिलनाडु	317	11217
25	तेलंगाना	67	2465
26	त्रिपुरा	40	1235
27	उत्तर प्रदेश	191	5125
28	उत्तराखंड	45	909
29	पश्चिम बंगाल	208	7725
30	अंडमान और निकोबार	14	264
31	चंडीगढ़	10	370
32	दादरा और नगर हवेली और दमन और दीव	4	58
33	लद्दाख	9	96
34	लक्षद्वीप	0	0
35	दिल्ली	39	1630
36	पुदुचेरी	29	673

PROGRESS OF VIZHINJAM PORT

1028. SHRI SHAFI PARAMBIL:

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

state:

(a) the present status of the Vizhinjam International Deepwater Multipurpose Seaport project, including the extent of physical and financial progress achieved;

(b) the total expenditure incurred on the project by the Union Government, the Government of Kerala and the private concessionaire, respectively;

(c) the projected annual cargo handling capacity, expected revenue generation and employment potential of the port upon full commissioning;

(d) whether the Government has undertaken any assessment of the economic and strategic significance of the port in enhancing trans-shipment capacity of the country and reducing dependence on foreign ports, if so, the details thereof; and

(e) the measures taken by the Government to improve rail, road, and logistics connectivity to ensure the optimal utilization of the Vizhinjam Port?

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

(a) to (e): Vizhinjam International Deepwater Multipurpose Seaport is a non-major port under the administrative jurisdiction of Government of Kerala and has been developed under a Public Private Partnership (PPP) model. As per the information furnished by the Government of Kerala, Phase-I of the Vizhinjam International Deepwater Multipurpose Seaport has been completed and commercial operations were commenced on 03.12.2024.

The Government of India has provided ₹817.80 crore as Viability Gap

Funding. The Government of Kerala has incurred expenditure of ₹3,764.55 crore towards the project. The Concession Agreement envisaged an investment of ₹2,454 crore by the private concessionaire for Phase-I.

Phase-I of the port has an operational capacity of approximately 1.6 million TEUs per annum, with the ultimate planned capacity of 5.7 million TEUs per annum. Since commencement, the port has generated over ₹700 crore revenue and around 800 personnel are directly employed in port operations and maintenance.

Vizhinjam International Seaport is India's first dedicated deep-water international container transshipment port, strategically located about 10 nautical miles from the international East-West shipping route with a natural draft of around 20 metres, enabling it to handle the world's largest container vessels without significant dredging.

As informed by Government of Kerala, the Vizhinjam Port Rail Connectivity Project, connecting the Port to the National Railway network at Balaramapuram Railway Staton, has been approved at an estimated cost of ₹1,482.92 crore. Memoranda of Understanding (MoUs) have been executed with Container Corporation of India Ltd. (CONCOR) and the Central Warehousing Corporation (CWC) for establishing logistics facilities to support EXIM cargo movement.

JAN AUSHADHI KENDRAS

1029. SHRI VISHNU DATT SHARMA:

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

(a) whether the Government has evaluated the effectiveness of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana in reducing out-of-pocket expenditure and improving access to affordable medicines in smaller towns and rural areas, if so, the details thereof, State/districtwise;

(b) the number of functional Jan Aushadhi Kendras (JAKs), availability of commonly prescribed medicines for diabetes, hypertension, cancer, tuberculosis and other chronic diseases and instances of stock shortages in Katni, Panna and Khajuraho districts of Madhya Pradesh during the last three years, district-wise and year-wise;

(c) whether any assessment has been made regarding low public awareness, non-prescription of generic medicines and accessibility gaps in said districts, if so, the details thereof, district-wise;

(d) whether any proposals have been received for opening additional JAKs, particularly in underserved blocks of the country, if so, the details thereof, State/district-wise; and

(e) the steps taken to ensure uninterrupted medicine supply, timely replenishment, greater public awareness, promotion of women and youth entrepreneurs and improved last-mile access to affordable medicines?

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

(a) and (b): Pharmaceuticals and Medical Devices Bureau of India (PMBI), the implementing agency of the PMBJP scheme, undertakes continuous

evaluation of Jan Aushadhi Kendras (JAKs) on the basis of their sale performance. Such evaluation, along with the performance of the scheme, indicates that PMBJP has significantly improved access to quality generic medicines at affordable prices across the country, through a rapidly expanding network of Jan Aushadhi Kendras. In the last 12 years, estimated savings of about ₹45,000 crore have accrued to citizens, when compared against the prices of branded medicines, contributing significantly to a sharp reduction in out-of-pocket expenditure by households and improving access to affordable medicines across the country including smaller towns and rural areas.

As on 30.06.2026, a total of 20,149 Jan Aushadhi Kendras (JAKs) have been opened across the country.

The product basket under the Pradhan Mantri Bhartiya Janaushadhi Yojna has 2,110 medicines and 315 surgicals, medical consumables and devices, covering all major therapeutic groups, such as cardiovascular, anti-cancer, anti-diabetic, anti-infectives, anti-allergic and gastro-intestinal medicines and nutraceuticals. Almost all generic medicines included in the National List of Essential Medicines, except lab reagents and vaccines, are part of this product basket.

Continuous monitoring and appropriate corrective measures are undertaken to minimize stock shortage and ensure availability of essential medicines across the country.

(c) to (e): District-wise assessment in respect of Katni, Panna and Khajuraho districts of Madhya Pradesh regarding low public awareness, non-prescription

of generic medicines or accessibility gaps are not currently available. However, in order to promote acceptability and to increase sale of medicines supplied through JAKs, targeted awareness campaigns about the benefits of Janaushadhi medicines are conducted on a regular basis:

i. Awareness campaigns: Pharmaceuticals and Medical Devices Bureau of India (PMBI), conducts awareness campaigns in coordination with bodies and platforms such as the Central Bureau of Communication, PIB, MyGov and MY Bharat, in various modes such as print, television, radio, social media platforms, outdoor hoardings, community engagement, etc.

ii. Interactive messages/calls: Outreach and citizen engagement are also pursued through WhatsApp chatbot and outbound calls to inform citizens regarding the quality of Janaushadhi products and the large savings that accrue from purchase of the same from nearest JAK.

iii. Jan Aushadhi Week: Jan Aushadhi Week is celebrated every year in the first week of March during which special campaigns such as public rallies, health camps, seminars in pharmacy colleges, children engagement programmes, etc. are conducted across the nation to educate citizens, healthcare professionals and other stakeholders about the benefits of Janaushadhi generic medicines.

iv. Messages from eminent persons: Audio/video messages from well-known persons such as public representatives and eminent doctors are disseminated on social media platforms to highlight the benefits of Janaushadhi medicines and dispel myths associated with respect to their

quality.

v. Public engagement programme in rural areas: To educate citizens in local languages/dialects, publicity is also done through health camps, nukkad-natak, audiovisual display at Common Service Centres and public engagement workshops in association with local JAKs in rural areas.

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 underserved blocks, through the website www.janaushadhi.gov.in (http:\/\/www.janaushadhi.gov.in).

Presently, 776 out of 784 districts of the country are covered. To facilitate opening of Jan Aushadhi Kendras in the underserved districts, PMBI is in touch with the concerned administration/district magistrate for providing free space to the applicants in government hospitals. Further, the districts having less coverage of Jan Aushadhi Kendras are given special focus for opening of JAKs.

To address any supply gaps and ensure smooth supply and product availability at JAKs, the following measures are in place:

(i) Since September 2024, stocking by JAKs of 200 commonly used medicines, consisting of the 100 top-selling medicines in the scheme product basket and 100 fast-selling medicines in the market, has been incentivised, under which JAK owners are eligible for monthly incentive based on the stocks that they maintain for such medicines.

(ii) An end-to-end information-technology-enabled supply robust supply chain system consisting of one central warehouse, four regional warehouses and a growing network of distributors across the country, has been put in place.

(iii) In addition, with a view to ensure availability of commonly used products, 400 fast-moving products are monitored regularly by PMBI and demand for the same is forecasted on an ongoing basis. Further, steps have been taken to digitise the forecasting method to augment the procurement process.

For promotion of women and youth entrepreneurs and improved last-mile access to affordable medicines following steps have been taken: -

(i) The scheme follows a franchise-like model under which eligible individual entrepreneurs, including women and youth, may apply online to open Jan Aushadhi Kendras.

(ii) A one-time special incentive of ₹2 lakh for setting up JAK in North-Eastern States, Himalayan areas, island territories and Aspirational Districts and to those JAKs that are opened by ex-servicemen, women, divyangjan and members of the Scheduled Castes and Scheduled Tribes, is provided.

UPGRADATION OF STATE DRUG TESTING LABORATORIES UNDER AOGUSY

1030. SHRI BRIJMOHAN AGRAWAL:

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

(a) the total amount of funds allocated, released and utilised for upgrading

State Drug Testing Laboratories (DTLs) under the AYUSH Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY) during 2025-26, State/UT-wise;

(b) whether the Government has received any report regarding shortage of contractual staff in the Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) and State Licensing Authorities resulting in delays in processing Form 25D application on the e-Aushadhi Portal WHO-CoPP certifications under Schedule-T, if so, the details thereof;

(c) the details of the specific shortfall of AYUSH Drug Inspectors and Drug Testing Laboratory (DTL) infrastructure in Chhattisgarh and its detrimental impact on herbal Micro, Small and Medium Enterprises (MSMEs) and tribal Minor Forest Produce gatherers in the Aspirational Districts; and

(d) the details of the corrective actions proposed including creation of a permanent central regulatory cadre, 100% central funding for Drug Testing Laboratory (DTL) high-end equipment and decentralizing WHO-CoPP audits to Central Drugs Standard Control Organisation (CDSCO) zonal offices?

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

(a): During financial year 2025-26, 03 State Drug Testing Laboratories (DTLs) have been supported financially under the Ayush Oushadhi Gunavatta evam Uttpadan Samvardhan Yojana (AOGUSY) scheme. The details of total amount of funds allocated, released and utilised for upgrading State DTLs under the

AOGUSY scheme during 2025-26, State/UT-wise are attached at **Statement**.

(b): There is no such report available with the ministry regarding shortage of contractual staff in the Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H). Further, as reported by State Licensing Authorities, there is no acute shortage of contractual staff.

However, WHO Certificate of Pharmaceutical Product (WHO-CoPP) to Ayush drugs is issued by Central Drugs Standard Control Organization (CDSCO). Further e-Aushadhi portal (www.e-aushadhi.gov.in) is being implemented by Ministry of Ayush for all Licensing related activities of Ayush drugs to improve transparency, reduce processing delays and facilitate real-time monitoring of applications and certifications. Respective State/UT Licensing Authorities can issue license to the manufacturers to manufacture for sale of Ayurveda, Siddha, Sowa-Rigpa, Unani and Homoeopathy medicines through e-Aushadhi portal as per the provisions of the Drugs and Cosmetics Act, 1940 and Drugs Rules, 1945.

(c): As reported by the State Govt. of Chhattisgarh, there are 34 Ayush Drug Inspectors available in Chhattisgarh, while the State has one Drug Testing Laboratory (DTL) in Raipur with the requisite testing facilities. There is no specific shortfall in manpower and DTL infrastructure. The Ministry of Ayush is regularly coordinating with the State Government and other concerned stakeholders to strengthen the regulatory and drug testing ecosystem in the State, including the Aspirational Districts.

(d): Ministry of Ayush is implementing the central sector scheme namely,

Ayush Oushadhi Gunavatta evam Uttpadan Samvardhan Yojana (AOGUSY), which provides 100% grant-in-aid for upgrading and strengthening State/UT DTL including procurement and upgradation of high-end analytical equipment. An Ayush vertical has been established in Central Drugs Standard Control Organization (CDSCO) to strengthen regulatory measures ensuring safety and quality of Ayush drugs. As per the existing guidelines, WHO Certificate of Pharmaceutical Product (WHO-CoPP) to Ayush drugs is issued by Central Drugs Standard Control Organization (CDSCO) after joint inspections of manufacturing units by Drug Inspectors posted in Ayush vertical along with drug inspectors of State/UTs and CDSCO for compliance with WHO Technical Report Series (TRS) guidelines for Herbal Medicines.

STATEMENT

The details of total amount of funds allocated, released and utilised for upgrading State DTLs under the AOGUSY during 2025-26, State/UT-wise are as follows-

- Amount Allocated under GIA head of the AOGUSY (for upgrading DTLs and Pharmacies) during 2025-26 is Rs 17.50 Crore.
- Amount of funds released and utilised for upgrading State DTLs is as mentioned below-

(Amount in Rs)

S. No.	State	Component	Govt./Pvt./PSU	Particulars	Total amount Sanctioned	Amount Released in previous years	Amount Released in 2025-26	Expenditure incurred 2025-26
1.	Arunachal Pradesh	Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards	Govt.	State Govt. DTL	53,24,026	2023-24 17,99,813 2024-25 17,24,400	17,99,813	17,99,813
2.	Mizoram		Govt.	State Govt. DTL	1,60,61,384	2021-22- 18,00,000 2023-24 67,20,884 2024-25 57,40,500	18,00,000	14,19,928
3.	Madhya Pradesh		Govt.	State Govt. DTL	75,83,262	-	75,83,262	-

FILLING OF VACANT POSTS

1031. SHRI JAI PRAKASH:

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

(a) the details of vacant posts of doctors, paramedical staff, and nursing posts in CentralGovernment hospitals, institution-wise, during the last three years, year-wise;

(b) whether the Government has taken any measures to fill these posts during the last three years; and

(c) 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): Details of sanctioned, filled and vacant posts of doctors, nursing staff, and paramedical staff during the last three years in the Central Government hospitals i.e. Vardhman Mahavir Medical College and Safdarjung Hospital (VMMC and SJH), Atal Bihari Vajpayee Institute of Medical Sciences and Dr. Ram Manohar Lohia Hospital (ABVIMS and Dr. RMLH), Lady Hardinge Medical College and Associated Hospitals (LHMC and Associated Hospitals), and Rural Health Training Centre (RHTC), Najafgarh are enclosed at **Statement**.

(b) and (c): Filling up of vacancies is a regular administrative exercise. To fill vacant positions in the Central Government hospitals, following steps have been taken:

i. Timely reporting of vacancies to Union Public Service Commission (UPSC) to fill the posts of doctors.

ii. Filling up of posts of Nursing Officer twice a year through Nursing Officer Recruitment Common Eligibility Test (NORCET).

iii. Filling up of other Group B and Group C non-faculty posts through Common Recruitment Examination (CRE) and Staff Selection commission.

STATEMENT

Details of Doctors, Nursing staff and Paramedical staff

Name of Hospital	Category	No. of posts								
		2023-24			2024-25			2025-26		
		S	F	V	S	F	V	S	F	V
VMMC and	Doctors	633	475	158	635	528	107	638	449	189

Name of [illegible]	Category	No. of posts								
SJH	Nursing staff	2087	1861	226	2087	1972	115	2083	1912	171
	Paramedical Staff	1384	440	944	1430	731	699	1392	878	514
ABVIMS and Dr. RMLH	Doctors	383	325	58	412	314	98	453	371	82
	Nursing staff	1509	1489	20	1560	1532	28	1559	1555	04
	Paramedical Staff	491	345	146	565	358	207	498	368	130
LHMC and Asso. Hospitals	Doctors	346	316	30	379	302	77	383	332	51
	Nursing staff	1181	1052	129	1181	1004	177	1181	1042	139
	Paramedical Staff	478	287	191	481	283	198	481	327	154
RHTC	Doctors	46	15	31	46	29	17	46	33	13
	Nursing staff	49	7	42	49	7	42	49	7	42
	Paramedical Staff	63	23	40	63	24	39	63	29	34
Grand Total		**8650**	**6635**	**2015**	**8888**	**7084**	**1804**	**8826**	**7303**	**1523**

S-Sanctioned, F-Filled, V-Vacant

PENDENCY AND VACANCIES IN THE ARMED FORCES TRIBUNAL (AFT)

1032. SHRI ASADUDDIN OWAISI:

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

(a) whether it is a fact that more than 35,000 cases are pending before the Armed Forces Tribunal (AFT);

(b) if so, the details thereof, along with the number of cases pending before the principal and regional benches of the AFT;

(c) the duration of pendency of such cases; and

(d) the current strength and vacancies of members and staff in the principal and regional benches of the AFT?

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

(a) to (c): No.

(d): Bench-wise details of current strength and vacancies of the Members and staff are enclosed as **Statement**.

STATEMENT

Benches	Members		Staff	
	Current Strength	Vacant	Current Strength	Vacant
Principal Bench, New Delhi	6	0	65	38
Chandigarh	5	1	63	26
Lucknow	4	2	57	31
Mumbai	2	0	33	12
Kochi	1	1	35	15
Chennai	1	1	24	15
Jaipur	2	0	25	16
Srinagar (Functioning at Jammu)	0	2	14	04
Jabalpur	0	2	14	03
Guwahati	0	2	12	22
Kolkata	1	1	17	23

फास्ट ट्रैक विशेष न्यायालय और विशेष पॉक्सो न्यायालय

1033. श्रीमती अनिता नागरसिंह चौहान:

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

(क) क्या सरकार इस बात से अवगत है कि रतलाम-झाबुआ-अलीराजपुर संसदीय क्षेत्र के जनजातीय और ग्रामीण क्षेत्रों में महिलाओं और बच्चों से संबंधित मामलों के त्वरित निपटान के लिए फास्ट ट्रैक विशेष अदालतों (एफटीएससी) और विशेष पॉक्सो न्यायालयों की आवश्यकता है;

(ख) यदि हाँ, तो उक्त संसदीय क्षेत्र में वर्तमान में कार्यरत या प्रस्तावित फास्ट ट्रैक विशेष न्यायालयों और विशेष पॉक्सो न्यायालयों की संख्या का ब्यौरा क्या है तथा पिछले दो वर्षों के दौरान दर्ज किए गए, निपटाए गए और लंबित मामलों की संख्या कितनी है; और

(ग) क्या सरकार का उक्त संसदीय क्षेत्र में लंबित मामलों के शीघ्र निपटारे के लिए न्यायिक अवसंरचना को सुदृढ़ करने के लिए अतिरिक्त फास्ट ट्रैक विशेष न्यायालय (एफटीएससी) स्थापित करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): मध्य प्रदेश उच्च न्यायालय द्वारा उपलब्ध करवाई गई सूचना के अनुसार, कुल 67 त्वरित निपटान विशेष न्यायालय (एफटीएससी), जिसके अंतर्गत 56 अनन्य रूप से पॉक्सो न्यायालय भी हैं, त्वरित निपटान विशेष न्यायालय (एफटीएससी) की केंद्रीय प्रायोजित योजना के अधीन कार्यात्मक हैं। इनमें से दो एफटीएससी, जिसके अंतर्गत एक अन्नय पॉक्सो न्यायालय भी है, रतलाम जिले में कार्यात्मक हैं, जबकि एक एफटीएससी झाबुआ जिले में, बलात्संग और लैंगिक अपराधों से बालकों का संरक्षण (पॉक्सो) अधिनियम के अधीन अपराधों से संबंधित मामलों के शीघ्र निपटान हेतु कार्यशील हैं। अलीराजपुर जिले में कोई भी एफटीएससी कार्यात्मक नहीं है।

पिछले दो वर्षों के दौरान रतलाम और झाबुआ जिलों के एफटीएससी, जिसके अंतर्गत अन्नय पॉक्सो न्यायालय भी हैं, के समक्ष संस्थित, निपटाए गए और लंबित मामलों की संख्या निम्नानुसार है:

जिला	**वर्ष**	**संस्थित मामले**	**निपटाए गए मामले**	**लंबित मामले**
रतलाम	2024	472	260	691
	2025	343	338	696
झाबुआ	2024	266	135	418
	2025	231	154	495
संबंधित वर्ष की 31 दिसंबर को लंबित।				

जिला और अधीनस्थ न्यायालयों, जिसके अंतर्गत विशेष न्यायालय भी हैं, की स्थापना संबंधित राज्य सरकारों के प्रशासनिक अधिकार-क्षेत्र के भीतर, संबद्ध उच्च न्यायालयों से परामर्श पर की जाती है। तदनुसार, अतिरिक्त एफटीएससी की स्थापना पर विचार, राज्य सरकार, संबद्ध उच्च न्यायालय से परामर्श पर, पात्र लंबित मामलों और संसाधनों की उपलब्धता को ध्यान में रखते हुए किया जाता है। वर्तमान में, उक्त संसदीय निर्वाचन क्षेत्र में अतिरिक्त एफटीएससी की स्थापना संबंधी कोई प्रस्ताव सरकार के विचाराधीन नहीं है।

एआई-आधारित चिकित्सा उपकरण और सॉफ्टवेयर

1034. डॉ. संबित पात्राः

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

(क) क्या देश में एआई-आधारित चिकित्सा उपकरणों और सॉफ्टवेयर का उपयोग बढ़ रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या देश में कैंसर की जांच और निदान के लिए एआई-आधारित सॉफ्टवेयर का उपयोग बढ़ रहा है और यदि हां, तो ऐसे सॉफ्टवेयर को विनियमित करने के लिए सरकार द्वारा उठाए गए / उठाए जाने वाले प्रस्तावित कदमों का ब्यौरा क्या है;

(ग) क्या एआई-आधारित चिकित्सा सॉफ्टवेयर के बढ़ते उपयोग को देखते हुए रोगी-सुरक्षा सुनिश्चित करने के लिए सरकार द्वारा कोई कदम उठाए गए / उठाए जाने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) एआई-आधारित चिकित्सा सॉफ्टवेयर के बढ़ते उपयोग को देखते हुए रोगी के डेटा की सुरक्षा सुनिश्चित करने के लिए सरकार द्वारा क्या सुरक्षा उपाय लागू किए गए हैं?

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

(क) से (घ): चिकित्सा प्रयोजनों के लिए उपयोग किए जाने वाले सॉफ्टवेयर (मेडिकल डिवाइस

सॉफ्टवेयर) सहित सभी चिकित्सा उपकरणों का विनियमन चिकित्सा उपकरण नियम, 2017 के प्रावधानों के अंतर्गत किया जाता है।

कृत्रिम बुद्धिमत्ता (एआई) आधारित चिकित्सा उपकरणों एवं सॉफ्टवेयर के संबंध में आवेदक को उक्त नियमों के अनुरूप व्यापक तकनीकी दस्तावेज प्रस्तुत करना आवश्यक होता है। इसके अंतर्गत मुख्य रूप से निम्नलिखित दस्तावेज अपेक्षित हैं—

(i) लागू सुरक्षा एवं कार्य-निष्पादन संबंधी अनुरूपता को दर्शाने वाली मुख्य जांच सूची।

(ii) सॉफ्टवेयर सहित सत्यापन एवं अधिप्रमाणन संबंधी दस्तावेज।

(iii) जोखिम विश्लेषण तथा जोखिम नियंत्रण संबंधी दस्तावेज।

(iv) सुरक्षा, कार्य-निष्पादन तथा प्रभावशीलता के समर्थन में नैदानिक साक्ष्य ।

(v) गुणवत्ता प्रबंधन प्रणाली संबंधी दस्तावेज।

(vi) सॉफ्टवेयर संस्करण, जारी करने संबंधी प्रमाण-पत्र, यदि कोई हो।

(vii) विपणनोत्तर निगरानी संबंधी दस्तावेज, जिनमें किसी संदिग्ध अप्रत्याशित गंभीर प्रतिकूल घटना, उत्पाद वापसी तथा आवधिक सुरक्षा अद्यतन रिपोर्ट (पीएसयूआर) आदि शामिल हैं। इनकी निगरानी केंद्रीय औषधि मानक नियंत्रण संगठन द्वारा चिकित्सा उपकरण नियम, 2017 के अध्याय IV, V, VII, VIII एवं XI के प्रावधानों के अनुसार किया जाता है।

सीडीएससीओ ने चिकित्सा उपकरण नियम, 2017 के अंतर्गत निर्धारित अपेक्षाओं के संबंध में स्पष्टता प्रदान करने के उद्देश्य से विभिन्न मार्गदर्शिका दस्तावेज, वर्गीकरण सूचियां तथा अक्सर पूछे जाने वाले प्रश्न प्रकाशित किए हैं।

स्वास्थ्य और परिवार कल्याण मंत्रालय ने 17 फरवरी, 2026 को इंडिया एआई इम्पैक्ट समिट के दौरान "भारत में स्वास्थ्य सेवा हेतु कृत्रिम बुद्धिमत्ता रणनीति (एसएएचआई) " तथा "स्वास्थ्य एआई हेतु बेंचमार्किंग ओपन डेटा प्लेटफॉर्म " (बीओडीएच) का शुभारंभ किया। एसएएचआई एक राष्ट्रीय मार्गदर्शी रूपरेखा है, जिसका उद्देश्य भारत की स्वास्थ्य प्रणाली में कृत्रिम बुद्धिमत्ता के सुरक्षित, नैतिक, साक्ष्य-आधारित, दायी एवं समावेशी उपयोग को प्रोत्साहित

करना है। स्वास्थ्य एआई हेतु बेंचमार्किंग ओपन डेटा प्लेटफार्म (बीओडीएच) बड़े पैमाने पर कार्यान्वयन से पूर्व परीक्षण और एआई सल्यूशन की बेंचमार्किंग के लिए एक संरचित रूपरेखा प्रदान करता है। कृत्रिम बुद्धिमत्ता आधारित समाधानों के परीक्षण एवं मानकीकृत तुलनात्मक मूल्यांकन के लिए एक सुव्यवस्थित व्यवस्था उपलब्ध कराता है। एसएएचआई का विकास स्वास्थ्य क्षेत्र के प्रमुख हितधारकों, जिनमें शैक्षणिक संस्थान भी शामिल हैं, के साथ व्यापक परामर्श के उपरांत किया गया है।

आयुष्मान भारत डिजिटल मिशन स्वास्थ्य प्रौद्योगिकी विकसित करने वाले संस्थानों/डेवलपर्स को सैंडबॉक्स वातावरण तथा एकीकरण टूलकिट उपलब्ध कराता है, जिससे वे कृत्रिम बुद्धिमत्ता आधारित स्क्रीनिंग उपकरणों सहित अपने एप्लीकेशनों एवं सॉफ्टवेयर का मिशन के साथ एकीकरण कर सकें।

MODERNIZATION OF PASSPORT OFFICES

1035. SHRI ARUN BHARTI:

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

(a) whether regional passport offices have successfully implemented automated systems to handle sudden changes in appointment schedules, if so, the details thereof;

(b) whether the expansion of passport sewa kendras in smaller towns has reduced the average processing time significantly, if so, the details thereof;

(c) whether real time short message service notifications are being utilized systematically to update applicants regarding documentation status, if so, the details thereof;

(d) whether digital inquiry systems operating at regional headquarters have

effectively minimized physical footfalls for routine administrative queries, if so, the details thereof;

(e) whether specialized training modules have been introduced to enhance public interaction standards among frontline passport verification officials, if so, the details thereof; and

(f) whether updated security features on electronic travel documents comply strictly with latest global civil aviation tracking benchmarks, if so, the details thereof?

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

(a) and (b): The appointments are scheduled by the applicants themselves via the Passport Seva website (https://www.passportindia.gov.in/) for the Passport Seva Kendras (PSKs) or Post Office Passport Seva Kendras (POPSKs) under respective Regional Passport Offices (RPOs). To cater to the increase in demand for the passport and related services, the Ministry of External Affairs (MEA) has been taking various steps including **increasing the number of daily appointments** and **organising special drives** on weekends. Moreover, in June 2018, Ministry launched the ***'Apply anywhere in India'*** scheme under which a passport can be applied at any PSK/POPSK in India. Also, MEA has been deploying ***Passport Mobile Van***, for on-site passport processing in rural/remote, hilly and underserved areas.

To provide improved and smooth passport services to applicants,

including those residing in smaller towns, the Ministry has taken several steps. The upgraded Passport Programme Version 2.0 (PSP V2.0) was rolled out in all 37 Regional Passport Offices (RPOs) and their Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) in the country in a phased manner and the pan-India roll out was completed on 26 May 2025. MEA has also taken several steps to expand the network of PSKs and POPSKs in underserved cities and to improve digital/online facilities for faster processing. MEA, in association with Department of Posts (DoP), decided in January 2017 to open Seva Kendras at the Head Post Offices (HPO)/Post Offices (PO) in the country called Post Office Passport Seva Kendras (POPSK) in each Lok Sabha Constituency (LSC) where there is no PSK or POPSK. Currently, 93 PSKs and 456 POPSKs are operational under 37 RPOs in the country. These steps have certainly reduced the average passport processing and issuance time. Police Verification has been an integral part of the Passport Issuance process. In January 2016, the Ministry launched ***Passport Seva Police Verification App*** (erstwhile *mPassport Police App)* for Android/iOS for use by State/UT police personnel tasked with conducting police verification, enabling them for an expeditious submission of PVR digitally directly from the Police Station itself. It is worthwhile to note that 25 States/UTs covering more than 9444 Police Stations across the country have already launched Passport Police Seva App. Moreover, a dedicated Project Monitoring Unit (PMU) in the PSP Division continuously monitors system performance and stability, while a 24×7 helpline provides round-the-clock support to users and resolves operational issues

ensuring uninterrupted and efficient service delivery.

(c): The Passport Seva system utilizes SMS notifications to keep applicants informed at various stages of passport processing. Automated alerts are sent regarding appointment confirmation, receipt of application, status of document scrutiny, initiation and completion of police verification, granting, printing, dispatch and delivery of passports, as applicable. Applicants can also track the status of their applications online through the Passport Seva Portal, thereby ensuring greater transparency and timely communication throughout the passport issuance process.

(d): The Passport Seva Programme provides comprehensive digital platforms, including the Passport Seva Portal, Passport Seva Mobile App and centralized citizen service call centre available through toll free number, enabling applicants to access information, track application status and obtain responses to routine queries without visiting Regional Passport Offices. These digital initiatives have substantially reduced the need for physical visits for administrative enquiries while improving accessibility, convenience and service delivery.

(e): Yes, training modules/programmes are conducted for officials including service personnel engaged in passport service delivery to enhance professional competence, public interaction standards and citizen-centric service delivery. The training covers customer service, grievance handling, communication skills, passport rules and procedures. Trainings also help ensure efficiency and quality of services across the Regional Passport Offices

(RPOs), Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs).

(f): Yes, the updated security features on electronic travel documents comply strictly with latest global civil aviation tracking benchmarks.

OCI CARDHOLDERS

1036. SUSHRI PRANITI SUSHILKUMAR SHINDE:

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

(a) whether the Government has taken cognizance of concerns raised by Overseas Citizen of India (OCI) cardholders regarding recent changes in rules, including digitisation of processes, revised documentation requirements, and discontinuation of certain legacy provisions, if so, the details thereof;

(b) the details of recent policy changes pertaining to OCI cards, including the introduction of electronic OCI (e-OCI), revised fee structures, and updated compliance requirements;

(c) whether the Government has received representations from OCI cardholders regarding procedural difficulties such as delays in processing, mandatory biometric/online submissions, and issues arising from the discontinuation of Person of Indian Origin (PIO) card validity; and

(d) the steps taken or proposed to streamline OCI services, reduce processing delays, and address grievances of OCI cardholders, particularly those residing 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) to (d): Policy matters pertaining to OCI are dealt with by the Ministry of Home Affairs. As per information available with the Ministry of External Affairs, in order to offer seamless service to OCI cardholders and in line with the Digital India Mission, the e-OCI registration service has been introduced, thus doing away with the necessity of carrying physical OCI cards for immigration clearance. Physical OCI cards, however, continue to remain valid. Several steps have been taken to simplify the procedures for applying and processing OCI cards including e-OCI registration. The fee for OCI cards has been standardized, regardless of the place of application. Other details regarding e-OCI card can be obtained from https://ociservices.gov.in. Concerns received regarding procedural difficulties in e-OCI registration are being duly addressed as and when received. Persons of Indian Origin (PIO) cards have been discontinued w.e.f. 31.12.2025. Various services, including online updation of details, fast-track immigration clearance, online registration and miscellaneous services have been introduced to provide digital and seamless user experience, thus streamlining OCI services in the interest of OCI cardholders.

NON-FUNCTIONAL VENTILATORS

1037. SHRI MANISH TEWARI:

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

(a) whether the Government has taken note of the reports that a large number of ventilators supplied during the COVID-19 pandemic at Government Medical

College and Hospital (GMCH), Sector 32, Chandigarh are lying non-functional affecting critical care services, if so, the details thereof;

(b) the total number of ventilators supplied, the number currently functional along with the reasons for non-functionality including issues of maintenance and spare parts;

(c) whether the Trauma Centre at GMCH-32 is facing shortages of technical staff including absence of ventilator technicians, if so, the details thereof;

(d) whether the Government Multi-Specialty Hospital (GMSH), Sector 16, is also facing shortages of ventilators and trained staff, if so, the details thereof;

(e) whether it is a fact that there is a broader shortage of nursing and paramedical staff across GMCH-32 and GMSH-16, if so, the details thereof along with the steps taken by the Government to fill vacancies and strengthen critical care infrastructure in Chandigarh; and

(f) the steps taken by the Government to repair equipment, fill vacancies and strengthen critical care infrastructure in Chandigarh hospitals?

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

(a) to (f): Ministry of Health and Family Welfare, Government of India has assisted the States/UTs from the beginning of the COVID-19 pandemic by, inter-alia, providing Medical Equipment like PPEs, N-95 Mask, Ventilators free of cost.

The Government of India provided 99 ventilators to the Government Medical

College and Hospital (GMCH), Chandigarh, during the COVID-19 pandemic. Against which, 35 ventilators are functional.

Further, Health Department, Chandigarh Administration has reported that GMCH-32 and GMSH-16 have sufficient number of nursing and para-medical staffs. All necessary measures are being taken to ensure timely maintenance and repair of equipment or machines in the hospitals.

IMPACT OF GLOBAL FERTILIZER PRICE RISE

1038. SHRI KARTI P. CHIDAMBARAM:

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

(a) whether the Government is aware that India struggled to secure adequate supplies of DAP and TSP following the closure of the Strait of Hormuz, necessitating a consortium-based import approach coordinated through IPL on behalf of the industry;

(b) the reasons for the Nutrient-Based Subsidy outlay for Kharif season 2026 being raised by nearly twelve percent to 41,533.81 crore and the extent to which this increase is directly attributable to elevated global prices of DAP, MOP and sulphur since the disruption began;

(c) whether Industrial bodies, including the Gujarat Chamber of Commerce and Industry, have sought export restrictions on elemental sulphur to secure domestic supply, if so, the details thereof along with the response of the Government thereto;

(d) whether the retail price of DAP has been insulated from these cost

pressures only through additional special subsidy support, if so, the details thereof; and

(e) the total quantum of such special support disbursed since the disruption began?

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

(a): The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (PandK) Fertilizers. Under the Scheme, PandK fertilizers including Diammonium Phosphate (DAP) and Triple Super Phosphate (TSP) are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics.

Due to the closure of the Strait of Hormuz, the Indian Fertiliser Industry was concerned about the availability of fertilisers. Considering the prevailing situation and the urgent need to ensure fertiliser and fertiliser raw material availability for Kharif season, companies came together to import fertilisers and fertiliser raw material through a “consortium-based import approach” instead of proceeding individually. In a joint meeting held among these companies, Indian Potash Limited (IPL) was nominated to coordinate on behalf of the fertilizer industry for the consortium-based import approach. Through this approach, the industry was able to secure the required quantities of DAP, TSP and Ammonium Sulphate for the country.

(b): Under NBS Scheme, the basic principle adopted in fixation of subsidy

rates for different nutrients is identification of ‘Benchmark International Prices’ of major consumed fertilizers i.e. Urea, DAP, MOP and Sulphur. Based on these benchmark prices, the delivered prices of these fertilizers are determined after taking into account the prevailing exchange rate. The increase in the NBS outlay for Kharif 2026 to ₹41,533.81 crore which is approximately Rs. 3581 crore more than the previous Rabi 2025-26 season, is primarily attributable to a rise in benchmark international prices of key fertilizers and inputs used for subsidy determination under the NBS Scheme.

(c): No representation has been received from the Gujarat Chamber of Commerce and Industry. However, representations have been received in Director General of Foreign Trade (DGFT) from the Basic Chemicals, Cosmetics and Dyes Export Promotion Council (CHEMEXCIL) and a Group of Domestic Sulphur-Dependent Manufacturers seeking export restrictions on Elemental Sulphur to secure domestic supply.

(d) and (e): To make DAP which is a key fertilizer, available at affordable price of Rs. 1350 per 50 kg bag, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif and Rabi 2025-26 and Kharif 2026 seasons. Department of Fertilizers has disbursed Rs. 900.97 crores from 01.04.2026 to 30.06.2026 on account of

special provisions like 'Other Costs' and GST component included in the MRP.

IMPLEMENTATION OF HARIT SAGAR GREEN PORT GUIDELINES

1039. SHRI SRIBHARAT MATHUKUMILLI:

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

(a) whether all major ports in the country have conducted the baseline studies mandated under the Harit Sagar – Green Port Guidelines, 2023 using FY 2022-23 as the base year to assess greenhouse gas emissions, carbon footprint and environmental performance indicators, if so, the details thereof, port-wise;

(b) the progress made by each major port since 2023 towards achieving the prescribed targets, including reduction in carbon intensity per tonne of cargo handled, renewable energy adoption, electrification of port equipment and increase in green cover, port-wise and year-wise;

(c) the projected cargo handling capacity and the corresponding projected total greenhouse gas emissions and carbon footprint of each major port by 2030, and whether the overall emissions are expected to decline despite the projected increase in cargo handled; and

(d) the corrective measures proposed to ensure achievement of the Harit Sagar targets by 2030?

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

(a) to (d): Under the **"Harit Sagar" Green Port Guidelines, 2023**, all Major Ports are required to undertake a baseline study taking **FY 2022-23** as the base year, to assess greenhouse gas emissions, carbon footprint and Environmental Performance Indicators (EPIs). The port-wise progress made by Major Ports towards implementation of these Guidelines is placed at **Statement**. The projected aggregate cargo handling capacity of all Major Ports by 2030 is **more than 2,000 MTPA**.

To achieve the targets under the Guidelines, Major Ports are implementing various decarbonisation measures, including expansion of renewable energy, electrification of port equipment and vehicles, provision of shore power facilities, promotion of alternative marine fuels, procurement of Green Tugs, enhancement of green cover, improvement in energy efficiency, strengthening of waste and water management and adoption of sustainable technologies. These measures are aimed at reducing carbon emission intensity (CO_2) emissions per tonne of cargo handled by 30% by 2030, while enabling sustainable growth in cargo handling capacity.

STATEMENT

The port-wise progress made by Major Ports

S.No	Ports	Baseline study conducted using FY 2022-23	Port Equipment electrification (in %age)		Share of Renewable Energy Consumption (Self-generated + Procurement from grid) (in %age)		Area under Green belt (in %)	
			2023	2026	2023	2026	2023	2026
1	DPA	Yes	88.9	89.47	31.2	55.49	1.77	1.83

2	MbPA	Yes	100	100	13.9	85.44	-	-
3	JNPA	Yes	13.4	22.78	2.7	57.88	33.72	33.72
4	MgPA	Yes	100	100	1.2	9.62	32.97	32.97
5	NMPA	-	100	100	100	100	33.33	33.33
6	CoPA	Yes	78.79	78.79	1	5.17	6.41	8.77
7	VOCPA	Yes	55.1	80.5	5	94	5.25	20.67
8	ChPA	Yes	9.52	11.11	2.4	2.18	1.68	1.82
9	KPL	Yes	77.78	79.2	50	66.9	22.8	23
10	VPA	Yes	80	83.3	34.9	51	17.53	27
11	PPA	Yes	59	68	0.1	0.25	17.66	20.9
12	SMPA	Yes	36.8	37.8	4.2	5.6	34.5	34.5

PRESCRIPTION AND AVAILABILITY OF GENERIC MEDICINES

1040. SHRI NAVASKANI K.:

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

(a) whether the Government proposes to make it mandatory for doctors to prescribe generic medicines or medicines by their salt names instead of branded drugs to ensure affordable treatment for patients, if so, the details thereof;

(b) whether the Government has assessed the impact of such a measure on reducing out-of-pocket expenditure, particularly among poor and middle-class families in rural areas, if so, the details thereof;

(c) whether any guidelines or directions have been issued to Government and private healthcare institutions in Tamil Nadu regarding the prescription of generic medicines, if so, the details thereof;

(d) whether the Government has conducted any assessment regarding the availability and uninterrupted supply of essential generic medicines in Government hospitals and Primary Health Centres (PHCs) across Tamil Nadu, if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government to strengthen awareness, quality assurance and accessibility of affordable generic medicines, particularly for patients suffering from chronic diseases such as diabetes, hypertension and cardiovascular ailments in Tamil Nadu?

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

(a) to (e): Clause 1.5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 provides that every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drug. Further, the Directorate General of Health Services has instructed vide order dated 12.05.2023 that all doctors in Central Government hospitals, CGHS Wellness Centres and polyclinics prescribe generic medicines.

The Government of Tamil Nadu has informed that the Tamil Nadu Medical Services Corporation (TNMSC) ensures the uninterrupted availability of essential generic medicines to Government Medical College Hospitals, Government Hospitals, Urban Primary Health Centres and Primary Health Centres through the Drug Distribution Management System (DDMS), which enables real-time monitoring of stock availability, consumption, indent

fulfilment and supply status.

Further, TNMSC procures quality-assured generic medicines for Co-operative Societies implementing the Mudhalvar Marunthagam Scheme, thereby ensuring the availability of affordable generic medicines to the public.

The Tamil Nadu Government, through TNMSC, has implemented the following measures to ensure the quality and accessibility of affordable generic medicines:

- Medicines are procured through transparent tender procedures only from manufacturers complying with the prescribed statutory and quality requirements.
- Drug batches supplied to TNMSC are subjected to quality testing through empanelled NABL-accredited laboratories before release for distribution. Medicines failing to conform to the prescribed quality standards are rejected and appropriate contractual action is initiated.
- Essential generic medicines included in the approved Essential Drugs List are supplied free of cost to Government health institutions to ensure uninterrupted treatment, particularly for patients suffering from chronic diseases such as diabetes, hypertension and cardiovascular diseases.
- The Essential Drugs List is periodically reviewed and updated based on expert recommendations and prevailing treatment guidelines to ensure availability of appropriate medicines.
- Awareness regarding rational prescribing and use of generic medicines is

promoted by the concerned Directorates through training and capacity-building programmes for healthcare professionals.

UNIVERSAL ACCESS TO AYUSH HEALTHCARE

1041. PROF. SOUGATA RAY:

SHRI KISHORI LAL:

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

(a) whether the Government has formulated any national policy or roadmap to ensure affordable and universal access to AYUSH healthcare services for all citizens in the country if so, the details thereof;

(b) whether the Government proposes to integrate AYUSH services with Primary Health Centers (PHCs), Community Health Centers (CHSs) and District Hospitals across the country;

(c) if so, the details along with the timeline thereof;

(d) whether the Government provides financial assistance to States and Union Territories for strengthening AYUSH infrastructure and services, if so, the details of funds released and utilised during the last three years, State/UT-wise; and

(e) whether the Government has established quality standards and regulatory mechanisms to ensure the safety, efficacy and standardisation of AYUSH medicines and therapies available to the public, 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): Through Centrally Sponsored Scheme of National Ayush Mission (NAM), Government has ensured affordable and universal access to Ayush healthcare services for all citizens in the country. Ministry of Ayush is implementing the scheme through State/UT Governments for overall development and promotion of Ayush Systems in the country. The financial assistance is being provided to the States/UTs for implementation of the various activities against the State Annual Action Plans (SAAPs) submitted by them, as per NAM guideline. The NAM inter-alia makes provision for the following activities:

(i) Operationalization of Ayush Health and Wellness Centres (AHWCs) now renamed as Ayushman Arogya Mandir (Ayush).

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

(iii) Upgradation of existing standalone Government Ayush Hospitals

(iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/dilapidated accommodation) /Construction of building to establish new Ayush Dispensary

(v) Setting up of 10/30/50 bedded integrated Ayush Hospitals

(vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals

(vii) Ayush Public Health Programs

(viii) Ayush Gram

(ix) Behavior Change Communication (BCC)

(x) Establishment of new Ayush colleges in the States where availability of AYUSH teaching institutions is inadequate in Government Sector.

(xi) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/add on PG/ Pharmacy/Para-Medical Courses.

(b) and (c): Under Centrally Sponsored Scheme of National Ayush Mission (NAM), Government is already integrating Ayush services with Primary Health Centers (PHCs), Community Health Centers (CHCs) and District Hospitals (DHs) across the country. Government of India has adopted a strategy of Co-location of Ayush facilities at PHCs, CHCs and 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 and 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, 6302 PHCs, 3191 CHCs and 475 DHs have been co-located with Ayush facilities across the country as per the NHM-MIS database as on 31.12.2025.

(d): Under Centrally Sponsored Scheme of National Ayush Mission (NAM) financial assistance is provided to the State/UT Governments against the proposals submitted through State Annual Action Plans (SAAPs) for

implementation of various activities proposed in the NAM guideline including strengthening of Ayush infrastructure and services. The State/UT-wise details of the funds released and utilised during the last three years are enclosed as **Statement**.

(e): The following measures are being implemented to ensure quality standards and regulatory mechanisms for safety, efficacy and standardisation of Ayush medicines and therapies:

i. Drugs and Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa-Rigpa, Unani, and Homoeopathy (ASSU &H) drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units and medicines including proof of safety and effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T and Schedule M-I of the Drugs Rules, 1945 for ASSU & H drugs respectively and also to follow the quality standards of drugs as prescribed in the respective pharmacopoeia. Drug Inspectors collect medicine samples regularly from manufacturing firms or sale shops within their jurisdiction and send them to Drug Testing Laboratory under Drug Control department for quality testing and if any sample is found to be 'Not of Standard Quality', appropriate action is initiated such as preventing the sale of the products from the market and appropriate legal actions as per Drugs and Cosmetics Act 1940 and Rules made thereunder.

ii. Pharmacopoeia Commission for Indian Medicine and Homoeopathy

(PCIM & H), sub-ordinate organization under Ministry of Ayush, lays down the formulary specifications and pharmacopoeia standards for ASSU & H drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASSU & H drugs. As per the Drugs and Cosmetics Act, 1940 and rules there under, the compliance to this quality standards are mandatory for manufacturing of ASSU & H drugs.

iii. PCIM &H also acts as the Appellate Drugs testing Laboratory for testing or analysis of ASSU&H Drugs. In addition, it conducts capacity-building trainings at regular intervals for the standardization, quality control, and testing or analysis of ASSU&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 ASSU&H drugs.

iv. Drug Testing Laboratories are being recognized under Rule 160 A to J of the Drugs Rules, 1945 for carrying out such tests of identity, purity, quality and strength of ASSU drugs. As on date, 118 private laboratories are approved or licensed under the provisions of Drugs Rules, 1945 for manufacturers. 34 Drug Testing Laboratories of State/UTs are testing quality of ASU drugs and raw materials for legal samples.

v. Ministry of Ayush has implemented Central Sector Scheme Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY) to support Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards under one of the components.

vi. An Ayush vertical has been created in Central Drugs Standard Control Organization (CDSCO) to strengthen regulatory measures ensuring safety and quality of Ayush drugs. Further, CDSCO issues WHO Certificate of Pharmaceutical Product (WHO-CoPP) to Ayush drugs having compliance to such standards. Drug Inspectors posted in Ayush vertical, conduct joint inspections of manufacturing units with State/UT licensing authorities to ensure the safety and quality of Ayush medicines. Further Ministry of Ayush encourages following certifications of Ayush products as per details below:

- Quality Certifications Scheme implemented by the Quality Council of India (QCI) for grant of Ayush standard and premium mark to ASU products on the basis of third-party evaluation of quality in accordance with the status of compliance to domestic and international standards respectively.
- Ministry of Ayush is also implementing the Ayush Quality Mark (AQM) initiative through the Ayush Export Promotion Council (AYUSHEXCIL). Under this framework, the Ayush Quality Mark is being granted after scrutiny and verification of valid quality certifications and statutory approvals issued by the competent Government authorities, such as GMP, WHO-GMP, Ayush Premium Mark and other recognised certifications, as applicable. The initiative aims to strengthen quality assurance, enhance consumer confidence, and improve the credibility and global competitiveness of Indian Ayush products.

STATEMENT

The State/UT-wise details of the funds released and utilised during the last three years under National Ayush Mission (NAM):

(Rs. In lakhs)

S. No.	Name of States/UTs	2023-24		2024-25		2025-26	
		Allocated/ Release (Central Share)	Utilization/ Expenditure (As per reported by State/UT)	Allocated/ Release (Central Share)	Utilization/ Expenditure (As per reported by State/UT)	Allocated/ Release (Central Share)	Utilization/ Expenditure (As per reported by State/UT)
1	Andaman and Nicobar Islands	407.29	407.29	542.75	525.43	237.35	236.82
2	Andhra Pradesh	0.00	0.00	2497.19	2497.19	2182.31	2182.11
3	Arunachal Pradesh	1186.04	1186.04	1498.84	1498.84	3374.07	3374.08
4	Assam	3471.45	3471.45	6511.87	6511.87	5710.66	5710.67
5	Bihar	1161.06	758.11	0.00	0.00	222.28	222.28
6	Chandigarh	226.32	224.75	447.58	420.90	284.75	89.57
7	Chhattisgarh	2151.43	1894.01	3194.06	2716.19	2321.06	2321.06
8	Dadra and Nagar Haveli and Daman and Diu	408.45	408.45	690.73	690.73	1181.89	1116.46
		0.00	0.00	0.00	0.00	0.000	0.00
9	Delhi	0.00	0.00	0.00	0.00	144.79	144.79
10	Goa	628.30	628.30	610.67	610.67	803.33	803.33
11	Gujarat	2961.42	2011.53	2623.10	1409.87	2643.61	2643.42
12	Haryana	3026.59	3026.59	1371.90	1371.90	1007.34	1007.34
13	Himachal Pradesh	3659.22	3659.22	2899.09	2899.09	3216.75	3216.75
14	Jammu and Kashmir	7510.36	7510.36	4361.60	4361.60	2666.12	2653.65
15	Jharkhand	2390.42	2390.42	3217.06	3217.06	1506.84	1506.85
16	Karnataka	5031.54	5031.54	6067.28	6067.28	2422.58	2422.58
17	Kerala	7989.40	7989.40	11037.96	11037.96	4847.69	4847.70
18	Ladakh	47.32	47.32	190.29	190.29	207.78	36.92
19	Lakshadweep	332.01	332.01	220.48	220.48	146.08	114.37

20	Madhya Pradesh	6120.00	6120.00	8169.59	8169.59	6702.25	6702.26
21	Maharashtra	2235.54	1959.92	2681.16	1210.94	2023.76	0.00
22	Manipur	0.00	0.00	1276.67	1276.67	237.94	237.94
23	Mizoram	1057.86	1057.86	1101.48	1101.48	1585.76	1585.76
24	Meghalaya	1722.60	1722.60	1520.48	1520.48	1457.04	1457.04
25	Nagaland	1016.97	1016.97	1342.11	1342.11	812.92	812.93
se	Odisha	0.00	0.00	2369.21	2369.21	862.30	862.30
27	Puducherry	197.08	179.21	683.40	325.71	174.08	174.09
28	Punjab	109.85	109.85	1701.10	1701.10	304.83	304.83
29	Rajasthan	3731.51	3724.81	15051.80	15003.67	9216.65	9216.65
	Sikkim	492.37	492.37	434.78	434.78	859.16	859.16
31	Tamil Nadu	6635.76	6635.76	7380.32	7380.32	2303.49	2303.49
32	Telangana	1225.17	1225.17	2491.38	2491.38	2575.45	2575.46
33	Tripura	566.99	566.99	815.77	815.77	413.78	413.50
34	Uttar Pradesh	12418.60	12418.60	13903.18	13893.18	2414.63	2414.64
35	Uttarakhand	3234.38	3234.38	2441.12	2441.12	5409.49	5409.25
36	West Bengal	3379.39	3339.22	2308.43	1374.88	1135.40	1135.35
	Total	**86732.66**	**84780.49**	**113654.42**	**109099.72**	**73616.37**	**71115.41**

बिहार में एकीकृत आयुष अस्पताल

1042. श्री गोपाल जी ठाकुर:

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

(क) क्या बिहार के दरभंगा जिले में 50 बिस्तरों वाले एकीकृत आयुष अस्पताल की स्थापना के लिए स्वीकृति प्रदान की गई है;

(ख) यदि हां, तो तत्संबंधी वर्तमान स्थिति क्या है और उक्त निर्माण कार्य के कब तक प्रारंभ और पूर्ण होने की संभावना है;

(ग) विगत पांच वर्षों के दौरान केंद्र सरकार द्वारा राष्ट्रीय आयुष मिशन या अन्य केंद्रीय योजनाओं के अंतर्गत दरभंगा जिले में आयुष क्षेत्र के विकास के लिए स्वीकृत, जारी और उपयोग की गई निधि का वर्ष-वार और मद-वार ब्यौरा क्या है;

(घ) दरभंगा जिले में वर्तमान में आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध, योग और प्राकृतिक चिकित्सा से संबंधित संचालित या प्रस्तावित विभिन्न योजनाओं, अस्पतालों, औषधालयों, स्वास्थ्य केंद्रों, योग और आरोग्य केंद्रों तथा अन्य परियोजनाओं का पद्धति-वार और योजना-वार ब्यौरा क्या है; और

(ङ) क्या सरकार उक्त सुविधा को एक क्षेत्रीय आयुष चिकित्सा एवं अनुसंधान केंद्र के रूप में विकसित करने के लिए किसी नई योजना या विशेष पैकेज पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख) :राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत बिहार राज्य सरकार से प्राप्त प्रस्ताव के अनुसार, आयुष मंत्रालय ने बिहार के दरभंगा में 50 बिस्तरों वाले एकीकृत आयुष अस्पताल की स्थापना को स्वीकृति प्रदान की है। बिहार राज्य सरकार द्वारा सूचित किया गया है कि दरभंगा में निर्माण कार्य अभी तक प्रारंभ नहीं हुआ है। चूंकि, योजना का कार्यान्वयन संबंधित राज्य सरकार के अधिकार क्षेत्र में आता है, इसलिए राज्य सरकार ने सूचित किया है कि यह परियोजना बिहार चिकित्सा सेवा और अवसंरचना निगम लिमिटेड (बीएमएसआईसीएल) को सौंप दी गई है।

(ग): राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत, पिछले पांच वर्षों के दौरान दरभंगा सहित बिहार में एसएएपी में स्वीकृत विभिन्न गतिविधियों के कार्यान्वयन हेतु राज्य सरकार को 3069.420 लाख रुपये की राशि जारी की गई है। राज्य सरकार द्वारा सूचित किया गया है कि उनके द्वारा 2666.465 लाख रुपये की राशि व्यय की गई है।

(घ): बिहार राज्य सरकार द्वारा सूचित किया गया है कि दरभंगा जिले में कुल 35 आयुष्मान आरोग्य मंदिर (आयुष), 06 आयुष औषधालय, 01 जिला संयुक्त औषधालय तथा 01 आयुर्वेदिक चिकित्सा महाविद्यालय स्थित हैं। इसके अतिरिक्त, राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत राज्य सरकार को एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार विभिन्न गतिविधियों के लिए

सहायता प्रदान की जा रही है।

(ङ): ऐसी कोई योजना/प्रस्ताव नहीं है।

STRENGTHENING OF MEDICAL INFRASTRUCTURE

1043. SHRI BAPI HALDAR:

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

(a) the details of action taken by the Union Government to strengthen healthcare infrastructure in the Mathurapur Parliamentary Constituency in West Bengal especially in the rural and coastal region;

(b) the number of new healthcare infrastructure/facilities sanctioned, operational and under construction in the said constituency under the National Health Mission (NHM) during the last three years;

(c) whether the Government is aware that many rural patients still travel long distances due to the lack of hospital infrastructure in the coastal areas of the said constituency;

(d) if so, whether the Government proposes to deploy Mobile Health Units or undertaken the upgradation of primary healthcare facilities upgrades under the National Health Mission, if so the details thereof; and

(e) the measures being taken by the Government to ensure equitable access to essential healthcare services for Scheduled Castes (SCs) and coastal communities?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI

PRATAPRAO GANPATRAO JADHAV):

(a) to (e): Under the National Health Mission, the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including West Bengal to strengthen the public healthcare system including strengthening of infrastructure gaps in rural areas including coastal area based on the proposals received from the States/UTs in the form of Programme Implementation Plans (PIPs). Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources.

The details of health projects approved for the State of West Bengal including Mathurapur Parliamentary Constituency are available in public domain at:

https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=62andlid=75

In addition to the National Health Mission, Government of India has allocated the following funds for health infrastructure to West Bengal including Mathurapur Parliamentary Constituency:

- **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 West Bengal, for FY 2021-22 to FY 2025-26 for an amount of Rs. 1309.29 Cr. For construction/ strengthening of 461 Building-less SHC-AAM, 204 Urban-Ayushman Arogya Mandir (U-AAM) , 23 Integrated Public Health Labs (IPHLs) at District level and 23

Critical Care Blocks (CCBs) at District Hospitals and Medical college level.

Mathurapur Parliamentary Constituency comes under South 24 Parganas district of West Bengal. Under the scheme, One (1) 50 bedded CCB at Diamond Harbour GMCH and one (1) Integrated Public Health Labs (IPHL) at M. R. Bangur SSH, eight (8) Urban-Ayushman Arogya Mandirs (U-AAMs) and forty two (42) Sub-Health Centres- AAMs (SHCs-AAMs) are approved for the district.

- **15th FC Inputs:** Under 15th Finance Commission Health Grants for the State of West Bengal, Rs.4318.62 Crore has been approved for the five year period from FY 2021-22 to FY 2025-26 and Rs.4217.93 Crore has been released during the same period that also includes capital cost for establishment and strengthening of 1551 Building-less SHCs, 146 Building-less PHCs, 23 Building-less CHCs, 341 Block Public Health Units (BPHUs), and 1171 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 Establishment of One new All India Institute of Medical Sciences (AIIMS) at Kalyani and upgradation of four Government Medical Colleges/ Institutions (GMCIs) viz. (1)Kolkata Medical College (2) BS Medical College, Bankura (3) Govt. Medical College, Malda and (4) North Bengal Medical College, Siliguri, Darjeeling for the State of West Bengal.

- 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. 11 medical colleges were approved in West Bengal State at Districts Birbhum (Rampur Hat), Cooch Behar, Diamond Harbour, Purulia, North Dinajpur, Barasat, Uluberia, Arambagh, Jhargram, Tamluk and Jalpaiguri. All the 11 approved medical Colleges are functional.

Under National Health Mission (NHM), the Government has taken many steps to ensure equitable access to essential healthcare services by supporting the State Government in providing accessible and affordable healthcare to all including Scheduled Castes (SCs) and coastal communities. Various initiatives carried out under NHM by the Government of India are operationalisation of Ayushman Arogya Mandir, National Ambulance Services, Mobile Medical Units, ASHAs, 24 x 7 Services and First Referral Facilities, Prime Minister's National Dialysis Programme, various activities under Reproductive and Child Health, Anaemia Mukt Bharat (AMB) strategy, TB Mukt Bharat Abhiyaan and Universal Immunization programme etc.

Mobile Medical Units (MMUs) are also supported under the National Health Mission (NHM) to provide preventive, promotive and curative healthcare services to populations residing in remote, difficult, and inaccessible areas, including coastal areas. Health is a state subject; hence state has the flexibility to station MMUs as per the need of the population. MMUs provide a

comprehensive package of primary healthcare services free of cost at the point of service, along with referral services. As on 31st December 31st, 2025, a total of 49 MMUs are functional across the State of West Bengal. (Source: NHM-MIS Report, 31st December, 2025).

As per information provided by West Bengal, Mobile Medical Boat are presently operational at four riverine blocks under Kakdwip sub-division, Namkhana, Patharpratima and Sagar blocks. Further, (8) eight MMU vehicles with medical team conducting medical camps in under-served and difficult areas @ 6 days/week have already been initiated.

SALE OF PRESCRIPTION DRUGS

1044. SHRI ATUL GARG:

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

(a) whether the Government has formulated comprehensive guidelines to regulate the online sale of prescription drugs to prevent unauthorised distribution by unlicensed platforms or the sale of such drug without valid medical prescriptions, if so, the details thereof;

(b) the details of the monitoring mechanisms currently implemented to ensure that all digital pharmacy platforms strictly adhere to the pharmacy licensing requirements stipulated under the Drugs and Cosmetics Act;

(c) whether the Government has taken cognizance of consumer concerns regarding significant price disparities and predatory pricing models adopted by online platforms compared with brick-and-mortar retail pharmacies, if so, the

details thereof;

(d) the number of complaints received regarding the sale of scheduled drugs without valid prescriptions and the enforcement actions taken by the Government against defaulting digital platforms during the financial year 2025-26; and

(e) the details of the future policy roadmap planned to formalise and notify specific e-pharmacy rules to protect public health while maintaining fair market competition for local retail pharmacy owners?

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

(a) to (e): In order to regulate the online sale of medicines/e-pharmacy comprehensively, the Government of India has published draft rules vide G.S.R. 817 (E) dated 28th August, 2018, inviting comments from the public to amend the Rules for incorporating provisions relating to the regulation of sale and distribution of drugs through e-pharmacy.

The draft rules contain provisions for registration of e-pharmacy, periodic inspection of e-pharmacy, procedure for distribution or sale of drugs through e-pharmacy, prohibition of advertisement of drugs through e-pharmacy, complaint redressal mechanism, monitoring of e-pharmacy, etc.

As informed by the Competition Commission of India (CCI), Section 3 of the Competition Act, 2002 prohibits agreements, including those involving online platforms, that cause or are likely to cause an appreciable adverse effect on competition in India while Section 4 of the Competition Act, 2002 prohibits

the abuse of dominant position. Upon finding any contravention after inquiry, the CCI issues appropriate remedial orders, including cease-and-desist directions, modification of agreements, monetary penalties and other measures under the Act.

Under the Drugs and Cosmetics Act, 1940, and Rules thereunder, the license for Sale and Distribution of drugs are granted by the State Licensing Authority appointed by the State Government. Licensee is required to comply with all the conditions of license. State Licensing Authorities are empowered to take action on violation of any conditions of such licenses. As per the conditions of license, sales of Drugs shall be effected only by or under the personal supervision of a registered pharmacist and no person can sale by retail the Schedule H, H1 and X drugs without prescription of Registered Medical Practitioner (RMP).

As and when complaints regarding sale of drugs by e-pharmacies without proper prescription etc. are received, based on the merit, the matter is referred to the concerned State Licensing Authority for taking action as per the provisions of Drugs and Cosmetics Act, 1940 and Rules, 1945, as the State Licensing Authorities are empowered to take action in case of any violation of the conditions of sale licenses.

UPGRADATION OF AYUSHMAN AROGYA MANDIRS

1045. SHRI LAVU SRIKRISHNA DEVARAYALU:

SHRI B. K. PARTHASARATHI:

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

(a) the total number of Ayushman Arogya Mandirs (AAMs) sanctioned and currently operational in the country, State-wise and district-wise for Andhra Pradesh;

(b) the number of Sub-Health Centres (SHCs) selected for upgradation into AAMs under the PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), State-wise and district-wise for Andhra Pradesh, along with the current status of upgradation;

(c) the details of the funds sanctioned, released and utilised for the upgradation of SHCs into AAMs under PM-ABHIM, State-wise and year-wise since its inception;

(d) the number of Sub-Health Centres selected for upgradation into AAMs under Finance Commission Health Grants, State-wise and district-wise for Andhra Pradesh along with the current status of upgradation; and

(e) the details of the funds sanctioned, released and utilised under Finance Commission Health Grants for such upgradation, State-wise and year-wise?

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

(a) to (e): As reported by States/UTs on Ayushman Arogya Mandir (AAM) portal, 1,86,298 AAMs have been operationalized across the country, as on 30.06.2026. State/UT-wise number of AAMs operationalized across the country including Andhra Pradesh is enclosed as **Statement-I**. District-wise,

details of AAMs operationalised in Andhra Pradesh, as on 30.06.2026, is attached as **Statement-II**.

A total of 696 Sub Health Centres (SHC) under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and 1,558 SHCs under fifteenth finance commission (XV-FC) health grants have been approved for upgradation into AAMs in Andhra Pradesh.

Details of State/UT-wise Central Release and Expenditure under PM-ABHIM since inception to FY 2025-26 is attached at **Statement-III**. Details of State-wise Approvals, Release and Fund Utilized from Award Period 2021-22 to Award Period 2025-26 under Fifteenth Finance Commission is attached at **Statement-IV**.

STATEMENT-I

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

S.N.	State Name	No. of operational Ayushman Arogya Mandir
1	Andaman and Nicobar Islands	129
2	Andhra Pradesh	11,873
3	Arunachal Pradesh	510
4	Assam	4,966
5	Bihar	12,444
6	Chandigarh	60
7	Chhattisgarh	5,898
8	Delhi	389
9	DNHandDD	88
10	Goa	310
11	Gujarat	10,625
12	Haryana	3,272

13	Himachal Pradesh	2,845
14	Jammu and Kashmir	3,173
15	Jharkhand	4,181
16	Karnataka	10,137
17	Kerala	7,207
18	Ladakh	321
19	Lakshadweep	13
20	Madhya Pradesh	12,775
21	Maharashtra	13,457
22	Manipur	420
23	Meghalaya	641
24	Mizoram	416
25	Nagaland	485
26	Odisha	7,379
27	Puducherry	133
28	Punjab	3,322
29	Rajasthan	14,494
30	Sikkim	183
31	Tamil Nadu	8,454
32	Telangana	5,038
33	Tripura	1,133
34	Uttar Pradesh	23,646
35	Uttarakhand	2,364
36	West Bengal	13,517
	Total	**1,86,298**

STATEMENT-II

District-wise details of AAMs operationalised in Andhra Pradesh, as on 30.06.2026:

S.N.	District	No. of AAMs operationalised
1.	Srikakulam	681
2.	Vizianagaram	554
3.	Visakhapatnam	130
4.	East Godavari	418

5.	West Godavari	423
6.	Krishna	431
7.	Guntur	290
8.	Prakasam	629
9.	Spsr Nellore	586
10.	Y.S.R.	470
11.	Kurnool	495
12.	Anantapur	505
13.	Chittoor	532
14.	Parvathipuram Manyam	325
15.	Anakapalli	484
16.	Alluri Sitharama Raju	360
17.	Kakinada	479
18.	Konaseema	488
19.	Eluru	546
20.	NTR	338
21.	Bapatla	423
22.	Palnadu	434
23.	Tirupati	529
24.	Annamayya	436
25.	Sri Sathya Sai	443
26.	Nandyal	444
	Total	**11,873**

STATEMENT- III

State/UT-wise Central Release and Expenditure under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission since inception to FY 2025-26

Rs. In Crore

S. No.	Name of the State/UT	2021-22		2022-23		2023-24		2024-25		2025-26	
		Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
1	Andaman and Nicobar Islands	0.00	0.00	1.11	0.00	0.00	0.00	1.05	1.57	6.77	2.76
2	Andhra Pradesh	3.75	0.00	15.76	6.25	35.78	28.85	39.07	65.16	59.32	98.86
3	Arunachal Pradesh	0.56	0.00	0.10	0.00	8.83	2.25	1.05	2.44	0.88	0.98
4	Assam	57.90	0.00	2.26	1.16	91.45	68.45	159.61	177.34	164.17	209.85
5	Bihar	125.86	0.00	7.17	0.00	0.00	50.69	15.92	185.61	76.85	128.08
6	Chandigarh	0.00	0.00	4.79	1.73	10.38	5.83	5.13	6.34	5.13	8.75
7	Chattisgarh	11.25	0.00	1.34	11.01	32.23	19.64	18.63	31.05	32.78	55.33
8	Dadra and Nagar Haveli and Daman and Diu	0.00	0.00	0.24	0.00	0.28	0.21	0.53	0.51	7.18	1.02
9	Delhi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.85	7.09
10	Goa	0.00	0.00	0.06	0.00	3.75	0.00	0.10	0.21	0.61	1.06
11	Gujarat	0.00	0.00	29.54	32.24	46.04	56.13	79.38	146.63	100.52	167.54

12	Haryana	11.06	0.00	1.31	0.00	17.67	16.63	36.00	88.63	19.19	32.73
13	Himachal Pradesh	0.00	0.00	28.05	9.98	15.69	15.27	44.81	52.92	93.27	103.63
14	Jammu and Kashmir	16.11	0.00	1.00	0.00	44.01	36.67	60.44	63.71	49.69	89.56
15	Jharkhand	44.70	0.00	183.04	240.87	102.27	454.05	65.27	289.16	89.02	148.37
16	Karnataka	11.25	0.00	37.10	18.75	100.57	104.47	118.91	198.19	199.75	332.91
17	Kerala	3.75	0.00	24.89	4.72	0.00	36.66	24.58	36.15	26.45	44.08
18	Ladakh	0.00	0.00	0.00	0.00	0.62	0.31	0.62	0.62	1.03	0.93
19	Lakshadweep	0.00	0.00	0.63	0.00	0.00	0.07	0.00	0.51	0.32	0.29
20	Madhya Pradesh	22.85	0.00	98.70	99.43	228.52	300.93	63.19	295.14	130.42	227.36
21	Maharashtra	17.45	0.00	4.07	0.00	31.76	34.47	65.48	86.82	221.13	368.56
22	Manipur	4.56	0.00	10.92	4.56	13.78	16.89	5.74	21.20	8.77	13.37
23	Meghalaya	9.65	0.00	43.28	8.80	4.42	28.02	10.50	27.34	23.03	25.12
24	Mizoram	0.28	0.00	1.52	0.27	4.52	1.32	3.82	7.27	2.05	4.23
25	Nagaland	0.28	0.00	0.08	0.00	4.42	0.60	0.00	1.71	3.30	6.57
26	Odisha	32.15	0.00	211.46	258.55	171.58	423.43	149.05	248.42	137.19	228.65
27	Puducherry	0.42	0.00	0.19	0.62	2.67	2.88	2.50	4.28	9.00	13.76
28	Punjab	0.00	0.00	24.16	0.00	0.00	2.07	8.92	45.33	71.66	119.44
29	Rajasthan	45.37	0.00	83.59	108.50	173.06	280.43	157.76	262.93	189.31	315.51
30	Sikkim	0.00	0.00	0.75	0.26	3.88	2.05	1.67	3.74	4.90	5.54
31	Tamil Nadu	17.45	29.08	150.42	183.35	279.36	389.37	224.99	512.33	172.51	283.44
32	Telangana	11.25	0.00	53.88	83.75	95.21	141.73	208.82	348.04	151.12	251.87

33	Tripura	0.00	0.00	0.90	0.38	2.48	1.43	2.12	2.94	3.57	3.83
34	Uttar Pradesh	124.63	0.00	173.71	254.04	247.96	252.69	400.95	544.74	211.88	511.46
35	Uttarakhand	1.56	0.00	32.31	1.60	0.00	16.35	26.89	31.07	33.88	37.65
36	West Bengal	9.95	0.00	0.00	9.75	30.91	49.78	78.40	92.35	91.42	152.37

Note:

1. The above releases relate to Central Govt. Grants and do not include State share contribution.

2. Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

STATEMENT-IV

State-wise Approvals, Release and Fund Utilized from Award Period 2021-22 to Award Period 2025-26 under Fifteenth Finance Commission

Rs. in Cr.

		Award Period 2021-22			**Award Period 2022-23**			**Award Period 2023-24**			**Award Period 2024-25**			**Award Period 2025-26**		
Sl. No.	**State**	**Approval**	**Released**	**Fund Utilized as per State Information for FY 2021-22**	**Approval**	**Released**	**Fund Utilized as per State Information for FY 2022-23**	**Approval**	**Released**	**Fund Utilized as per State Information for FY 2023-24**	**Approval**	**Released**	**Fund Utilized as per State Information for FY 2024-25**	**Approval**	**Released**	**Fund Utilized as per State Information for FY 2025-26**
1	Andhra Pradesh	489.32	489.32	476.71	489.77	489.77	463.30	514.13	514.13	477.03	540.18	540.18	410.99	567.40	567.40	0.00
2	Arunachal Pradesh	46.94	46.94	46.94	48.45	48.45	48.42	49.71	49.71	14.17	53.78	14.79	0.00	56.46	15.65	0.00
3	Assam	272.25	272.25	231.04	272.15	104.37	104.37	281.23	280.84	171.55	307.71	95.87	27.97	323.45	54.24	11.45
4	Bihar	1116.31	1,116.3	608.80	1,117.96	922.21	485.47	1,189.12	1,011.65	324.19	1,248.28	703.74	377.48	1,311.51	555.00	0.00

			1													
5	Chhattisgarh	338.79	338.79	228.92	338.76	90.44	0.00	350.09	252.04	0.00	373.47	0.00	0.00	391.85	0.00	0.00
6	Goa	31.45	31.45	8.34	23.61	3.02	0.00	32.76	0.00	0.00	33.29	0.00	0.00	35.10	0.00	0.00
7	Gujarat	629.21	629.22	629.14	629.22	629.22	475.95	660.05	660.05	360.11	693.10	693.10	386.69	726.36	726.36	0.00
8	Haryana	304.57	304.57	197.08	304.57	60.54	35.07	319.77	319.77	204.94	335.85	327.77	59.56	352.57	125.69	0.00
9	Himachal Pradesh	98.01	98.01	90.57	98.01	98.01	92.79	103.10	103.10	98.70	108.15	106.55	52.25	113.73	112.93	34.97
10	Jharkhand	444.45	444.45	285.23	445.76	445.76	252.35	465.40	465.40	256.98	492.10	492.10	250.38	516.70	516.70	145.77
11	Karnataka	551.53	551.53	381.58	551.24	551.24	379.06	579.07	579.07	320.54	607.77	607.77	313.25	638.44	356.16	0.01
12	Kerala	557.65	557.65	557.65	558.97	558.97	487.93	578.12	578.12	440.40	616.23	616.23	363.11	647.06	647.06	0.00
13	Madhya Pradesh	922.80	922.80	735.94	912.80	912.80	643.08	969.27	869.04	542.86	1,017.58	999.77	539.15	778.41	778.41	0.00
14	Maharashtra	1330.72	1,330.72	1,176.66	1,329.66	1,329.66	962.91	1,396.64	1,396.64	945.01	1,466.87	1,466.87	881.59	1,539.71	1,539.71	83.60
15	Manipur	42.88	42.88	27.63	42.81	37.45	4.78	43.01	22.73	0.00	45.45	0.00	0.00	47.38	0.00	0.00
16	Meghalaya	58.65	58.65	56.97	58.51	58.51	38.68	61.50	61.47	24.13	59.02	14.91	0.00	61.42	0.00	0.00
17	Mizoram	31.19	31.19	28.50	31.18	31.18	20.35	32.07	32.07	17.09	34.51	25.80	0.00	36.00	0.00	0.00
18	Nagaland	57.01	57.01	57.01	51.86	51.86	21.80	46.61	10.77	0.00	47.62	0.00	0.00	49.39	0.00	0.00
19	Odisha	461.77	461.77	461.77	461.45	461.45	445.96	483.18	483.18	425.71	509.56	509.55	315.49	534.44	483.04	214.08
20	Punjab	399.66	399.66	290.43	401.12	401.12	259.75	421.57	421.25	258.03	442.52	442.52	61.54	464.51	423.03	0.00
21	Rajasthan	832.73	832.73	559.70	801.62	801.62	459.91	870.33	870.33	330.89	900.19	900.19	382.23	900.40	895.12	105.72
22	Sikkim	20.98	20.98	0.00	20.98	20.98	0.00	20.37	11.66	0.00	22.28	7.87	0.00	23.96	12.09	0.00
23	Tamil Nadu	805.93	805.93	805.93	801.22	801.08	801.08	838.94	838.94	803.78	870.40	870.40	736.90	932.93	932.93	477.24
24	Telangana	418.20	418.20	418.20	419.18	419.19	419.18	439.13	437.71	437.71	462.63	462.63	462.63	485.53	485.53	162.11
25	Tripura	84.08	84.08	75.35	85.18	85.17	66.49	88.36	88.36	51.69	93.84	93.84	56.23	98.59	98.59	23.22
26	Uttar Pradesh	1821.13	1,829.09	1,668.92	1,829.71	607.60	453.02	1,917.56	1,861.78	1,751.00	1,781.57	1,429.40	23.11	1,978.17	0.00	0.00
27	Uttarakhand	150.10	150.10	128.13	149.60	149.60	77.70	113.79	106.58	10.31	98.87	22.49	4.17	95.81	0.00	0.00

28	West Bengal	828.07	828.07	823.63	829.20	829.06	805.10	788.66	788.66	708.39	912.96	912.96	515.23	959.73	859.18	0.00
	Grand Total	13146.37	13,154.34	11,056.77	13,104.54	11,000.31	8,304.50	13,653.52	13,115.02	8,975.22	14,175.77	12,357.26	6,219.95	14,667.01	10,184.83	1,258.16

Note

The above approvals and releases are updated upto 31.03.2026 and is provisional.

It may be noted that Grants are released by the Department of Expenditure, Ministry of Finance, Govt. of India on the recommendation received from MoHFW. The grant under the Fifteenth Finance Commission is released component wise as per approvals accorded by NLC to all the States by Department of Expenditure (DoE) on the recommendation of this Ministry in a lump sum manner.

Expenditure is as per Financial Progress Report as reported submitted by the States and is provisional.

पंजाब में आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना के अंतर्गत चिकित्सा उपचार

1046. श्री सुखजिंदर सिंह रंधावा:

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

(क) क्या पंजाब राज्य के कई अस्पतालों में 'आयुष्मान भारत- प्रधानमंत्री जन आरोग्य योजना' के अंतर्गत पात्र लाभार्थियों को उपचार प्रदान नहीं किया जा रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) इस संबंध में केंद्र सरकार और पंजाब राज्य सरकार के बीच अब तक किए गए पत्राचार, बैठकों या अन्य प्रयासों का ब्यौरा क्या है और उनकी वर्तमान स्थिति क्या है; और

(ग) केंद्र सरकार द्वारा उक्त योजना के अंतर्गत पंजाब में पात्र लाभार्थियों को निर्बाध उपचार प्रदान करने के लिए क्या सुधारात्मक और ठोस कदम उठाए गए हैं/उठाए जाने हैं?

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

(क) से (ग): पंजाब राज्य में, आयुष्मान भारत–प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत सभी पात्र लाभार्थियों को उक्त योजना के पैनलबद्धकरण संबंधी दिशा-निर्देशों के अनुसार पैनलबद्ध अस्पतालों के माध्यम से उपचार उपलब्ध कराया जा रहा है। एबी-पीएमजेएवाई के पैनलबद्धकरण दिशा-निर्देशों के अनुसार, पैनलबद्ध अस्पताल पात्र लाभार्थियों को उपचार देने से मना नहीं कर सकते।

यदि किसी पैनलबद्ध अस्पताल द्वारा उपचार प्राप्त करने में किसी प्रकार की अनियमितता की जाती है अथवा उपचार देने से मना किया जाता है, तो लाभार्थी केंद्रीकृत शिकायत निवारण प्रबंधन प्रणाली अथवा 24×7 टोल-फ्री हेल्पलाइन संख्या 14555 के माध्यम से अपनी शिकायत दर्ज करा सकते हैं। एबी-पीएमजेएवाई के अंतर्गत ऐसी शिकायतों की निगरानी जिला, राज्य तथा राष्ट्रीय स्तर पर त्रिस्तरीय शिकायत निवारण तंत्र के माध्यम से की जाती है। प्रत्येक स्तर पर

शिकायतों की जांच एवं उनके निस्तारण के लिए नामित नोडल अधिकारी तथा शिकायत निवारण समितियां गठित हैं। इसके अतिरिक्त, राज्य/संघ राज्य क्षेत्र के प्राधिकारी पात्र आयुष्मान लाभार्थियों को निःशुल्क उपचार देने से मना करने वाले अस्पतालों के खिलाफ आवश्यक दंडात्मक कार्रवाई कर सकते हैं।

इसके अतिरिक्त, राष्ट्रीय स्वास्थ्य प्राधिकरण द्वारा राज्य स्वास्थ्य अभिकरणों के साथ नियमित समीक्षा बैठकें आयोजित की जाती हैं, जिनमें एबी-पीएमजेएवाई के कार्यान्वयन की निगरानी, मुख्य निष्पादक संकेतकों की समीक्षा, परिचालन संबंधी चुनौतियों का समाधान तथा योजना के प्रभावी क्रियान्वयन हेतु मुद्दों के समयबद्ध निस्तारण को सुनिश्चित किया जाता है।

इसके अतिरिक्त, एबी-पीएमजेएवाई का कार्यान्वयन एक सुदृढ़ डिजिटल प्लेटफॉर्म के माध्यम से किया जाता है, जिसमें भूमिका-आधारित अधिकृत लॉग-इन, मानकीकृत स्वास्थ्य लाभ पैकेज एवं उपचार दिशा-निर्देश, निर्धारित समय-सीमा, पेपरलेस एवं कैशलेस पूर्व-प्राधिकार, दावों का प्रोसेसिंग और प्रबंधन प्रणालियां, प्रौद्योगिकी-सक्षम धोखाधड़ी-रोधी तंत्र तथा व्यापक शिकायत निवारण प्रणाली शामिल है। ये सभी उपाय पारदर्शिता, जवाबदेही तथा स्वास्थ्य परिचर्या की निर्बाध उपलब्धता सुनिश्चित करते हैं, जिससे पात्र लाभार्थियों को योजना के अंतर्गत बिना किसी व्यवधान के कैशलेस उपचार प्राप्त हो सके।

बाल पोषण से संबंधित योजनाएं

1047. श्री अरुण कुमार सागर:

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

(क) राष्ट्रीय स्तर पर बाल पोषण से संबंधित योजनाओं का ब्यौरा क्या है;

(ख) उक्त योजनाओं के अंतर्गत निःशुल्क भोजन और पोषण किट संबंधी प्रावधानों का ब्यौरा क्या है;

(ग) शाहजहांपुर संसदीय निर्वाचन क्षेत्र में उक्त योजनाओं से लाभान्वित बच्चों की संख्या कितनी है;

(घ) देश में पोषण प्रदायगी में आने वाली समस्याओं का ब्यौरा क्या है; और

(ङ) बच्चों के स्वास्थ्य पर उक्त योजनाओं के प्रभाव का ब्यौरा क्या है?

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

(क) से (ङ): 0-6 वर्ष की आयु के बच्चों के पोषण परिणामों में सुधार के लिए, महिला एवं बाल विकास मंत्रालय ने आंगनवाड़ी सेवाओं, पोषण अभियान और किशोरियों के लिए योजना (आकांक्षी जिलों और पूर्वोत्तर क्षेत्र में 14-18 वर्ष की आयु वर्ग) को शामिल करके मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0) शुरू किया है। यह केंद्र प्रायोजित मिशन है, जिसके विभिन्न कार्यों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है। इस मिशन के लाभार्थियों में देश के 6 वर्ष से कम आयु के बच्चे, गर्भवती महिलाएं, स्तनपान कराने वाली माताएं और किशोरियां (आकांक्षी जिलों और पूर्वोत्तर क्षेत्र में 14-18 वर्ष की आयु वर्ग) शामिल हैं।

मंत्रालय ने मिशन पोषण 2.0 के तहत परिभाषित संकेतकों पर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निगरानी और ट्रैकिंग के लिए मार्च 2021 में एक महत्वपूर्ण निगरानी उपकरण के रूप में 'पोषण ट्रैकर' एप्लिकेशन की शुरुआत की। इसने आंगनवाड़ी सेवाओं जैसे आंगनवाड़ी केंद्रों को खोलने, बच्चों की दैनिक उपस्थिति, ईसीसीई कार्यकलापों, बच्चों के विकास की निगरानी, पके हुए गर्म भोजन (एचसीएम) और टेक-होम राशन (टीएचआर) की प्रदायगी आदि के संबंध में तत्समय (रियल टाईम) डेटा संग्रह की सुविधा प्रदान की है। पोषण ट्रैकर एप्लिकेशन ने विभिन्न मापदंडों पर योजना के कार्यान्वयन की समीक्षा करने और आवश्यकतानुसार सुधार करने की सुविधा प्रदान की है। अंतिम व्यक्ति तक सेवा प्रदायगी की ट्रैकिंग करने, टेक-होम राशन की प्रदायगी के लिए पोषण ट्रैकर ऐप में फेशियल रिकग्निशन प्रणाली (एफआरएस) शुरू की गई है ताकि यह सुनिश्चित किया जा सके कि लाभ केवल पोषण ट्रैकर में

पंजीकृत इच्छित लाभार्थी को ही दिया जाए। शाहजहांपुर संसदीय निर्वाचन क्षेत्र सहित सभी राज्यों और संघ राज्य क्षेत्रों में पोषण संकेतकों, लाभान्वित बच्चों और योजना की प्रगति का विवरण पोषण ट्रैकर डैशबोर्ड https://www.poshantracker.in/statistics. पर उपलब्ध है।

मिशन पोषण 2.0 के तहत, सामुदायिक सहभागिता, आउटरीच, व्यवहार परिवर्तन और प्रचार-प्रसार जैसी गतिविधियों के माध्यम से कुपोषण को कम करने और स्वास्थ्य, कल्याण तथा रोग प्रतिरोधक क्षमता में सुधार के लिए एक नई कार्यनीति बनाई गई है। यह आयुष पद्धतियों के माध्यम से मातृ पोषण, शिशु और छोटे बच्चों के पोषण संबंधी मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएएम) के उपचार और कल्याण पर केंद्रित है, ताकि दुबलापन, बौनापन, एनीमिया और अल्प वजन की व्याप्तता को कम किया जा सके।

इस मिशन के तहत, राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 की अनुसूची-II में निहित पोषण मानकों के अनुसार बच्चों (6 माह से 6 वर्ष तक), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण प्रदान किया जाता है। इन मानदंडों को जनवरी 2023 में संशोधित किया गया था। पुराने मानदंड मुख्य रूप से कैलोरी-विशिष्ट थे; जबकि, संशोधित मानदंड आहार विविधता के सिद्धांतों पर आधारित पूरक पोषण की मात्रा और गुणवत्ता दोनों के संदर्भ में अधिक व्यापक और संतुलित हैं, और इनमें गुणवत्तापूर्ण प्रोटीन, लाभकारी वसा और सूक्ष्म पोषक तत्वों (कैल्शियम, जिंक, आयरन, आहार फोलेट, विटामिन ए, विटामिन बी6 और विटामिन बी12) का प्रावधान है। गंभीर रूप से कुपोषित (एसएएम) बच्चों को टेक होम राशन (टीएचआर) के रूप में अतिरिक्त पूरक पोषण प्रदान किया जाता है।

इसके अलावा, महिला एवं बाल विकास मंत्रालय और स्वास्थ्य और परिवार कल्याण मंत्रालय ने बच्चों में गंभीर तीव्र कुपोषण की रोकथाम और उपचार तथा इससे संबंधित रुग्णता और मृत्यु दर को कम करने के लिए संयुक्त रूप से बाल कुपोषण प्रबंधन प्रोटोकॉल (सीएमएएम) जारी किया है। समुदाय-आधारित दृष्टिकोण में समुदाय में गंभीर तीव्र कुपोषण से ग्रस्त बच्चों की समय

पर पहचान और स्क्रीनिंग, जिन बच्चों में चिकित्सा संबंधी जटिलताएं नहीं हैं उन्हें घर पर स्थानीय पौष्टिक भोजन उपलब्ध कराना और सहायक चिकित्सा देखभाल प्रदान करना शामिल है।

इस मिशन के अंतर्गत किए गए प्रमुख कार्यों में से एक है सामुदायिक जुटाव और जागरूकता अभियान, जिसका उद्देश्य लोगों को पोषण संबंधी पहलुओं के बारे में शिक्षित करना है, क्योंकि अच्छे पोषण की आदतें अपनाने के लिए व्यवहार में बदलाव लाने हेतु निरंतर प्रयासों की आवश्यकता होती है। राज्य और संघ राज्य क्षेत्र सितंबर और मार्च-अप्रैल में मनाए जाने वाले क्रमशः पोषण माह और पोषण पखवाड़ा के दौरान जन आंदोलन के अंतर्गत नियमित रूप से जागरूकता अभियान चला रहे हैं और उनकी रिपोर्ट प्रस्तुत कर रहे हैं। समुदाय आधारित कार्यक्रमों (सीबीई) ने पोषण संबंधी आदतों में बदलाव लाने में एक महत्वपूर्ण भूमिका निभाई है और सभी आंगनवाड़ी कार्यकर्त्रियों को प्रत्येक महीने समुदाय आधारित दो कार्यक्रम आयोजित करना अनिवार्य है।

AB-PMJAY CLAIM-SETTLEMENT TIMELINES

1048. CAPTAIN BRIJESH CHOWTA:

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

(a) the number and value of claims submitted by empanelled hospitals under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Karnataka during the last three years, including Dakshina Kannada district;

(b) the details of claims settled, rejected and pending along with the average settlement time;

(c) the principal reasons for delays or claim rejections and the number and nature of grievances received; and

(d) the measures proposed by the Government to ensure timely settlement of claims and uninterrupted beneficiary treatment?

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

(a) to (d): During the period of last three years (FY 2023-24 to FY 2025-26), a total of 99.85 lakh claims amounting to Rs 5763.40 crore have been submitted by empanelled hospitals under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the state of Karnataka, which includes a total of 3.18 lakh claims amounting to Rs. 407.53 crore in Dakshina Kannada district. During the same period, a total of 92.42 lakh claims have been settled.

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

Under AB-PMJAY, a robust grievance redressal mechanism has been established to address beneficiary grievances in a timely and transparent manner. Beneficiaries can register their grievances through the Centralized Grievance Redressal Management System, a 24×7 toll-free helpline number

14555, Ayushman app or the Ayushman Sarathi (WhatsApp Chatbot). Grievances are monitored and resolved through a structured mechanism at the National, State and District levels to ensure effective redressal and improved beneficiary experience under the scheme.

PASSPORT APPLICATION FEES

1049. DR. M. K. VISHNU PRASAD:

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

(a) whether the Government has revised the passport application fee during the last five years and if so, the details thereof along with the reasons for such revision;

(b) the total revenue generated from passport application fees during the last five years, year-wise along with the details of its utilisation for strengthening the passport and consular services;

(c) the number of passport applications received, passports issued and rejected during the last five years, year-wise; and

(d) the steps taken or proposed to be taken by the Government to make passport services more affordable, faster and accessible, particularly for students, senior citizens and first-time applicants?

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 fee for all passport and passport-related services prescribed under Schedule IV of the Passports Rules, 1980 has been revised vide Gazette Notification G.S.R. No. 516(E) dated 25.06.2026, with effect from 1 July 2026. A copy of the Gazette notification having revised fee is enclosed as **Statement**.

Passport fees are revised from time to time after a comprehensive review of the cost of providing passport and related services, operational requirements, and service delivery improvements. Earlier, passport fees have been revised in 1971, 1980, 1993, 2002, 2012, and now in 2026. A number of initiatives have been taken for improvement of passport services including implementation of upgraded Passport Seva Programme (PSP) Version 2.0 and e-Passports which has enhanced the quality, security and efficiency of passport services, while increasing the cost of service delivery. Combined with these expenses and the inflation in the cost of all the components of issuance of passports and providing passport services in last 14 years since the last revision of passport fees was undertaken in 2012, this increase in passport fees was unavoidable.

(b): The total revenue generated from passport application fees during last five years (from 2021-22 to 2025-26) is Rs. 16,767.55 crores.

(c): As per the available records, the applications received, passports issued and applications rejected during last five years from 2021 to 2025 are 6,81,81,433; 6,50,70,353 and 8,794 respectively.

(d): The Government has undertaken several initiatives to make passport

services affordable, faster and more accessible by expansion of the Passport Seva network through Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs), end-to-end online application and appointment system, and the ‘Anywhere Passport’ facility. These initiatives inter-alia helpful for students as well, as they can submit passport applications at their place of study or native place. Also Mobile Passport Seva Vans are deployed, to educational institutions and remote areas allowing them to submit applications at their closest place. Senior citizens are provided priority tokens at PSKs and additional care in submission of passport applications. Besides a 10% concession on fresh passport fees are also given to senior citizens for fresh passport. The upgraded PSP Version 2.0 also provides AI-enabled citizen assistance, DigiLocker integration, automated document validation and multilingual National Call Centre support, making passport services more convenient, particularly for first-time applicants.

STATEMENT

MINISTRY OF EXTERNAL AFFAIRS

NOTIFICATION

New Delhi, dated the 20th June, 2026.

G.S.R. 516(E).— In exercise of the powers conferred by section 24 of the Passports Act, 1967(15 of 1967), the Central Government hereby makes the following rules further to amend the Passports Rules, 1980, namely:—

1. (1) These rules may be called the Passports (Amendment) Rules, 2026.

(2) They shall come into force with effect from the 1st day of July, 2026.

2. For Schedule IV to the Passports Rules, 1980, the following Schedule shall be substituted, namely:—

'SCHEDULE IV

(*See* rule 8)

Schedule of fees payable in respect of applications for

passport and travel documents

Sl. No.	Particulars of application	Scale of fees			
		Normal Fee		*Tatkaal* fee (inclusive of normal fee)	
		India	Abroad	India	Abroad
		Rs.	$	Rs.	$

(1)	(2)	(3)	(4)	(5)	(6)
I. PASSPORT— **(a) Applicants (18 years of age and above / Minors aged between 15 to 18 years, if applied under this category) :**					
1.	For an ordinary fresh passport or reissue of passport containing 36 pages	2500	125	5000	250
2.	For an ordinary fresh passport or reissue of passport containing 60 pages	3500	175	6000	300
3.	For an ordinary passport in lieu of lost or damaged passport containing 36 pages	5000	250	7500	375
4.	For an ordinary passport in lieu of lost or damaged passport containing 60 pages	6000	300	8500	425
(b) Minor Applicants (below 18 years of age) :					
5.	For an ordinary fresh passport or reissue of passport containing 36 pages	1750	90	4250	215
6.	For an ordinary passport in lieu of lost or damaged passport containing 36 pages	4250	215	6750	340
II. SPECIAL TRAVEL DOCUMENT—					
7.	Emergency Certificate	NA	15	NA	NA
8.	Certificate of Identity	1000	50	NA	NA
III. MISCELLANEOUS SERVICES—					
9.	Issue of Police Clearance Certificate or Surrender Certificate or Global Entry Program verification or any other Miscellaneous certificates based on the passport	750	40	NA	NA

Note:

1. “NA” means “not applicable”.
2. The validity of passports issued under serial number I(a) shall not exceed ten years, and the validity of passports issued under serial

number I(b) shall be for five years or until the applicant attains the age of 18 years, whichever is earlier.

3. There shall be a discount of ten per cent. in passport fee for fresh applications (and not for re-issue) in respect of minors up to the age of 8 years and senior citizens (persons above the age of 60 years).'.

[No. 401/01/20/2025]

B.S. MUBARAK, Jt. Secy. and Chief Passport Officer

Note.— The Passport Rules, 1980 were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i), vide notification number G.S.R. 691(E), dated the 11th December, 1980 and last amended vide notification number G.S.R. 156 (E), dated the 24th February, 2025.

EXPORT PROMOTION THROUGH INDIAN MISSIONS

1050. SHRI K. E. PRAKASH:

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

(a) whether the Ministry has undertaken any assessment of the role played by Indian Missions and Posts abroad in promoting exports from labour-intensive sectors such as textiles, handlooms, garments, spices and agro-based products, including those products originating from export-oriented districts such as Erode in Tamil Nadu and if so, the details thereof;

(b) the details of trade promotion and market facilitation initiatives, trade-promotion activities, buyer-seller engagements and sector-specific outreach

programmes facilitated by Indian Missions abroad for products originating from MSME and export-oriented clusters; and

(c) whether the Ministry, in coordination with the Ministry of Commerce and Industry and other concerned Ministries, has engaged with foreign Governments and international institutions to address non-tariff barriers, sanitary and phytosanitary requirements, sustainability standards and other market-access challenges affecting Indian exports and if so, the details and outcomes thereof?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA MARGHERITA):

(a) and (b): Yes. Ministry regularly assesses the work including the commercial/trade promotion activities by Indian Mission/Posts abroad. Facilitating exports including from labour-intensive sectors such as textiles, handlooms, garments, spices and agro-based products from States across the country is one of the key functions of Missions/Posts. The Commercial Wings of the Missions facilitate participation of Indian exporters and the Export Promotion Councils in international trade fairs, organise buyer-seller meets, roadshows and provide market information. They also address trade enquiries of Indian exporters, including the MSMEs, as well as disseminate information on trade opportunities, tenders and regulatory requirements. Under the newly launched Export Promotion Mission (EPM), five high-level workshops were

organised for the Heads of Missions (HOMs) and Commercial Representatives (CR) to strengthen coordination and 'whole of nation approach' in export promotion work by the Missions/Posts abroad. The Ministry, in coordination with the Ministry of Textiles is also helping promotion of textiles and handlooms exports in focus countries. It is also facilitating marketing of ODOP products through various initiatives, the primary beneficiaries of which are the rural artisans and the MSMEs.

(c): The Ministry and its Missions/Post abroad, coordinate with the Department of Commerce and other concerned Ministries, State Governments, Export Promotion Councils and trade bodies in engaging foreign Governments and international bodies on matters of non-tariff barriers, market-access requirements, sanitary and phytosanitary (SPS) measures, and technical barriers to trade (TBT). They also provide regular updates to the concerned authorities and relevant stakeholders in India on evolving standards and regulatory frameworks in foreign countries. These aim to safeguard and expand market access for Indian exports on a continuing basis.

AVAILABILITY OF DAP

1051. THIRU DR. S. JAGATHRAKSHAKAN:

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

(a) the initiatives undertaken by the Government to address the impact of rising global prices of phosphatic fertilisers on agricultural production and farmer

welfare in Tamil Nadu;

(b) the measures implemented by the Government to ensure adequate availability of Diammonium Phosphate (DAP) during the rabi season, including arrangements relating to procurement, distribution and inventory management,

(c) the efforts made by the Government to support fertiliser availability through special assistance mechanisms, import arrangements and other interventions aimed at addressing supply-side challenges;

(d) the coordination established by the Government with domestic fertiliser manufacturers, international suppliers and other stakeholders to ensure uninterrupted availability of phosphatic fertilisers in the State; and

(e) the progress achieved by the Government in maintaining stable prices, ensuring adequate supply and supporting farmers cultivating wheat, potatoes and other fertiliser-dependent crops in Tamil Nadu?

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

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

to the farmers. Relevant factors like requirement of nutrients in the country, balanced use of fertilizers, subsidy burden and MRP of fertilizers are taken into account while recommending the subsidy rates for different nutrients. The NBS scheme is implemented uniformly on pan-India basis including the State of Tamil Nadu and no regional differentiation is made.

Further, to make DAP which is a key fertilizer, available at affordable price of Rs. 1350 per 50 kg bag, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif and Rabi 2025-26 and Kharif 2026 seasons.

For Kharif, 2026, under NBS Scheme, the Government has approved Rs. 41,533.81 Cr as subsidy to ensure availability of P & K fertilizers which is approximate Rs. 3581 crore more than the budgetary requirement for Rabi 2025-26 season.

To ensure timely and adequate supply of fertilizers in the country, before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA & FW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers. On the basis of requirement projected, Department of Fertilizers allocates sufficient/

adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Monitoring System (iFMS). Regular Weekly Video Conference is conducted jointly by DA & FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

The Department of Agriculture, Tamil Nadu, closely monitor fertilizer availability and movement across districts and maintains regular coordination with fertilizer companies and distribution agencies to ensure that adequate stocks are available at both cooperative and private retail outlets. These measures have enabled farmers to obtain the required fertilizers in time for seasonal agricultural operations.

The Department of Agriculture, Tamil Nadu, maintains close and continuous coordination, with the Department of Fertilizers, Government of India, major fertilizer manufacturers and importers, cooperative institutions such as Tamil Nadu Cooperative Marketing Federation (TANFED) and Thanjavur Cooperative Marketing Federation (TCMF), and district-level enforcement officials to monitor fertilizer allocation, dispatch, stock position and availability across the State.

Periodic review meetings are conducted to assess supply performance, monitor the movement of fertilizers, and address issues relating to production,

import, transportation and distribution. Wherever shortfalls or delays are noticed, the concerned fertilizer companies are instructed to augment supplies and furnish reasons for the shortfall, ensuring timely availability of fertilizers to meet the requirements of farmers across the State.

The availability of DAP has remained adequate in the State of Tamil Nadu during Rabi 2025-26 and the ongoing Kharif 2026 season (from 01.04.2026 to 19.07.2026). The information regarding requirement, availability, sales and closing stock of DAP in Tamil Nadu during these two periods is as under:

Requirement, availability and sales of DAP in Tamil Nadu during Rabi 2025-26 and Kharif 2026 (in MT)					
S. No.	**Season**	**Requirement**	**Availability**	**Sales**	**Closing Stock**
1.	Kharif 2026 (01.04.2026 to 19.07.2026)	73806	97850	54870	42960
2.	Rabi 2025-26	155000	216400	159800	56600

Under the NBS Scheme, P & K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics. However, to strengthen the fertilizer supply chain, the Government facilitates long-term agreements between Indian fertilizer companies and overseas suppliers for the import of fertilizers. In this regard, Long Term Agreements (LTA) have been finalized between Indian fertilizer companies and Saudi Arabian companies for the annual supply of

about 31 LMT of DAP to India. Similarly, Indian fertilizer companies have entered into agreements with Russian suppliers for the import of about 26.50 LMT of DAP/NPK fertilizers in this year.

As the State of Tamil Nadu does not cultivate wheat and potato on a significant scale, unlike several northern States, the availability of phosphatic fertilisers has primarily supported the cultivation of major crops such as paddy, maize, sugarcane, cotton, pulses, oilseeds and horticultural crops, where phosphorus plays a vital role in improving crop growth and productivity.

SAKSHAM ANGANWADI AND POSHAN 2.0

1052. SHRI YUSUF PATHAN:

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

(a) the current status of implementation of the Saksham Anganwadi and POSHAN 2.0 programme in the country;

(b) whether the Government has conducted any assessment regarding child malnutrition, stunting and anaemia during the last three years, if so, the details thereof;

(c) the details of the beneficiaries identified alongwith the improvements achieved therein, State-wise; and

(d) the details of the corrective measures being taken to improve nutrition outcomes in high-burden districts?

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

(a) to (d)**:** To address the challenges of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). It is a Centrally Sponsored Mission, where the responsibility for implementation of various activities lies with the States and UTs. The Mission is being implemented in all States and UTs in the country including high burden districts. The Mission includes beneficiaries; Children under 6 years of age, pregnant women, lactating mothers and adolescent girls (age 14-18 years in Aspirational Districts and North-Eastern region).

Under the Mission, two lakh Anganwadi Centres (AWCs) have been approved to be upgraded as Saksham Anganwadis for delivery of improved nutrition and for ECCE activities. These AWCs are equipped with better infrastructure such as LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BaLA) paintings.

Further, 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. Extra Supplementary Nutrition (Take Home Ration) is also provided to Severely Acute Malnourished (SAM) children.

The Scheme is digitally monitored and regularly reviewed by the Ministry using 'Poshan Tracker' digital application, an ICT based governance tool. The application enables near real time entry of data and tracking of all activities in the Anganwadi Centers (AWC), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. State-wise details of the beneficiaries identified alongwith the improvements achieved is available at the given link of Poshan Tracker: https://www.poshantracker.in/statistics.

Ministry of Women and Child Development and Ministry of Health and Family Welfare have jointly released the Protocol for Management of Malnutrition in Children to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality. 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.

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.

A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and has found its relevance to be satisfactory for tackling malnutrition in the country. NITI Aayog has also got conducted outcome-based evaluation of Mission Saksham Anganwadi and Poshan 2.0 in 2025. Evidence from institutional assessments and household surveys indicated that in its current form, Mission Poshan 2.0 represents the Government's latest effort to holistically combat malnutrition and promote child development, by building on past programs with a converged and strengthened approach. Further, on the micronutrient front, the prevalence of anaemia among children aged 6–59 months declined by 8.5 percentage points, reflecting the potential impact of iron-folic acid supplementation, fortified foods, and improved outreach under SNP and related interventions.

FEES CHARGED BY PRIVATE MEDICAL COLLEGES

1053. DR. BACHHAV SHOBHA DINESH:

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

(a) whether the Government is aware that many private medical colleges registered as charitable trusts charge annual fees of up to Rs. 25-30 lakh and if so, the details thereof,State/UT-wise;

(b) whether National Medical Commission's (NMC's) fee-regulation guidelines mandating Government-equivalent fees for 50 percent of seats have been implemented and audited in each State and if not, the reasons therefor;

(c) whether the Government has assessed the actual cost of medical education against fees charged including surplus generation and the diversion of funds and if so, the details thereof;

(d) the number of complaints regarding capitation fees or fee violations received by NMC/State Fee Regulatory Committees during the last three years and along with the action taken thereon; and

(e) whether the Government proposes to review the charitable and tax-exempt status of institutions whose fee structures are inconsistent with their not-for-profit character and if so, the details thereof?

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

(a) to (e): The fee structure for Government and private medical colleges differs from State to State as per guidelines prescribed by the respective State Fee Regulatory Authorities.

Further, with a view to making medical education more affordable, Guidelines have been framed under clause (i) of Sub- section (1) of section 10

of National Medical Commission (NMC) Act, 2019 for determination of fees and all other charges in respect of 50% of seats in private medical institutions and deemed to be universities which were issued by NMC on 03.02.2022. However, the guidelines have been challenged in various courts and are subjudice.

The NMC does not maintain yearly data with respect to complaints received regarding capitation fees or fee violations. Such complaints are forwarded to the concerned State Governments/ DMEs for appropriate action.

विदेश में भारतीय नागरिकों की मृत्यु की समीक्षा

1054. श्री सतपाल ब्रह्मचारी:

श्री जय प्रकाश:

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

(क) क्या सरकार ने वर्ष 2023 से 2025 के दौरान विदेश में भारतीय नागरिकों की मृत्यु के मामलों की समीक्षा की है;

(ख) यदि हां, तो विशेषकर सऊदी अरब, संयुक्त अरब अमीरात, संयुक्त राज्य अमेरिका, यूनाइटेड किंगडम, इटली और जर्मनी में मृत्यु के कारणों (प्राकृतिक मृत्यु, कार्यस्थल दुर्घटना, आत्महत्या, अपराध या अन्य) का देश-वार ब्यौरा क्या है;

(ग) क्या सरकार द्वारा खाड़ी और यूरोपीय देशों में कार्यरत भारतीय प्रवासियों और श्रमिकों की कार्य स्थितियों, मानसिक स्वास्थ्य, सामाजिक सुरक्षा और स्थानीय सुरक्षा मानकों के संबंध में कोई स्वतंत्र मूल्यांकन किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या विदेश स्थित भारतीय मिशनों के माध्यम से कानूनी सहायता, वित्तीय सहायता,

संकटग्रस्त परिवारों को मुआवजा, बीमा दावों का निपटान और पार्थिव शरीर को सम्मानपूर्वक एवं भारत वापस लाने की प्रक्रियाओं को सरल बनाने के लिए कोई नई प्रणाली आरंभ की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): जी हाँ, सरकार ने वर्ष 2023 से 2025 के दौरान विदेशों में भारतीय नागरिकों की मृत्यु के मामलों की समीक्षा की है। मंत्रालय के पास उपलब्ध जानकारी के अनुसार, वर्ष 2023-2025 के दौरान भारतीय नागरिकों की मृत्यु से संबंधित कारणवार और देशवार सूची **विवरण** में दी गई है।

(ग): सरकार भारतीय प्रवासियों और विदेश में काम करने वाले कामगारों की सुरक्षा, संरक्षा और भलाई को उच्च प्राथमिकता देती है। उनके लिए चैनल स्थापित किए गए हैं ताकि आवश्यकता पड़ने पर वे किसी भी सहायता के लिए भारतीय मिशनों/केंद्रों तक पहुँच सकें। प्रवासी भारतीय सहायता केंद्र (जिसे पूर्व में इंडियन वर्कर्स रिसोर्स सेंटर्स के नाम से जाना जाता था) प्रमुख स्थानों, जैसे नई दिल्ली, दुबई, रियाद और जेद्दाह में स्थापित किए गए हैं, जो भारतीय मिशनों/केंद्रों के साथ समन्वय में काम करते हैं ताकि भारतीय कामगारों को मार्गदर्शन, काउंसलिंग और हर संभव सहायता प्रदान की जा सके। वे भारतीय मिशनों/केंद्रों से वॉक-इन, ईमेल, बहुभाषी 24x7 इमरजेंसी नंबर, व्हाट्सएप नंबर, शिकायत निवारण पोर्टल जैसे मदद/सीपी ग्राम्स /ईमाइग्रैट, सोशल मीडिया आदि के माध्यम से भी संपर्क कर सकते हैं। ऐसे मामलों को संभालने के लिए समर्पित श्रम विभाग/स्कन्ध होते हैं, जहां भारतीय प्रवासी कामगारों की संख्या अधिक होती है। भारतीय मिशन/केंद्र समय-समय पर सुदूर इलाकों में ओपन हाउस और कॉन्सली शिविर आयोजित करते हैं ताकि वहां रहने वाले भारतीय कामगारों से फीडबैक लिया जा सके और उनकी शिकायतों का समाधान किया जा सके।

भारतीय कामगारों से पीबीएसके और अन्य स्थापित चैनलों के माध्यम से कोई भी शिकायत मिलने पर, भारतीय मिशन/केंद्र सक्रिय रूप से इसे संबंधित विदेशी नियोक्ता (एफई) के पास भेजते हैं और आवश्यकता पड़ने पर परेशान कामगार के कार्यस्थल का भी दौरा करते हैं। इन मामलों को मेज़बान देश के स्थानीय श्रम विभाग और अन्य संबंधित प्राधिकारियों के पास समाधान हेतु उठाया जाता है।

इसके अलावा, महिला कर्मचारियों (जिसमें घरेलू क्षेत्र के कामगार भी शामिल हैं) की संरक्षा और सुरक्षा के अतिरिक्त उपाय के रूप में, सरकार ने ईमाइग्रैट पोर्टल के माध्यम से खाड़ी और अन्य घोषित ईसीआर देशों में ईसीआर श्रेणी पासपोर्ट धारक भारतीय महिलाओं की विदेशी रोजगार के लिए भर्ती करने की अनुमति केवल राज्य संचालित भर्ती एजेंसियों (आरए) को ही दी है। इसके अलावा, विदेशों में रोजगार के लिए एवं उनके शोषण से बचाव हेतु ईसीआर श्रेणी के पासपोर्ट धारक महिला कर्मचारियों की न्यूनतम आयु सीमा 30 वर्ष रखी गई है।

(घ): भारत सरकार ने भारतीय कामगारों की भलाई और सुरक्षा सुनिश्चित करने के लिए कई कदम उठाए हैं, जैसे कि प्रवासी भारतीय बीमा योजना (पीबीबीवाय)। प्रवासी भारतीय बीमा योजना (पीबीबीवाय) ईसीआर श्रेणी के सभी कर्मचारियों के लिए अनिवार्य बीमा योजना है जो ईसीआर देशों में जा रहे हैं। इस योजना के तहत दुर्घटनाग्रस्त मृत्यु या स्थायी अक्षमता की स्थिति में 10 लाख रुपये का बीमा कवर मिलता है और अन्य लाभ भी प्रदान किए जाते हैं, जिसमें दो साल की वैधता हेतु बीमा प्रीमियम मात्र 275/- रुपये या तीन साल की वैधता के लिए 375/- रुपये ही देना होता है।

इसके अलावा, भारत सरकार के विभिन्न मंत्रालय समयबद्ध ढंग से पार्थिव शरीरों के परिवहन को सुनिश्चित करने के लिए समन्वय करते हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय का eCARe क्लियरेंस पोर्टल (https://ecare.mohfw.gov.in) एक ऑनलाइन प्लेटफ़ॉर्म है जो भारत में पार्थिव शरीरों के परिवहन के लिए 48 घंटे के भीतर क्लियरेंस देने की सुविधा देता है। यह

पोर्टल सभी स्टेकहोल्डर्स को एक ही इंटरफेस पर एकीकृत करने के उद्देश्य से बनाया गया है, जिसमें प्राप्तकर्ता, एयरपोर्ट हेल्थ ऑर्गनाइजेशन (एपीएचओ) और एयरलाइन शामिल हैं। यह पोर्टल दस्तावेजों की सुचारू और समय पर क्लियरेंस को आसान बनाता है, साथ ही इसमें ऑटोमेटेड पीरियोडिक अलर्ट और लाइव स्टेटस ट्रैकिंग की सुविधा है।

भारतीय मिशन/केंद्र, विदेश में संकटग्रस्थ भारतीय नागरिकों को आय-आधारित आधार पर वित्तीय और कानूनी सहायता प्रदान करने के लिए भारतीय कम्यूनिटी वेलफेयर फंड (आई सी डब्लू एफ) का भी उपयोग करते हैं। आई सी डब्लू एफ के तहत मुख्य सहायता/सुविधाएं अर्थात भोजन और आवास, भारत के लिए हवाई यात्रा, कानूनी सहायता, आपातकालीन मेडिकल देखभाल, मृतक अवशेषों का भारत में परिवहन आदि शामिल हैं।

विवरण

भारतीय नागरिकों की मृत्यु से संबंधित कारणवार और देशवार सूची

क्र. सं.	देश का नाम	वर्ष 2023-2025 के दौरान निम्नलिखित कारणों से हुई भारतीय नागरिकों की मृत्यु के मामलों की संख्या				
		प्राकृतिक कारण	कार्यस्थल पर दुर्घटनाएँ	आत्महत्या	अपराध	अन्य कारण
1	अफ़ग़ानिस्तान	4	0	0	0	0
2	अल्बानिया	1	1	0	0	0
3	अल्जीरिया	4	5	1	0	0
4	अंगोला	26	0	0	0	0
5	अर्जेंटीना	3	0	0	0	0
6	आर्मीनिया	75	19	2	3	0
7	ऑस्ट्रेलिया	472	8	19	3	75
8	ऑस्ट्रिया	48	0	0	0	3
9	अजरबैजान	12	0	0	0	0
10	बहरीन	703	10	101	2	43
11	बांग्लादेश	78	1	1	0	5
12	बेलारूस	2	0	0	1	10

13	बेल्जियम	32	1	0	1	1
14	भूटान	31	9	7	0	4
15	बोस्निया और हर्जेगोविना	0	0	0	0	1
16	बोत्सवाना	23	0	3	0	9
17	ब्राज़ील	14	0	1	0	0
18	ब्रुनेई	28	0	5	0	2
19	बुल्गारिया	5	2	0	0	0
20	बुर्किना फासो	8	2	0	0	1
21	कंबोडिया	29	0	5	0	3
22	कैमरून	10	1	0	0	1
23	कनाडा	453	40	39	9	411
24	चिली	4	0	1	0	1
25	चीन	117	0	7	0	6
26	कोलंबिया	4	0	1	1	0
27	कोटे डी आइवर	20	3	0	3	1
28	क्रोएशिया	4	1	1	0	6
29	क्यूबा	3	0	0	0	0
30	साइप्रस	15	11	4	1	0
31	चेक गणराज्य	4	0	0	0	10
32	कांगो लोकतांत्रिक गणराज्य	86	5	4	3	5
33	डेनमार्क	19	0	4	1	1
34	ज़िबूती	4	2	0	0	0
35	डोमिनिकन गणराज्य	2	0	0	0	1
36	मिस्र	46	2	0	0	0
37	इक्वेटोरियल गिनी	3	1	0	0	0
38	इरिट्रिया	1	0	0	0	0
39	एस्तोनिया	0	0	1	0	2
40	इथियोपिया	13	1	1	1	0
41	फिजी	5	1	0	0	1

42	फिनलैंड	8	0	2	0	0
43	फ्रांस	92	2	6	2	1
44	गैबॉन	2	0	1	0	0
45	जॉर्जिया	0	0	0	0	7
46	जर्मनी	172	3	9	3	45
47	घाना	48	8	1	0	0
48	ग्रीस	80	4	8	0	35
49	ग्वाटेमाला	2	0	0	0	4
50	गिनी	16	0	2	0	1
51	गुयाना	8	0	1	0	0
52	हंगरी	17	1	2	0	2
53	आइसलैंड	2	0	0	0	0
54	इंडोनेशिया	93	2	1	0	13
55	ईरान	26	10	1	0	6
56	इराक	89	3	0	0	9
57	आयरलैंड	39	0	1	1	6
58	इटली	910	9	38	9	91
59	जमैका	5	0	2	2	7
60	जापान	61	0	4	0	15
61	जॉर्डन	34	5	3	0	1
62	कजाखस्तान	14	0	0	0	1
63	केन्या	87	3	5	0	12
64	इस्वातिनी साम्राज्य	4	0	1	0	3
65	कुवैत	1672	62	162	10	285
66	किर्गिज़स्तान	0	0	0	2	9
67	लाओस	8	0	3	0	4
68	लातविया	0	0	0	0	1
69	लेबनान	25	0	2	2	6
70	लाइबेरिया	18	0	0	0	2
71	लीबिया	3	0	1	0	2
72	लिथुआनिया	1	0	0	0	0
73	मेडागास्कर	25	0	0	1	0

74	मलावी	22	0	0	0	5
75	मलेशिया	1056	7	131	8	235
76	मालदीव	57	13	12	0	6
77	माली	5	0	1	0	0
78	माल्टा	19	0	4	0	4
79	मॉरिटानिया	3	0	0	0	0
80	मॉरीशस	49	9	8	0	1
81	मेक्सिको	36	0	0	1	0
82	मंगोलिया	1	0	0	0	0
83	मोरक्को	5	1	0	0	0
84	मोज़ाम्बिक	26	0	0	0	8
85	म्यांमार	8	0	0	0	0
86	नामीबिया	3	0	0	0	0
87	नेपाल	44	1	0	0	0
88	न्यूज़ीलैंड	42	0	0	0	0
89	नाइजर	1	0	0	2	0
90	नाइजीरिया	122	9	3	0	2
91	नॉर्वे	23	0	0	0	0
92	ओमान	1092	38	146	0	222
93	पाकिस्तान	29	0	0	0	0
94	पनामा	19	0	0	0	0
95	पापुआ न्यू गिनी	1	1	0	0	2
96	पराग्वे	1	0	0	0	0
97	पेरू	6	0	0	0	0
98	फिलिपींस	184	17	4	15	1
99	पोलैंड	35	0	4	2	12
100	पुर्तगाल	76	5	2	0	26
101	कतर	783	23	66	0	102
102	कांगो गणराज्य	1	0	1	0	2
103	कोरियाई गणतन्त्र	8	0	1	0	19
104	रोमानिया	15	1	1	0	2

105	रूस	67	0	6	0	36
106	रवांडा	11	0	0	0	0
107	सऊदी अरब	6376	182	354	29	1040
108	सेनेगल	12	2	0	0	1
109	सर्बिया	7	2	1	0	3
110	सेशेल्स	19	3	0	0	12
111	सिएरा लिओन	18	6	2	0	0
112	सिंगापुर	639	32	14	0	0
113	स्लोवाक गणराज्य	2	0	0	0	2
114	स्लोवेनिया	3	0	0	0	0
115	दक्षिण अफ्रीका	125	4	0	3	16
116	दक्षिण सूडान	4	2	0	0	1
117	स्पेन	147	0	8	1	15
118	श्रीलंका	67	7	6	1	16
119	सूडान	4	0	0	0	0
120	सूरीनाम	3	0	1	0	2
121	स्वीडन	18	0	0	0	0
122	स्विट्ज़रलैंड	54	0	0	0	4
123	सीरिया	2	0	0	0	0
124	ताजिकिस्तान	0	0	0	0	1
125	तंजानिया	2	1	0	0	0
126	थाईलैंड	293	1	18	1	76
127	नीदरलैंड	62	0	0	0	0
128	तिमोर लेस्ते	1	0	0	0	0
129	टोगो	6	0	0	0	0
130	ट्रिनिडाड और टोबैगो	0	0	0	1	1
131	ट्यूनीशिया	2	1	0	0	1
132	तुर्किये	19	1	0	0	7
133	तुर्कमेनिस्तान	1	0	0	0	0
134	युगांडा	84	3	6	2	10
135	यूक्रेन	4	0	0	0	0

136	संयुक्त अरब अमीरात	5702	128	511	25	1092
137	यूनाइटेड किंगडम	632	6	34	5	149
138	संयुक्त राज्य अमेरिका	2340	46	62	37	365
139	उरुग्वे	1	0	0	0	0
140	उज़्बेकिस्तान	19	7	2	0	0
141	वेनेज़ुएला	1	0	0	0	0
142	वियतनाम	41	2	0	0	4
143	यमन	4	0	0	0	0
144	जाम्बिया	24	0	2	1	36
145	ज़िम्बाब्वे	10	1	0	0	1

हरियाणा में उर्वरक संबंधी राजसहायता की कमी

1055. श्री जय प्रकाश:

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

(क) क्या सरकार ने इस बात पर संज्ञान लिया है कि विशेषकर हरियाणा के हिसार निर्वाचन क्षेत्र में किसानों को उर्वरकों की कीमतों, समय पर उपलब्धता और राजसहायता से संबंधित समस्याओं का सामना करना पड़ रहा है;

(ख) यदि हां, तो विगत तीन वर्षों के दौरान उक्त राज्य को प्रदान की गई उर्वरक राजसहायता और उपलब्ध कराए गए उर्वरकों की मात्रा का ब्यौरा क्या है और इससे लाभान्वित किसानों की संख्या कितनी है;

(ग) क्या सरकार द्वारा रसायन और पेट्रोरसायन क्षेत्र के विकास, निवेश को बढ़ावा देने और कृषि रसायनों के उत्पादन एवं आपूर्ति को बढ़ाने के लिए कोई नई योजना लागू की गई है;

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और उक्त राज्य के किसानों को क्या लाभ प्राप्त हुए हैं; और

(ड.) सरकार द्वारा उर्वरकों की कीमतों को स्थिर रखने और उनकी निर्बाध आपूर्ति सुनिश्चित करने के लिए क्या कदम उठाए जा रहे हैं?

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

(क) और (ङ): यूरिया सब्सिडी स्कीम के तहत, किसानों को सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर यूरिया उपलब्ध कराया जाता है। 45 किग्रा यूरिया की बोरी का एमआरपी 242 रुपए प्रति बोरी (नीम लेपन के प्रभार और यथा लागू करों को छोड़कर) है। फार्म गेट पर यूरिया की सुपुर्दगी लागत और यूरिया इकाइयों द्वारा निवल बाजार प्राप्ति के बीच का अंतर भारत सरकार द्वारा यूरिया उत्पादक/आयातक को सब्सिडी के रूप में दिया जाता है। तदनुसार, देश के सभी किसानों को सब्सिडी प्राप्त दरों पर यूरिया की आपूर्ति की जा रही है।

सरकार ने फॉस्फेटयुक्त और पोटाशयुक्त (पीएंडके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) स्कीम लागू की है। एनबीएस स्कीम के तहत, पीएंडके उर्वरक मुक्त सामान्य लाइसेंस (ओजीएल) के तहत शामिल किए जाते हैं और कंपनियां अपने व्यावसायिक उतार-चढाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं। एनबीएस सब्सिडी अधिसूचित पीएंडके उर्वरकों पर उनमें निहित पोषक तत्वों की मात्रा के आधार पर मौसम के दौरान उनकी पीओएस बिक्री पर निर्माता/आयातक को प्रदान की जाती है ताकि किसानों को उर्वरकों की उपलब्धता सुनिश्चित की जा सके। पीएंडके उर्वरकों के लिए एनबीएस दरें निर्धारित करते समय प्रमुख उर्वरकों और कच्चे माल की अंतर्राष्ट्रीय कीमतों में उतार-चढ़ाव पर विचार किया जाता है ताकि किसानों के लिए उर्वरक वहनीय बने रहें।

डीएपी को, जो कि एक प्रमुख उर्वरक है, 1350 रूपए प्रति 50 किलोग्राम बोरी की किफायती कीमत पर उपलब्ध कराने के लिए, एनबीएस सब्सिडी के अतिरिक्त 3500 रु प्रति मीट्रिक टन का विशेष प्रावधान किया गया है जिसमें 'अन्य लागतों', जैसे कारखाने के गेट से फार्म

गेट तक की लागत, अंतरराष्ट्रीय कीमतों में वृद्धि/कमी के कारण लाभ/नुकसान को कवर करने के लिए प्रावधान, एमआरपी में शामिल जीएसटी घटक के लिए प्रावधान और निवल एमआरपी (एमआरपी-जीएसटी) के 4% की दर से उचित रिटर्न का प्रावधान शामिल हैं। ये प्रावधान खरीफ 2026 मौसम के लिए एनबीएस सब्सिडी के अलावा आयातित और घरेलू डीएपी दोनों तथा आयातित टीएसपी के लिए भी किया गया है ताकि उर्वरकों की कीमतों को स्थिर रखा जा सके।

हरियाणा राज्य सहित राज्यों में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

i. प्रत्येक फसल मौसम 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. कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू) द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति स्कीम 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 प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।
iv. कृषि और किसान कल्याण विभाग और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि अधिकारियों के साथ नियमित साप्ताहिक वीडियो कान्फ्रेंस आयोजित की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरक प्रेषण की सुधारात्मक कार्रवाई की जाती है।
v. राज्य के अंदर ज़िला स्तर पर उर्वरक का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।
vi. तदनुसार, पिछले तीन वर्षों अर्थात 2023-24, 2024-25 और 2025-26 के दौरान हरियाणा राज्य में यूरिया की उपलब्धता पर्याप्त बनी रही है। इस अवधि के दौरान राज्य में यूरिया की

उपलब्धता और बिक्री से संबंधित जानकारी **विवरण** में दी गई है।

(ख): 'उर्वरकों में डीबीटी' प्रणाली के तहत, प्रत्येक खुदरा दुकान पर स्थापित पीओएस उपकरणों के माध्यम से आधार प्रमाणीकरण के आधार पर लाभार्थियों को वास्तविक बिक्री पर उर्वरक कंपनियों को विभिन्न उर्वरक ग्रेड पर 100% सब्सिडी जारी की जाती है। सभी किसानों को बिना किसी शर्त के सब्सिडी वाली दरों पर उर्वरक की आपूर्ति की जा रही है। पिछले तीन वर्षों अर्थात वर्ष 2023-24 से 2025-26 तक सरकार द्वारा प्रदान की गई उर्वरक सब्सिडी की कुल राशि का ब्यौरा निम्नानुसार है:

आंकड़े करोड़ रुपये में

वित्तीय वर्ष	**सब्सिडी स्कीम**				कुल
	स्वदेशी पीएंडके	स्वदेशी यूरिया	आयात पीएंडके	यूरिया का आयात	
2023-24	36270.00	102027.00	28929.57	28193.94	195420.51
2024-25	34010.00	103319.50	18800.00	21000.00	177129.50
2025-26	41000.00	94219.50	33999.99	47956.24	217175.73

(ग) और (घ): रसायन और पेट्रोकेमिकल्स विभाग अध्ययन, सर्वेक्षण, डेटा बैंकों, प्रचार सामग्री आदि के माध्यम से ज्ञान उत्पादों के निर्माण और रसायन और पेट्रोरसायन उद्योग की वृद्धि और विकास को सुविधाजनक बनाने के लिए केमिकल्स और पेट्रोकेमिकल्स स्कीम (सीपीडीएस) का कार्यान्वयन कर रहा है और इन क्षेत्रों के विकास को सुविधाजनक बनाने के लिए सेमिनार, सम्मेलन, प्रदर्शनी आदि के संचालन के माध्यम से ज्ञान का प्रसार कर रहा है। इस स्कीम का उद्देश्य कृषि रसायन क्षेत्र सहित रसायन और पेट्रोरसायन क्षेत्र से संबंधित विभिन्न नीतिगत मामलों पर विभाग के विचारों को सुदृढ़ करने के लिए आवश्यक इनपुट प्राप्त करने के लिए कार्यशालाओं, सेमिनारों, अध्ययनों, प्रशिक्षण कार्यक्रमों आदि के संचालन के लिए विभिन्न संगठनों/उद्योग संघों आदि को अनुदान (सामान्य) के रूप में सुलभ सहयोग प्रदान करना है।

2016 से, एचआईएल (इंडिया) लिमिटेड और इंस्टीट्यूट ऑफ पेस्टिसाइड फॉर्मूलेशन टेक्नोलॉजी (आईपीएफटी) के माध्यम से फसलों में कीटनाशकों के सुरक्षित और न्यायसंगत उपयोग पर सीपीडीएस के तहत प्रशिक्षण कार्यक्रम आयोजित किए जाते हैं, ताकि किसानों के बीच जागरूकता उत्पन्न की जा सके और खाद्यान्न, खाद्य तेल, फलों और सब्जियों में कीटनाशक अवशेषों को कम करने के लिए एकीकृत कीट प्रबंधन प्रथाओं को अपनाया जा सके। इसके अलावा, वित्त वर्ष 2025-26 और वित्त वर्ष 2024-25 के दौरान आयोजित एफटीपी का ब्यौरा निम्नानुसार है।

हरियाणा राज्य में आईपीएफटी द्वारा आयोजित एफटीपी

क्र.सं.	**राज्य**	**स्थान**	**प्रतिभागी किसानों की सं.**
वित्त वर्ष 2025-26			
1	हरियाणा	गुरुग्राम	456

हरियाणा में एचआईएल (इंडिया) लिमिटेड द्वारा आयोजित एफटीपी

क्र.सं.	**राज्य**	**स्थान**	**प्रतिभागी किसानों की सं.**
	वित्त वर्ष 2024-25		
1	हरियाणा	शबाबाद	253
2	हरियाणा	हिसार	453
3	हरियाणा	कैथल	337
कुल			**1,043**

विवरण

हरियाणा

2022-23 से 2025-26 के दौरान उर्वरकों की आवश्यकता, उपलब्धता और बिक्री

आंकड़े एलएमटी में

क्र.सं.	वर्ष	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		मांग	उपलब्धता	डीबीटी बिक्री	मांग	उपलब्धता	डीबीटी बिक्री	मांग	उपलब्धता	डीबीटी बिक्री	मांग	उपलब्धता	डीबीटी बिक्री
1	2025-26	21.67	26.08	23.20	5.53	6.10	5.46	0.58	0.67	0.44	1.57	1.10	0.82
2	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
3	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

1. सुविधाजनक उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

2. सुविधाजनक उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

DEVELOPMENT OF DRY PORTS

1056. SHRI KESINENI SIVANATH:

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

(a) the total number of dry ports that have been proposed for development;

(b) the details of these dry ports along with their financial and physical progress;

(c) whether there are any proposals for building new dry ports;

(d) if so, the details thereof and if not, the reasons therefor; and

(e) whether there are any set criteria for establishing dry ports, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS (SHRI

SARBANANDA SONOWAL):

(a) and (b): As informed by CBIC, following 8 proposals for development of Inland Container Depots (also commonly known as Dry Ports) have been approved by the Inter-Ministerial Committee of CBIC:

i. Mandalgarh, Rajasthan
ii. Samba, Jammu and Kashmir
iii. Fathepur, Telangana
iv. Morbi, Gujarat
v. Sukhpur, Gujarat
vi. Ankleshwar, Bharuch, Gujarat
vii. Chandisar, Gujarat
viii. Farukhnagar, Gurugram, Haryana

The project proponents, based on infrastructure plan, do the financial planning to set up the facility within the time frame specified in Letter of Intent issued by CBIC for creating the infrastructure.

(c) and (d): Yes. The following 9 (nine) proposals have been received by CBIC for development of Inland Container Depots:

i. Chityala, Telangana
ii. Kalughat, Bihar
iii. Kudatini, Karnataka
iv. Sri City, Andhra Pradesh
v. Shivlakha, Gujarat

vi. Salawas, Rajasthan

vii. Badhal, Rajasthan

viii. Inchhapuri, Gurugram, Haryana

ix. Navlakh Umbre, Pune, Maharashtra

(e) : The criteria for establishment of Inland Container Depots have been provided in Circular No. 50/2020-Customs dated 05.11.2020 issued by the CBIC, Department of Revenue, Ministry of Finance are given in the enclosed **Statement**.

STATEMENT

ANNEXURE

Circular No. 50/2020

F. No. 394/29/2020-Cus (AS)
Government of India
Ministry of Finance
Department of Revenue
Anti-Smuggling Unit (CBIC)
***

Room No. 512, 5th Floor, Hudco Vishala Building,
R. K. Puram, New Delhi. **Dated 05.11.2020**

To,

All Principal Chief/Chief Commissioners of Customs,
All Principal Chief/Chief Commissioners of Customs(P),
All Principal Chief/Chief Commissioners of Customs & CGST,
Webmaster, CBIC.

Madam/Sir,

Subject: Policy and Guidelines for setting up of Inland Container Depots (ICDs), Container Freight Stations (CFSs) and Air Freight Stations (AFSs)-Reg.

1. Introduction

1.1. An Inter-Ministerial Committee (IMC) was constituted in 1992 to act as a single window for clearance of proposals to set up Inland Container Depots (ICDs), Container Freight Stations (CFSs) and Air Freight Stations (AFSs). The Ministry of Commerce and Industry Guidelines, 1992 prescribed the requirements for setting up of the ICDs and CFSs. The subsequent guidelines issued by the Department of Commerce (DoC) and Central Board of Indirect Taxes and Customs (CBIC) set the rules for establishment & functioning of these facilities. The matters relating to setting up of ICDs/CFSs/AFSs were brought under CBIC in 2018. Accordingly, the Board had reconstituted the Inter-Ministerial Committee vide order issued under F.No. 434/04/2018-Cus.IV dated 20.06.2018.

1.2. In the last two decades, both the cargo volumes and capacities of ICDs/CFSs have increased manifold. A few key initiatives transforming the manner of trade in recent years, such as implementation of the Authorized Economic operator (AEO) programme, rising penetration of the Direct Port Delivery(DPD) and Direct Port Entry(DPE) initiatives, Self-Sealing (RFID seals), Self-Assessment, Electronic Cargo Tracking System (ECTS) and RMS based facilitation have completely changed the operation of Export-Import logistics. The CBIC is also targeting higher DPD, DPE numbers with minimum but more effective Customs interventions aided by technological measures.

1.3. Similarly, physical infrastructure has undergone exponential improvements with the development of expressways, national highways connecting ports to hinterland. Many new private ports & terminals within the existing ports have come up on both Western and Eastern coasts of the country. The operationalisation of Western and Eastern Dedicated Freight Corridors is near future is expected to completely change the dynamics of cargo movement.

1.4. At present, majority of CFSs are located up to 50 kms away from the port and are concentrated in high numbers in the western and southern India. ICDs on the other hand are concentrated in the northern hinterland. Similarly, the traffic across ICDs is also not distributed evenly, only 25 ICDs cater 83% of the total volume (in terms of Shipping Bills and Bills of Entries).

1.5. Therefore, on account of plethora of changes in the policy, technology landscape and the logistics ecosystem over the time, there is a need for revising the policies and procedure for setting up of new ICDs/CFSs/AFSs to meet the requirement of the changing paradigm and the aspirations of the trade.

1.6. Accordingly, the new policy:

i. takes into account the present capacity, future growth potential and regional imbalances and also addresses the need for bringing uniformity, transparency and seamless approval process;

ii. addresses the identified regulatory and logistics concerns associated with the hard and soft infrastructure of ICDs/CFSs/AFSs in India;

iii. establishes a framework of functional requirements pertaining to the design and operation of dry ports, as well as establish certain processes to enable sustainable growth of the sector; and

iv. aims to lay down appropriate institutional, administrative and regulatory frameworks for development and smooth operation of ICDs/CFSs/AFSs, including procedures for regulatory inspection and the execution of applicable customs control and formalities.

2. Distinction between ICD, CFS and AFS

2.1 Inland Container Depot (ICD) :

2.1.1. An off seaport (or port) facility having such fixed installations or otherwise, equipment, machinery etc. providing services *for handling / clearance of laden import, export containers for home use, warehousing, temporary admissions, re-export etc under customs control and with storage facility for customs bonded or non-bonded cargo.*

2.1.2. An ICD is a "self-contained Customs station" like a port or air cargo unit where filing of Customs manifests, Bills of Entries, Shipping Bills and other declarations, assessment and all the activities related to clearance of goods for home use, warehousing, temporary admissions, re-export, temporary storage for onward transit and outright export, transshipment, etc., take place. An ICD would have its own automated system with a separate station code (such as INTKD 6, INSNF6 etc.) being allotted by Ministry of Commerce and with in-built capacity to enter examination reports and enable assessment of documents, processing of manifest, amendments, etc.

2.2. *Container Freight Station*

2.2.1. An off seaport (or port) facility having such fixed installations or otherwise, equipment, machinery etc. Providing services for handling / clearance of laden import, export containers for home use, warehousing, temporary admissions, re-export etc under customs control and with storage facility for customs bonded or non-bonded cargo.

2.2.2. Though by definition, both ICD and CFS are similar, a CFS is only a Customs area notified under section 8 of the Customs Act, 1962, located in the jurisdiction of a Commissioner of Customs exercising control over a specified Customs port, airport, LCS/ICD while an ICD is notified under section 7 of the Customs Act, 1962. A CFS cannot have an independent existence and has to be linked to a Customs station within the jurisdiction of the Commissioner of Customs. It is an extension of a Customs port set up with the main objective of decongestion. In a CFS only a part of the Customs processes mainly the examination of goods is normally carried out by Customs besides stuffing/de-stuffing of containers and aggregation/ segregation of cargo. Thus, Custom's functions relating to processing of manifest, import/ export declarations and assessment of Bill of Entry/Shipping Bill are performed in the Custom House/Custom Office that exercises jurisdiction over the parent port/airport/ICD/LCS to which the said CFS is attached. In the case of Customs Stations having facility of automated processing of documents, terminals are provided at such CFSs for recording the result of examination, etc. In some CFSs, extension Service Centers are available for filing documents, amendments etc. However, the assessment of the documents etc. is carried out centrally.

2.2.3. An ICD may also have several CFSs attached to it within the jurisdiction of the Commissioner of Customs just as in the case of a port.

2.3. *Air Freight Station (AFS)*

2.3.1. An off-airport common user facility equipped with fixed installations of minimum requirement and offering services for handling and temporary storage of import and export cargo etc.

2.3.2. While CFS handles maritime cargo, an AFS is meant to handle air cargo.

2.4. *Important centers of activity relating to ICDs/CFSs/AFSs*

2.4.1. Rail Siding (in case of a rail-based terminal): The place where container trains are received, dispatched and handled in a terminal. Similarly, the containers are loaded on and unloaded from rail wagons at the siding through overhead cranes and / or other lifting equipment.

2.4.2. Container Yard: Container yard occupies the largest area in the ICD/CFS. It is stacking area where the export containers are aggregated prior to dispatch to port, import containers are stored till Customs clearance and where empty containers await onward movement. Likewise, some stacking areas are earmarked for keeping special containers such as refrigerated, hazardous, overweight/over- length etc.

2.4.3. Warehouse: Public warehouse appointed under section 57 or private warehouse licensed under section 58 is a covered space/shed where export cargo is received and import cargo stored/delivered; containers are stuffed/stripped or reworked; LCL exports are consolidated and import LCLs are unpacked; and cargo is physically examined by Customs. Export and import consignments are generally handled either at separate areas in a warehouse or in different nominated warehouses/sheds.

2.4.4 Gate Complex: The gate complex regulates the entry and exits of road vehicles carrying cargo and containers through the terminal. It is place where documentation, security and container inspection procedures are undertaken.

3. Functions and benefits of ICDs/CFSs/AFSs

3.1. The primary functions of ICD/CFS/AFS include receipt and dispatch/delivery of cargo, stuffing and stripping of containers, transit operations by rail/road to and from serving ports; customs clearance, consolidation and desegregation of loose Container Load (LCL) cargo, temporary storage of cargo and containers, reworking of containers; and maintenance and repair of container units.

3.2. ICD/CFS/AFS, *inter alia*, offer the following benefits to the trade, namely, serving as concentration points for long distance cargo movement and transit facility, making available customs clearance facility available near the centers of production and consumption free movement of cargo at gateway ports and decongesting the ports, reducing the costs of transport, inventory, demurrage and level of pilferage; enabling intermodal transshipments & repositioning of containers for shipping lines.

4. Criteria for new ICDs/CFSs/AFSs

4.1. Geographical Criteria for approvals

4.1.1. It has been seen in the past that the tendency of developers to set up facilities in few selected areas led not only to proliferation at those centers but also has resulted in investments being made near big cities/ports, far from the manufacturing/exporting units. Moreover, such distorted penetration results in higher costs for inland units apart from creating manpower issues for the departments.

4.1.2. Therefore, it has been decided to group the country in three types of areas for the purposes of opening of new ICDs/CFSs as under following:

- ***Green Zone***: States low on ICD/CFS infrastructure. These will be open for proposals (Himachal Pradesh, Bihar, Jharkhand, West Bengal, Sikkim, Assam, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Tripura, Meghalaya and Telengana and Union territories of Jammu and Kashmir and Ladakh);
- ***Blue Zone***: States where the proposals can be accepted only for specific trade generating locations with no existing facilities or with over utilized facilities (Uttarakhand, Uttar Pradesh, Chattisgarh, Odisha, Andhra Pradesh, Goa, Karnataka and Kerala and Union Territories of Pudhucherry, Diu and Daman); and
- ***Red Zone***: The identified states have adequate ICD/CFS infrastructure. These may be closed for any new CFSs development indefinitely. However, in exceptional cases

IMC may approve the setting up of ICDs in trade generating locations with high export & import potential and need of new facilities (all the states and union territories not listed in Green and Blue Zones).

4.1.3. *Distance of ICD from ports* - Rail transport is price competitive with road transport when the lead distance is more than 200 kms. Rail connected ICDs are favored at hinterland locations with lead distances up to 1,500 kms in north India. The development of ICDs within 200 kms of a connecting/Nearest serving seaport shall be discouraged. The measure is expected to further encourage DPD & DPE movement between hinterland & ports. For calculation of distance, the chargeable route by rail and shortest road (National Highway / State Highway) from serving port shall be considered. This rule shall be applicable across all geographical zones.

4.1.4. *Distance between ICDs* - No Greenfield ICD shall be permitted to be established within 100kmsdistance from existing ICD. Distance will be referred as chargeable railways route (both directions) between ICDs and shortest road distance(National Highway / State Highway, both directions) in case of road linked ICD. This rule shall be applicable across all Geographical zones.

4.1.5. *Development in States with low Logistics Infrastructure* - To support infrastructure development in states with limited logistics infrastructure, priority should be given to Identifying and promoting ICD/CFS/AFS facilities where presence of such facilities is limited. These are clustered in Green Zone as proposed above. IMC can give relaxation on Distance rules in Green Zone.

4.1.6. *National Logistics Action Plan/Policy* - The approval and notification of all new ICD/CFS, including existing and new MMLPs will be processed in consonance with the national logistics action plan/policy.

4.1.7. *Inland National Waterways* - Development of ICDs based on Inland National Waterways as mode of transportation will be encouraged with relaxation being given on Geographical Zone& Distance rules.

4.1.8. Railways Freight Corridors - Approval of Greenfield ICDs directly along/Linked with DFCs (Eastern & Western DFCs and any new operationalized railways freight corridor) will be accorded with no more than one ICD directly connected with these corridors within chargeable distance of 100 kms in both directions. It is expected that some of existing ICDs will get connected directly to freight corridors and while some will operate in Hub & Spoke model in future. With priority of increasing utilization of Freight corridors as they operationalize and lowering the logistics costs, IMC can accord approvals to these facilities in any zone while maintaining distance rules on the corridors.

4.1.9. Exceptions - IMC can approve creation of additional facilities near existing ICDs (all 3 zones) if the demand exceeds the existing capacity of ICDs/CFSs in trade generating location/area. This can be determined by analyzing the existing utilization of ICDs in designated trade generating location/area.

4.1.10. In no case a new CFS shall be set up which is linked to an ICD. Only CFSs connected to ports in the permissible Zones (as mentioned above) shall be allowed after considering existing capacity and utilization parameters.

4.1.11. AFSs are relatively new to India, hence, in the case of AFSs, the IMC while considering the application, will only take into account the demand-supply gap and take appropriate decision.

4.2. Volume

4.2.1. The facility must be economically viable to manage and attractive to the users, to the railways for full train load movements; to other transport operators; seaports; shipping lines; freight forwarders etc. and must operate at certain minimum amount of traffic. The applicants must therefore study carefully the viability of the project from the point of view of the TEU traffic availability.

4.2.2. In the time of growing international trade, the creation of any infrastructure facility must commensurate with the generation of demand in actual terms. This is particularly important as such facilities have a long gestation period for being fully operationalized. Accordingly, the minimum threshold performance shall be 7200 TEUs/consignments[1] per year (two way) for an ICD and 1200 TEUs/consignments per year (two way) for a CFS. However, no such threshold performance is prescribed for an AFS.

4.3. Land

4.3.1. The minimum area requirement is seven hectare for ICD having minimum area of four hectares as Customs Notified Area and minimum one hectare nominated for DPD & DPE nominated space. For states in Green Zone, ICD with three hectares for customs notified area and one hectare for DPD & DPE may be considered. The minimum area requirement shall be two hectare for a CFS. For AFS 1000 Sq. meters of covered area each for imports and exports respectively shall be made available.

4.3.2. *Ownership of Land* - The applicant must have the legal rights over the land which is proposed for ICD/CFS construction. If the land is not owned and the land is leased, the lease agreement with lessor must be for period of 30 years. Change of Land Use certificate, wherever required shall accompany the application and land should be free from acquisition proceeding at date of application. The land parcels should be contiguous with only exception for setting up non-bonded storage facility.

4.4. Other Criteria

4.4.1. *Legal entity – The* applicant must be a legal entity in India under applicable law. The entity must possess a valid GST registration and should have been operating for a minimum period of three years.

4.4.2. *Prior experience* - The applicant must have prior experience of operating as CCSP or should have other trans-border logistics experience such as logistics service provider including customs brokers, transporters, freight forwarders, shipping lines and port terminal operators.

[1] Consignments here refers to Shipping Bill/ Bill of Entry

5. Application and Approval Procedures

5.1. Setting up of new ICD/CFS/AFS

5.1.1. The application for setting up of new ICD/CFS/AFS shall be submitted to the Member (Customs), CBIC, Office of the Commissioner (RI&I), 5th floor, Hudco Vishala Building, Bhikaji Cama Place, New Delhi 110066, email: mgt.valavan@nic.in, in the format provided in **Annexure-I**. Application shall also accompany a Detailed Project Report (DPR) in format provided in **Annexure-II**. The application should be submitted in six copies with one advance copy to jurisdictional Commissioner of Customs for his recommendation on feasibility and five copies to Member (Customs), CBIC. No application fee will be charged from the applicants. Without waiting for the report from jurisdictional Commissioner, the other copies of the application shall be sent by office of the Commissioner (RI&I) to all the members of IMC for their comments.

5.1.2. Applicants shall familiarize themselves with statutory Customs requirements in relation to bonding, transit bond, security, insurance, other necessary procedural requirements and cost recovery charges payable before filing the application.

5.1.3. The jurisdictional Commissioner of Customs, upon receipt of the advance copy, will examine the feasibility of the proposal and send his recommendations, along with reasons thereof, to Member (Customs), CBIC, within 30 days of receipt of the application. The recommendations of jurisdictional Commissioner shall take into account manpower availability, existing ICD/ CFS capacity and its utilization, future projections, reduction in logistics cost and the impact on local trade stakeholders of the new proposed facility in lines with policy. The jurisdictional Commissioner shall do his own analysis based on historical data and existing facilities working in the vicinity. The jurisdictional Commissioner while forwarding his recommendation shall make a categorical statement whether an application merits consideration or rejection.

5.1.4. On receipt of the proposal, the members of the IMC will furnish their comments within 30 days.

5.1.5. Proposals for setting up ICD/CFS/AFS will be considered on merits by the IMC. Normally, the IMC meetings will be held twice in a year. The committee may approve or refuse to grant approval for setting up of ICD/CFS/AFS. The recommendations of the jurisdictional Commissioner will be a relevant factor but not necessarily binding on the IMC. The IMC can independently decide about approval/rejection of any project based on the valid considerations. The applicant shall not make any investment before obtaining the approval from IMC. The "in-principle" approval from the jurisdictional Customs Commissioner regarding the feasibility of the proposed facility shall not be considered as final. Any investment made by the prospective developer before the approval of IMC shall be at the risk of developer and as a result would not constitute a relevant factor for approval of the facility.

5.1.6. On approval of a proposal, a Letter of Intent (LOI) will be issued to the applicant with conditions as may be considered necessary, which will enable applicant to initiate steps to create infrastructure. The applicant would be required to set up the

infrastructure within one year from the date of approval.

5.1.7. The LOI will have a validity of 12 months. It will be further extendable by a maximum of 12 months once only. Only in exceptional cases, IMC would further extend it by 6 months in one go for maximum 2 terms. Therefore, no extension after this time will be provided and proposal will be deemed as rejected. Once rejected, new proposal must be submitted afresh.

5.1.8. The IMC has right to suspend or revoke the approval granted in the following cases:

i. on breach of any conditions of applicable law or contained herein; or
ii. the setting up/continuance of the ICD/CFS/AFS would be prejudicial to public interest; or
iii. if the ICD/CFS/AFS entity or any of its promoters is convicted of an offence under the provision of any Act in force.

5.2. Applications for other purposes

5.2.1. *Change of CFS to ICD and vice versa and notification of AFS in Existing ICD* - When a CFS operator wants to upgrade the facility to ICD or convert the ICD to CFS, he shall approach the IMC for approval for such a change. Such applications shall be processed in the similar manner as that of a new facility.

5.2.2. *Change in Ownership* - Jurisdictional Commissioner of Customs can approve the change of custodian of existing facilities under section 45 of the Customs Act, 1962 and the change may be informed to the Commissioner (RI&I). There will be no need to approach IMC for change in ownership provided the residual entity meets turnover and other requirements established within the framework of this policy. However, any pre-condition prescribed in this policy which the original developer is required to fulfill, shall be met by the new owner as well. The new owner shall ensure and confirm that all the liabilities under the Customs Act, 1962 and regulations thereof, payable by the existing operator are duly discharged before such change of ownership.

5.2.3. *Change in Location* - For change of location of an existing facility, the operator of the facility shall approach IMC. If the new location is in the same locality of the existing cluster of CFSs/AFSs, and serves to the same gateway port, the IMC after consulting the jurisdictional Commissioner of Customs, may approve such request. However, in case such change of location involves substantial geographical change (outside existing District or involves change of port to which the CFS serves), it should be treated as closure of the existing facility and setting up of a new facility.

6. Post Approval Obligations

6.1. Operationalising the facility

6.1.1. The applicant shall take all necessary actions to operationalise the facility within the validity period of the LOI. The applicant must put up the required infrastructure and

meet the regulatory requirements in compliance with applicable law to become functional. The Check list for various requirements is given at the **Annexure-III**.

6.1.2. The applicant, after receipt of LOI, shall send monthly progress report to jurisdictional Commissioner of Customs in the proforma as may be prescribed by him. Failure to submit progress report would have an adverse effect in cases where extension is to be sought. Non-compliance to send reports shall be a valid ground for rejection of request for extension.

6.1.3. After development of infrastructure as per requirements, applicant shall apply to CBIC for notification of facility as ICD or AFS under Section 7(aa) of Customs Act, 1962 through the jurisdictional Commissioner of Customs.

6.1.4. Further, applicant will approach jurisdictional Commissioner of Customs to issue notifications under section 8 of the Customs Act 1962 for approving landing place and specifying limits of Customs area and under Section 45(1) of the Customs Act, 1962 for declaration as "Custodian".

6.1.5. These notifications will be issued only if the Board or the jurisdictional Commissioner of Customs, as the case may be, is fully satisfied with the readiness of the facility and fulfillment of compliances under the Handling of Cargo in Customs Areas Regulations (HCCAR), 2009.

6.1.6. Further, after the issuance of LOI and before the issuance of the notifications as mentioned above, the jurisdictional Commissioner of Customs shall coordinate with the Directorate General of Human Resource Development (DGHRD) for creating the required numbers of cost recovery posts.

6.1.7. The jurisdictional Commissioner of Customs while forwarding the recommendation for issuance of notification shall:

a. satisfy himself about the readiness of the facility including fulfillment of the requirements listed at Annexure-III;
b. ensure that the required number of cost recovery posts are created; and
c. confirm that once the facility is notified the Commissionerate will be able to deploy the officers.

6.2. Regulatory and other compliances

6.2.1. The facility operator who is appointed as custodian of the goods meant for import and export shall be required to comply with provisions of the Customs Act, 1962, rules and regulations thereof and circulars/instructions issued from time to time by the Board in relation to the custody, storage, handling and disposal of cargo including the Handling of Cargo in Customs Area Regulations, 2009.

6.2.2. The operator shall comply with the laws relating to Indian Railways (for safety of siding and smooth rake operations in the facility), labor, environment (including the laws

relating to the storage of hazardous goods, legal metrology (certification for installed weighing instruments including weight bridges etc.) food safety (certification of facility by FSSAI for storage) etc.

6.2.3. The operator shall also comply with the circulars/instructions issued by the Board on cost recovery charges from time to time for the officers deployed. The payment of cost recovery charges for the officers and staff deployed and exemption from such payment shall be governed by the extant rules, policy and circulars in this regard.

6.2.4. No alteration of the plan of the ICD / CFS shall be made without the concurrence of the jurisdictional Commissioner of Customs. Further, no reduction in minimum prescribed physical area shall be allowed.

6.2.5. For Rail linked ICDs, investors will be required to provide at their own cost all infrastructure facilities including land, track, and maintenance of assets including track, rolling stock, etc. as per extant railway rules applicable to such sidings. The cost of the railway staff would be governed as per the prevailing Indian Railways policy.

6.2.6. The custodians should strictly follow any guidelines/directions issued on account of *force-majeure* of Government of India from time to time.

6.3. *Record keeping handling, receipt and storage*

6.3.1. For the proper discharge of duties, the custodian shall execute a Bond covering the value of the goods stored in the ICD/CFS with the Assistant/Deputy Commissioner of Customs. The custodian shall ensure that all goods held in the ICD/CFS are adequately covered as per extant circulars issued by the Board.

6.3.2. The custodian shall provide safe, secure and spacious place for loading, unloading and storage of the cargo.

6.3.3. The custodian shall also provide sufficient modern handling equipments in operating condition for handling the cargo in the notified area.

6.3.4. The custodian shall be responsible for the proper receipt, handling, storage and shall be accountable for the loss of imported goods after the landing and before clearance, and also for goods meant for export/transshipment. They shall also maintain proper records of all such goods including the records of goods which are cleared with the permission of the Customs or disposed of, under section 48 of the Customs Act 1962 or otherwise. Further, custodians shall share available data with the Government Departments/Agencies ensuring reasonable commercial and individual privacy.

6.3.5. If any imported goods are pilfered or lost after unloading in the customs area while in the custody of the custodian, then in terms of provisions of section 45(3) of the Customs Act 1962, they shall be liable to pay the duty on such pilfered goods.

6.4. *Infrastructure and other facilities*

6.4.1. The custodian shall also take steps to bring about necessary improvements in the infrastructural facilities and other amenities required to be provided to the trade and to Customs staff, as may be necessitated from time to time, consequent upon the growth in the volume of Import and Export Trade handled at the ICD/CFS.

6.4.2. In case the custodian wants to sublet any of the functions inside the customs area or connected with the customs area, the same should be done with prior approval of the Commissioner of Customs and the custodian shall remain responsible for the omissions and commissions of the said agency.

6.5. *Performance Monitoring*

6.5.1 The Commissioner of Customs shall ensure that annual audit/inspection of the notified facilities are conducted in terms of the circulars/ instructions issued in this regard.

6.5.2 The jurisdictional Commissioner of Customs shall, based on the findings of the annual inspection report or otherwise, take necessary remedial action including penal action, for any contravention, under the Customs Act, 1962 read with HCCAR, 2009. It may be noted that each violation shall be treated as separate for the purpose of initiating penal actions.

6.5.3 The jurisdictional Commissionerates must list out functional, non-functional and approved count of ICDs on their websites, latest figures of volume handled, Infrastructure profiles, compliance with HCCAR 2009 rules to be maintained on month on month basis on the Commissionerate's web-portal.

7. Term, renewal and de-notification of the facility

7.1. The duration of the award for the operation of the facility shall be governed by HCCAR 2009 unless otherwise mentioned in any other guidelines. The applicant shall get the award renewed by the jurisdictional Commissioner of Customs.

7.2. At the time of renewal, the jurisdictional Commissioner of Customs shall satisfy himself about the functioning of the facility including the minimum volume projected at the time of initial proposal.

7.3. The ICDs not meeting the minimum prescribed threshold performance for four consecutive financial years will be considered for de-notification by the Board based on the recommendation of the jurisdictional Commissioner of Customs. As regards CFSs, jurisdictional Commissioner can de-notify the facility if it failed to meet the prescribed minimum threshold performance for four consecutive financial years. In the case of AFSs, the Board may analyze the performance of the facility and may consider the de-notification wherever necessary, based on the recommendation of the Jurisdictional Commissioner of Customs.

7.4. The jurisdictional Commissioners of Customs can order for closure of a facility when requested by a custodian. Such requests should be approved within 6 months subject to clearance of dues of Cost Recovery Charges, disposal of detained/Seized cargo & cases against CCSP if any. Jurisdictional Commissioner will take no dues certificate thereafter commissioner may de-notify any CFS/AFS and in the case of ICD he shall forward the proposal for de-notification to the Board.

8. Scope and applicability

The policy and guidelines prescribed here will be applicable to all the new proposals that are submitted to IMC after the date of issue of this circular. The proposals already submitted but are yet to be considered by the IMC shall also be governed by these guidelines. As regards the existing facilities and the proposals for which Letter of Intent has already been issued but the facilities are yet to commence their operations, shall also be governed by these guidelines to the extent to which they are applicable (such as post approval obligations, term, renewal and de-notification etc). The proposals which have been approved by IMC will be scrutinized under old policy.

9. The above guidelines may be circulated among the stakeholders and public and the field formations may be sensitized suitably.

10. Any difficulties in the implementation of these guidelines may be brought to the notice of the Board immediately.

Yours faithfully,

(Amit Singh Chandel)
OSD (Anti-Smuggling)

Annexure-I
(to the CBIC Circular No. 50/2020)

Format of Application for Setting up of an Inland Container Depot/Container Freight Station/Air Freight Station

Note: Five Copies shall be submitted to the Member (Customs), CBIC, Office of the Commissioner (RI&I), 5th floor, Hudco Vishala Building, Bhikaji Cama Place, New Delhi 110066, email: mgt.valavan@nic.in; one advance copy shall be submitted to the jurisdictional Commissioner of Customs.

Name of the Entity:	
Entity Type:	Public Ltd./Pvt. Ltd./Individual
Registered Office Address:	
Authorized Economic Operator-Logistics Operator Status Holder	Yes/No (If yes, please provide details)
Application for (Mark whichever applicable)	☐ ICD ☐ CFS ☐ AFS ☐ CFS to ICD ☐ Change of location of an existing ICD/CFS/AFS
Geographical Zone of Facility[2] (Mark whichever applicable)	☐ Green ☐ Blue ☐ Red
State of facility proposed	
District of facility proposed	
Nearest ICD/CFS/AFS with distance from proposed facility.	
Concerned Customs Zone	
Has proposal been rejected earlier	Yes /No
If yes, when	DD/MM/YYYY
If the proposal has been rejected earlier, whether the instant proposal brings out any fresh facts for	Yes/No

[2] Refer para 4.1.2 of the Circular

consideration of IMC? (Details to be furnished separately)	
Date of submission of Advance Copy of application to jurisdictional Commissioner of Customs	
Whether detailed Project Report enclosed with the application	Yes/No
Details of other documents submitted (if any)	1. 2. 3.
Contact details of Authorized Signatory	Name: E-Mail: Contact No:

Declaration (*strike out whatever not applicable*):

1. I ....., S/o....., the authorised signatory of..... hereby certify that the content of this application is true and correct.
2. Neither me, my entity nor the promoter has been convicted of any offence by any court in India or abroad
3. I undertake to comply with the Customs Act, 1962, the regulations and circulars issued from time to time therein relating to functioning of ICD/CFS/AFS.
4. I confirm that the previous owner of the facility has no amount payable to the Commissioner of Customs,.....pending as on this date.

Place: Date:	Signature of Authorized Signatory

Annexure-II
(to CBIC Circular No. 50/2020)

Instruction for submission of the Detailed Project Report for setting up of ICD/CFS/AFS

(Note: The details shall be supported by relevant documents wherever necessary)

1. General Instructions

i. A power of attorney from the Board of Directors of the entity in favor of the signing authority (who signs all documents related to the demonstration of commitment, including this DPR) should be furnished.
ii. Container figures in this DPR should be quoted in TEUs and all financials should be quoted in INR.
iii. All pages of the DPR should be initialed by the signing authority of the applicant.
iv. The Inter-Ministerial Committee (IMC) reserves all rights to check the veracity of the supporting documents. This includes the right to call for original documents at any point in the appraisal process.
v. IMC also reserves the right to ask for clarifications and/or additional documents/information, providing of which within the specified timelines would be binding on the applicants.
vi. All data points used in the DPR should be supported by reliable sources (cited in footnotes on same page) and copies of the relevant source page be appended to the document.
vii. For data points generated by primary research, copies of survey forms should be appended to the document.
viii. All assumptions used in the document should be supported by detailed justification and source for data as applicable.

2. Details of Applicant Entity

i. Registration details with RoC, details of registered office and corporate office etc.
ii. Registration with various tax authorities (GST, PAN etc.).
iii. Memorandum of Association.
iv. Articles of Association.
v. Constitution of the Board of Directors (including brief bios of each director, the roles envisaged for each of them).
vi. Capability statement of the Applicant.
vii. Details of Similar projects executed in last 3Financialyears.
viii. Copy of Balance sheets for last 3 financial years.
ix. Undertaking on Rs. 100/- Non-Judicial Stamp in terms of HCCAR, 2009.

3. Background and Broad Project Rationale

i. Provide details of the project, including:
   a. High level capacity creation and capital outlay.
   b. Technology& Automation proposed for cargo/container handling and IT systems.

c. Target hinterland/trade generating location.
d. Market segment proposed to be addressed.
e. Business Activities & Specific Services Offered.

ii. Write up on how the proposed project will enhance the export import logistics Infrastructure in country.

iii. Write up on how project aims to lower cost of logistics for target location.

iv. Write up on how the proposed project plans reduction of dwell time of containers in its premises.

v. Stakeholder analysis (including investors, Export & Import Industries, traders, cross-border trade, logistics ecosystem, and affected population).

vi. Plan for traffic management and decongestion of approach roads for ICD/CFS/AFS.

4. Overview of Business Landscape

Overview of business environment with analysis (such as PESTLE/SWOT).

5. Traffic Assessment

i. Location: Proposed location should be defined in detail covering following aspects:
   a. Location identification details.
   b. Distance from nearest State/National highway.
   c. Nearest serving Railway station/Railhead from which connectivity is proposed.
   d. Distance from ports. (Shortest railways rationalized route for containers).
   e. Mapping of nearest ICDs in 100 kms distance from Road & Rail.
   f. Area of land and land available for future expansion.
   g. Status of land(Owned or leased).

ii. Hinterland Mapping: Identify Primary & Secondary Hinterland and include their detailed profile. Each of trade generating location should have enough potential along with geographical proximity to proposed dry port location. Location geographical maps with indicative hinterlands should be clearly depicted in this section. Existing facilities catering to these hinterlands should also be mapped.

iii. Commodity wise data: Potential traffic should be also provided with Commodity wise segregation for both primary and secondary hinterland. For these, preferred mode of transportation, competing ICDs, percentage of containerization, DPD & DPE percentage should be captured.

iv. Primary Survey: It is to be conducted in the areas mapped as hinterlands/trade generating locations to obtain insights form the stakeholders. Stakeholders should include industries in region, chambers of commerce, EXIM associations and other trade bodies, ICDs & CFS in region, forwarders, Customs Brokers, District Industrial Centers of State government, local transporters. Survey should be combination of structured and unstructured questionnaires to obtain better understanding of cargo flow patterns (inflow & outflow) of various commodities from targeted

hinterland.

v. Open Market potential and target market potential: Post survey, indicative figures for open market potential, volume distributions across other competitors and target market potential should be clearly depicted and should be realistic based on facts/historical data.

vi. Traffic Forecast: Capture growth drivers for traffic, forecast traffic based on commodity profiles and growth potential for EXIM trade that reflects ground realities. Forecast should be provided for 10 years or expected pay back period whichever is less. Alternate traffic forecasts should also be worked out based on different scenarios.

vii. Logistics Cost Analysis: Traffic study should provide cost savings in per metric ton comparison which will be derived after setting up of facility. This study should be done at commodity level to each gateway port connection separately.

6. Project Execution/Implementation Strategy

i. Creation of Infrastructure and strategy for securing/ implementing the same. Plans for Land/site development, Planned Railway Connectivity, Application under Private Freight terminal, Approach Road etc.
ii. Project management framework and philosophy.
iii. Cost & Time overrun contingency measures.
iv. Planning Considerations of Port Facilities requirements specified by policy.
v. Selection of Cargo Handling Equipment.
vi. Project Phasing (Quarterly activity plan supported by detailed Gantt Charts) including major milestones.
vii. Key Activities by quarter.
viii. Organization Structure proposed (with details of management team and role of partners) up to three levels (starting with CEO). Also append the profiles of the personnel proposed as well as the roles and responsibilities of each.
ix. Details of permissions, clearances and fulfillment of other statutory requirements for the projects, accompanied by a detailed note on plans for fulfillment of each.

7. Project Financials

i. Capital cost estimation.
ii. Operating and maintenance costs.
iii. Financial indicators (NPV, IRR, Breakeven period by volumes).
iv. Tariff plan & considerations.

8. Risk Impact Analysis

i. Project Financial Viability and Going Concern viability analysis and details.
ii. Business Sustainability Plan.
iii. Risk Analysis (financial and business) for ICD, along with financial impact estimation of risk factors (upside and downside) like shift of trade, Increase in Rail freight etc.
iv. Risk Mitigation Plan including costs associated with the individual plans.
v. Detailed estimation of risk due to cost or time overruns for project implementation and mitigation plans for the same.

9. Environmental Impact Assessment

i. Details regarding the Environment impact assessment including Mitigation, Monitoring, and Risk Assessment should be provided.
ii. Details of proposed environment protection measures like management of runoff water from port premises by installing rainwater harvesting infrastructure, plan for generation of renewable energy by means of installation of solar panels on Warehouse, Admin building should be enclosed.
iii. Mitigation measures for wastewater generated from container repair and washing activities especially of tank containers/ containers carrying hazardous commodities activities should be provided.

Annexure-III
(to CBIC Circular No. 50/2020)

Checklist for the infrastructural requirements and regulations compliance

1. **Design and lay-out:** The design and layout should be the most modern state-of-art equipped with mechanical/electrical facilities of international standards. Key to a good lay-out is the smooth flow of containers, cargo and vehicles through the ICD/CFS. The design and layout should consider initial volume of business, estimated volume in 10 years' horizon and the type of facilities traders would require. ICD /CFS facility shall have covered and open storage areas separated for import, export and transshipment, and for perishable goods, high-value cargoes and dangerous cargoes, including hazardous substances.

2, Port's layout defines the physical location of main facilities required to efficiently handle the incoming and outgoing traffic. Flexibility should be built in layout so that it can accommodate future changes and new development opportunities. Further, layout should offer flexibility to accommodate infrastructure requirements for supporting new reforms by CBIC.

3. All designs and construction shall detail and be compliant with rules of HCAAR, 2009 regarding the following but not limited to, wall specifications, transit/bonded warehouse, entry and exit gates, demarcated area for hazardous goods, lighting through high masts, demarcated areas for export and import, storage for fumigation and post fumigation and storage area for auction cargo.

4. ***PGA office & Laboratory space:*** Office and laboratory space for PGAs shall be provided at no cost to reduce the dwell time of export & imports. No charges including office rent, electricity charges should be billed to Public Government Agencies (PGA's) for their deployment. Alternatively, in case of a group of ICDs located in proximity of each other, a common testing facility may be considered for cost rationalization.

5. ***Rail Linkage:*** In case of rail linked ICDs, rail infrastructure provided inside a container depot should allow receipt and dispatch of full-length unit container trains running between a single origin and a single destination, without requiring to be broken up or remarshaled outside the ICD/CFS. Container Yard (CY) should be designed around rail access and not the reverse. Loading and unloading of trains would ideally take place in centrally located sidings comprising at least three tracks -loading, unloading and locomotive release. For a reach-stacker served facility, container stacks at the CY shall be located on either side of the tracks (to allow for separation of import and export containers and for loading and unloading on both sides at a time). Rail loading/unloading tracks shall be centrally located, permitting the operation of handling equipment on either side. The layout described above is only indicative of best practice. Additionally, all operational and other requirements as per extant rules of Indian Railways need to be complied with.

6. ***Access Road/ Connection with State Highways or National Highways:*** An

approach road of indicative 15 meters width with proper drainage on each side will be provided for the gate complex. If the entry & exit gates of the ICD are planned in vicinity of each other, then additional space to enable smooth flow of traffic will be factored into the design. Road connections to ICD/CFS will be via slip roads off local or national highway system. Road connections should be suitable for container and break-bulk trucks conveying containers or break-bulk cargo between cargo sources and the ICD/CFS port.

7. ***Design of access junctions:*** Access junctions are locations at which ICD site access roads meets the main roads. The design should cater for unhindered traffic flow even at peak capacity of the ICD.

8. ***CFS & Customs Examination Area:*** A critical function of CFS is to pack and unpack cargo into and from containers which are moved to and from the a. Keeping this in mind CFS facilities should be designed with container bays facing a raised loading/ unloading platform on one side and truck loading/ unloading bays on the other. Containers can be packed and unpacked by forklift trucks while still on their trailers. Similarly, break-bulk trucks can be loaded and unloaded from raised platform by smaller forklifts (having two-three-ton capacity). Area required for CFS may be calculated on basis of some proportion of loaded import and export containers in the CY moving through CFS. The customs examination area should be clearly marked, and no examination shall be permitted outside the marked area. The examination area shall be covered under a 24X7 CCTV surveillance system with strict access control.

9. ***DPD & DPE Area:*** Separate area for DPD & DPE containers as per land requirements of this policy should be provided in ICD. The nominated DPD & DPE area should have separate entry/exit gates with clear demarcation from customs notified area. Further, DPD & DPE traffic should not impact the regular ICD operations.

10. ***Truck Circulation Area:*** Efficient operation of ICD depends on unimpeded, circulation of trucks throughout the ICD area. An exception to this design requirement is an intersection with rail access line, which needs to be protected by automatic level crossing barriers and warning devices. Internal roads shall be constructed with indicative width of 15 meters, to allow handling equipment and trucks to pass safely.

11. ***Storage of Hazardous goods in warehouses:*** Hazardous goods warehouses must be sealed from all directions, i.e. in relation to the soil and groundwater, as well as in relation to the atmosphere. Leakages, for instance, are diverted into sumps from which the fluids can be removed by external pumps.

12. ***Storage of containers with Hazardous goods in yard:*** Storage space for minimum 50 TEUs should be marked, this yard location should have unhindered transportation access, round the clock monitoring, fire hydrant facility, fixed firefighting equipment & sensors to cater for gas leakage and fire detection capabilities. All regulatory approvals from State Pollution Control Board should be in place before handling, storage & Transportation of Hazardous goods within ICD premises.

13. ***Fumigation and post fumigated storage sites:*** Fumigation and post fumigation

storage sites shall be provided to enable Plant Quarantine authorities to carry out necessary checks for both imported / export goods.

14. ***Marked Container repair yards& tank container cleaning stations:*** The allied services of container repair stations, tank container cleaning stations should be clearly marked in the yard plan.

15. ***Provision of space for installation of Container/Cargo scanners:*** The custodian shall provide adequate and suitable land for installation of the scanner if necessary in future.

16. ***Parking Space:*** Ample parking space for trailers shall be provided in facility so that no road congestion is reported even at peak designed capacity of the ICD.

17. ***Authorized Economic Operators (AEO) facilities:*** Designated lanes /Priority at Entry/Exit gates, prioritized Cargo handling &Warehousing operations should be provided to AEO's. Special counter should be created in EXIM transactions cell for AEOs by Custodians. Further, AEO customer care representative should be appointed and displayed by Custodians.

18. ***Gender Specific Facilities:*** Custodians should create gender mainstreaming infrastructure including special Exim counters for female customs brokers/traders, separate workplace, customer care cells, essential utilities, restrooms etc.

19. **Other essential infrastructure requirements**

19.1. *Weighbridges:* Static weighbridges above 60 MT capacity should be installed in all facilities. These should always be remain calibrated & certified by respective states Weight & Measurement department.

19.2. *Fire Fighting Equipment:* Adequate firefighting equipment (Fire extinguishers/Water Hydrants) should be provided across customs notified area including Warehouse, CFS area, yard and entry/exit gates, weighbridges, container yard area, CFS area and at administrative building.

19.3. *High Masts:* Adequate numbers of 30 meters high mast lighting tower with LED flood light should be installed. The LED should have minimum lumen level of 20 lux in the ground up to 50 meters from center of high mast. Beam angle of luminaries/ lamps positioning must be suitable to cover illumination in ground as well as stored containers in the yard up to 16 meters high.

19.4. *Yard Paving:* Yard paving must utilize Pavement Quality Concrete grade of M40 or dry lean concrete with M30/M50 blocks or higher specification.

19.5. *CCTV Coverage:* The CCTV network should at minimum cover the ICD entry/ exit gates, warehouse gates, warehouse storage area, admin building entry points, commercial transaction area, container storage yard area and e-sealing work zones. CCTV equipment must have night vision recording capabilities. The system should have minimum capability to record & hold data for three months and 24x7 hours access and remote

monitoring facility shall be provided to Customs in addition to access within admin building of the ICD.

19.6. *Security Deployment:* The entry and exit gates, warehouses, admin building, Container yard to be adequately manned 24X7 as per the satisfaction of presiding customs authority.

19.7. *IT Infrastructure:* All IT infrastructure shall be provided and upgraded by custodians as prescribed by DG Systems.

19.8. *Custodian systems:* All container and cargo handling operations should be initiated and recorded through IT systems. All existing facilities shall be migrated to automated systems which will cover yard management, rail side operations, warehouse management. The system should be audit compliant and any information should be available to customs for minimum period of one year. No operational events e.g. job order generation shall be done manually. Custodians should digitize all its operations wherever possible with Government of India or its authorized e-platform like PCS 1x, while maintaining its commercial privacy.

19.9. *Container location:* All ICDs & CFSs shall have a container location tracking system and accurate information availability to all stakeholders through electronic or smart phone application interface. All events of physical movement of container shall be recorded and accessible to customs officer via such electronic interface.

19.10. *Access control:* Entry to the customs notified area shall be controlled by KYC based/ RFID enabled tags for all authorized personnel including customs, custodians, manual workmen, vehicle drivers etc. Entry/ exit data should always be electronically available to customs authorities.

19.11. *Handling equipment:* An applicant should propose most modern handling equipment for loading, unloading of containers from rail flats, chassis, their stacking, movement, cargo handling, stuffing/ de-stuffing, etc. Equipment must have a minimum residual life of 8 years duly certified by the Original Equipment Manufacturer or a recognized inspection agency.

19.12. For handling scrap cargo, provision of a compact track loader of reputed make in good working condition and equipped with a telescopic spreader for operations in both 20 ft and 40 ft boxes should be ensured.

19.13. An additional unit of equipment should be provided when the throughput exceeds 8,000 TEUs per annum or its multiples for lift truck-based operations. Terminals resorting to purely chassis-based operations do not require dedicated box handling equipment. However, chassis-based operations should be restricted to CFSs proposed to be set up near ports.

20. ***Safety:*** The design must prevent leakage into the environment in the event of an accident. It shall have provision for emergency services to reach the scene of the accident in an unhindered and safe manner. The roof, walls, foundations and doors must be resistant to fire and the stored substances must be separated by permanently installed

isolating bulkheads. Equipment must at the minimum cater for forced ventilation, fixed fire extinguishers, smoke and gas detection systems as well as explosion-proof devices.

21. ***Air Freight Station:*** AFS can be an independent unit or can exist within ICDs customs notified warehouse area. Detailed guidelines in respect of setting up of AFS facilities, have been issued by the Ministry of Civil Aviation and the same shall be complied with.

22. Equipment in respect of AFS shall be as indicated in the detailed guidelines for AFS as issued by Ministry of Civil Aviation.

नैनो-उर्वरक के माध्यम से रोजगार

1057. श्री अजेन्द्र सिंह लोधी:

श्री लालजी वर्मा:

श्रीमती रुचि वीरा:

श्री नीरज मौर्य:

श्री हरेन्द्र सिंह मलिक:

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

(क) उत्तर प्रदेश में नैनो-उर्वरक उत्पादन संयंत्रों और स्थानीय जैविक उर्वरक उत्पादन इकाइयों की स्थापना के माध्यम से अब तक रोजगार पाने वाले स्थानीय शिक्षित युवाओं की जिला-वार, विशेषकर महोबा, बांदा और हमीरपुर में, संख्या कितनी है;

(ख) क्या उक्त जिलों के किसानों को राजसहायता वाले पारंपरिक उर्वरकों, जैसे यूरिया और डाइअमोनियम फॉस्फेट (डीएपी) की कालाबाजारी तथा प्रशासनिक कमियों के कारण गंभीर कठिनाइयों का सामना करना पड़ रहा है;

(ग) क्या सरकार के पास नैनो-उर्वरकों के अनुप्रयोग के लिए उपयोग किए जाने वाले मानव रहित हवाई वाहनों (यूएवी) और अन्य आधुनिक प्रौद्योगिकियों के संचालन के लिए स्थानीय युवाओं को प्रशिक्षित करने की कोई व्यापक योजना है; और

(घ) क्या सरकार ने मृदा उर्वरता की रासायनिक उर्वरकों पर निर्भरता कम करने और किसानों की आय हेतु चलाए जा रहे उक्त अभियान के दीर्घकालिक सततता के स्तर का आकलन करने हेतु कोई स्वतंत्र जांच कराई है यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क): इंडियन फार्मर्स फर्टिलाइजर कॉपरेटिव (इफको) ने सूचित किया है कि उत्तर प्रदेश के फूलपुर

(जिला-प्रयागराज) में नैनो उर्वरक उत्पादन संयंत्र में 81 स्थानीय शिक्षित युवाओं और आंवला (जिला - बरेली) में नैनो उर्वरक उत्पादन संयंत्र में 102 स्थानीय शिक्षित युवाओं को रोजगार प्रदान किया गया है। कृभको ने सूचित किया है कि वाराणसी में उसके बायो-उर्वरक संयंत्र में 17 कर्मचारी कार्यरत हैं। उत्तर प्रदेश में स्थित किण्वित जैविक खाद (एफओएम)/तरल किण्वित जैविक खाद (एलएफओएम) का उत्पादन करने वाले संपीड़ित बायो-गैस (सीबीजी) संयंत्रों द्वारा प्रदान की गई जानकारी के अनुसार, उत्तर प्रदेश राज्य में सीबीजी संयंत्रों द्वारा प्रदान किए गए स्थानीय रोजगार का जिला-वार ब्यौरा **विवरण** में दिया गया है।

(ख): उत्तर प्रदेश राज्य सहित सभी राज्यों/संघ राज्य क्षेत्रों में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में उठाए जाने वाले कदम इस प्रकार हैं:

(i) प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।

(ii) कृषि एवं किसान कल्याण विभाग द्वारा आकलित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति स्कीम जारी करके राज्यों को उर्वरकों का यथेष्ट/पर्याप्त मात्रा में 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 प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है;

(iv) कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) और उर्वरक विभाग द्वारा संयुक्त रूप से राज्य कृषि अधिकारियों के साथ नियमित साप्ताहिक वीडियो कान्फ्रेंस की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरकों को भेजने की सुधारात्मक कार्रवाई की जाती है।

(v) राज्य के भीतर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

उत्तर प्रदेश राज्य में चल रहे खरीफ 2026 मौसम (01.04.2026 से 19.07.2026 तक) के दौरान उर्वरकों अर्थात यूरिया और डीएपी की उपलब्धता पर्याप्त रही है। उक्त अवधि के दौरान राज्य में यूरिया और डीएपी की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक के बारे में जानकारी निम्नानुसार है:

					आंकड़े एलएमटी में
क्र.सं.	**उत्पाद**	**मांग**	**उपलब्धता**	**बिक्री**	**19.07.2026 की स्थिति के अनुसार अंतिम स्टाक**
1	यूरिया	22.71	32.90	16.69	16.21
2	डीएपी	4.78	8.45	3.33	5.12

उर्वरक संबंधी जमाखोरी, विपथन और कालाबाजारी जैसे मुद्दों का समाधान करने के लिए उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत एक आवश्यक वस्तु के रूप में घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के तहत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार राज्य सरकारों को उक्त कदाचारों में संलिप्त व्यक्तियों के विरुद्ध कार्रवाई करने की शक्तियां प्रदान की गई हैं। इन कदाचारों के संबंध में उर्वरक विभाग स्तर पर प्राप्त होने वाली कोई भी शिकायत आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत उचित कार्रवाई करने के लिए संबंधित राज्य सरकार को भेजी जाती है। कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) राज्य सरकार के साथ परामर्श करके कालाबाजारी, जमाखोरी, घटिया उर्वरक पाए जाने और विपथन संबंधी मामलों के खिलाफ राज्य सरकार द्वारा की गई प्रवर्तन कार्रवाई की साप्ताहिक आधार पर नियमित रूप से निगरानी कर रहा है। उत्तर प्रदेश राज्य में, 01.04.2026 से 17.07.2026 तक 9687 छापे मारे गए हैं जिनमें से

चूककर्ताओं के खिलाफ 1083 मामलों में कारण बताओ नोटिस जारी किए गए हैं, 548 लाइसेंस निलंबित/रद्द कर दिए गए हैं और 38 एफआईआर दर्ज की गई हैं।

उत्तर प्रदेश सरकार ने बताया है कि महोबा, बांदा और हमीरपुर जिलों से उर्वरकों की कालाबाजारी के कारण होने वाली व्यापक कठिनाइयों की कोई सूचना नहीं मिली है।

(ग): कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) ने बताया कि नमो ड्रोन दीदी स्कीम के तहत 15 दिवसीय प्रशिक्षण कार्यक्रम में ड्रोन पायलट लाइसेंस प्राप्त करने के लिए अनिवार्य प्रशिक्षण, ड्रोन को उड़ाने के लिए तैयार करना, छोटी मरम्मत और रखरखाव और कीटनाशकों और तरल उर्वरकों के छिड़काव के लिए ड्रोन को संभालने के लिए व्यावहारिक अभ्यास शामिल है। कृषि विज्ञान केंद्र (केवीके), राज्य कृषि विश्वविद्यालयों (एसएयू) और प्रमुख उर्वरक कंपनियों (एलएफसी) के विशेषज्ञ कृषि एवं किसान कल्याण विभाग द्वारा लाई गई मानक संचालन प्रक्रियाओं (एसओपी) के अनुसार ड्रोन दीदियों को व्यावहारिक प्रशिक्षण प्रदान करते हैं। एसओपी में उड़ान गति, उड़ान ऊंचाई, उड़ान के लिए पर्यावरणीय परिस्थितियों, उपयोग किए जाने वाले फॉर्मूलेशन, नोजल चयन, पालन किए जाने वाले सुरक्षा और सावधानियों और पालन किए जाने वाले 'क्या करें और क्या न करें' को रेखांकित किया गया है। ये प्रशिक्षण नागर विमानन महानिदेशालय (डीजीसीए) द्वारा अनुमोदित रिमोट पायलट प्रशिक्षण संगठन (आरपीटीओ) में आयोजित किए जाते हैं, जिनकी वर्तमान संख्या देश भर में 274 है। नमो ड्रोन दीदी स्कीम के तहत, प्रमुख उर्वरक कंपनियों द्वारा चयनित एसएचजी को 1098 ड्रोन की आपूर्ति की गई है और प्रत्येक स्वयं सहायता समूह (एसएचजी) के एक सदस्य को ड्रोन पायलट के रूप में प्रशिक्षित किया गया है। फार्म मशीनरी ट्रेनिंग एंड टेस्टिंग इंस्टीट्यूट (एफएमटीटीआई), जो बुदनी (मध्य प्रदेश), हिसार (हरियाणा) और विश्वनाथ चरियाली (असम) में स्थित कृषि एवं किसान कल्याण विभाग के अधीनस्थ कार्यालय हैं तथा डीजीसीए-अनुमोदित आरपीटीओ हैं जो ड्रोन पर प्रशिक्षण आयोजित करते हैं। अब तक इन संस्थानों ने 155 ड्रोन पायलटों को प्रशिक्षित किया है।

उत्तर प्रदेश सरकार ने सूचित किया है कि वे जागरूकता कार्यक्रमों, प्रदर्शनों और क्षमता निर्माण पहलों के माध्यम से ड्रोन और अन्य आधुनिक कृषि प्रौद्योगिकियों के उपयोग को बढ़ावा दे रहे हैं। नमो ड्रोन दीदी स्कीम के तहत, उत्तर प्रदेश राज्य ग्रामीण आजीविका मिशन (यूपीएसएलएम) के माध्यम से स्वयं सहायता समूहों के सदस्यों को ड्रोन संचालन में प्रशिक्षित किया जा रहा है, और भारत सरकार के दिशानिर्देशों के अनुसार ड्रोन प्रदान किए जा रहे हैं।

भारतीय कृषि अनुसंधान परिषद (आईसीएआर) ने सूचित किया कि आईसीएआर-भारतीय मृदा एवं जल संरक्षण संस्थान (आईसीएआर-आईआईएसडब्ल्यूसी), देहरादून ने ड्रोन आधारित नैनो उर्वरकों के कृषि अनुप्रयोगों सहित ड्रोन संचालन में प्रशिक्षण देने के लिए डीजीसीए-प्रमाणित रिमोट पायलट ट्रेनिंग ऑर्गनाइजेशन (आरपीटीओ) की स्थापना की है। कार्यक्रम का उद्देश्य फसल निगरानी और अन्य आधुनिक कृषि पद्धतियों जैसी सटीक कृषि प्रौद्योगिकियों को अपनाने के लिए स्थानीय युवाओं सहित कुशल मानव संसाधन विकसित करना है। अक्टूबर 2024 से, संस्थान ने ड्रोन संचालन और संबंधित अनुप्रयोगों में 77 अभ्यर्थियों को प्रशिक्षित किया है।

(घ): सरकार ने मिट्टी की उर्वरता और किसानों की आय पर इसके प्रभाव के संबंध में रासायनिक उर्वरकों पर निर्भरता को कम करने के अभियान की दीर्घकालिक संधारणीयता का आकलन करने के लिए विशेष रूप से कोई स्वतंत्र जांच नहीं की है।

विवरण

उत्तर प्रदेश राज्य में सीबीजी संयंत्रों द्वारा रोजगार का जिला-वार ब्यौरा		
क्र.सं..	**जिले का नाम**	**रोजगार पाने वाले स्थानीय शिक्षित युवाओं की संख्या**
1	आगरा	3
2	अमेठी	245
3	बलरामपुर	8
4	बाराबंकी	9
5	बरेली	5
6	बुलन्दशहर	9
7	चंदौली	20

8	गौतमबुद्धनगर	7
9	गोरखपुर	93
10	हापुड	18
11	हरदोई	20
12	कानपुर देहात	4
13	कुंभी	8
14	लखीमपुर खीरी	20
15	मथुरा	36
16	मेरठ	18
17	मुजफ्फरनगर	50
18	प्रयागराज	12
19	सहारनपुर	49
	कुल	**634**

INVESTMENT FACILITATION IN AYUSH SECTOR

1058. SHRI DILESHWAR KAMAIT:

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

(a) the details of the outcome of investments facilitated through platforms such as AYUSH Nivesh Saarthi;

(b) the details of operational projects, the participation of Micro, Small and Medium Enterprises (MSMEs) participation and employment generation though the said platform;

(c) the details of key countries contributing to Foreign Direct Investment (FDI) and Research and Development (R & D) collaborations through the said platform;

(d) whether there has been an increase in the exports of AYUSH medicines

and products after the launch of the AYUSH Nivesh Saarthi platform; and

(e) if so, the details thereof including importing major countries AYUSH medicines and products after the launch of the AYUSH Nivesh Saarthi platform?

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

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

Through Ayush Nivesh Saarthi Portal, Ministry of Ayush has consolidated existing policy frameworks and incentive structures and facilitated real time investor engagement under one unified interface.

(b): The Ayush Nivesh Saarthi Portal is primarily an investment facilitation and information dissemination platform, while it does not directly implement, generate employment or monitor operational projects, the portal provides information and guidance to a wide range of stakeholders, including Micro,

Small and Medium Enterprises (MSMEs), by showcasing investment opportunities, relevant policies, schemes and Ayush Statistics.

(c): The Ayush Nivesh Saarthi Portal is an investment facilitation and information dissemination platform developed to provide comprehensive information on investment opportunities, policies, incentives, and regulatory processes in the Ayush sector. The portal itself does not facilitate or process Foreign Direct Investment (FDI) or Research and Development (R & D) collaborations.

(d) and (e): The Ayush Nivesh Saarthi Portal serves as an investment facilitation and trade promotion platform. While the portal itself does not directly track or attribute export figures to individual transactions, its launch has strengthened visibility of the Ayush sector in global markets and supported exporters through dissemination of country-wise market intelligence, standards, and incentive schemes. However, the portal is designed primarily for investment facilitation and does not track export and import data related to Ayush products.

INCLUSION OF SRIRANGAM HOSPITAL UNDER PMSSY

1059. SHRI DURAI VAIKO:

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

(a) whether the Government proposes to include Government Hospital, Srirangam, in Tiruchirappalli district of Tamil Nadu under the Pradhan Mantri

Swasthya Suraksha Yojana (PMSSY) for the upgradation of infrastructure and creation of super-speciality facilities;

(b) if so, the details thereof;

(c) whether the Government has identified the said hospital for assistance under PMSSY or any other Central Government scheme for strengthening healthcare infrastructure;

(d) if so, the details thereof; and

(e) the likely timeline for sanctioning the project and releasing the necessary financial assistance 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): No.

(b): Question does not arise.

(c): No.

(d) and (e): Question does not arise.

ACTIVITIES OF SWASTH NARI, SASHAKT PARIVAR

1060. SHRI B. K. PARTHASARATHI:

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

(a) the details of the activities conducted under the Swasth Nari, Sashakt Parivar Abhiyan, especially in Andhra Pradesh;

(b) the details of the funds allocated and disbursed by the Central Government for the implementation of the campaign, State/UT-wise;

(c) the number of health camps/facilities established, classified State-wise and district-wise including Andhra Pradesh;

(d) the number of beneficiaries screened and number of the diseases diagnosed through such screenings, classified State-wise and district-wise including Andhra Pradesh; and

(e) whether the Government has assessed the impact and outcomes of this campaign on improvements in women's and children's health indicators and if so, the results of such assessment?

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 with the aim to strengthen healthcare services for women and children across India, including in the State of Andhra Pradesh, with a focus on improving access, quality care, and awareness through Jan Bhagidaari.

The following activities have been conducted during the campaign:

- 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.
- Provision of medical and health services for women, including check-up for ENT, Eye and Dental check-up.

- Promoting healthy lifestyles such as reducing obesity, local and regional food, distribution of Take Home Ration (THR).
- Focusing on women's health, including screenings for oral, breast and cervical cancer, anaemia, hypertension, diabetes, tuberculosis and sickle cell diseases.
- 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.
- Raising awareness about nutrition, menstrual hygiene, and mental health.
- Active participation of citizens for voluntary blood donation, Nikshay Mitra Volunteer and organ donor registration.
- 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.

(b): Under NHM, funds are released to States/UTs in Flexible Pool to utilize the same for the campaigns as per their need and priorities.

(c): The State/UT-wise details regarding the number of health camps conducted, including in the State of Andhra Pradesh is placed at **Statement-I** as reported by the States and UTs.

(d): The State/UT wise number of beneficiaries screened, including in the State

of Andhra Pradesh is placed at **Statement-II** as reported by the States and UTs.

(e): The nationwide campaign ran from September 17 to October 2, 2025. As per the report available, key outcomes of the campaign include 62.6 lakh footfalls for antenatal check-ups, 1.17 crore haemoglobin screenings for anaemia in women, 96.5 lakh adolescent girls counselled on menstrual hygiene, 1.16 crore counselled for anaemia, and 1.43 crore children immunized. In addition, over 1 crore women were screened for hypertension, 97.24 lakhs for diabetes, 40.83 lakhs for oral cancer, 37.75 lakhs for breast cancer, and 19.22 lakhs women were screened for cervical cancer.

STATEMENT-I

State/UT-wise number of health camps conducted under SNSPA		
S. No.	**State/UT**	**Total health camps conducted**
Total		**1971474**
1	Andaman and Nicobar Islands	2134
2	Andhra Pradesh	41860
3	Arunachal Pradesh	1379
4	Assam	23457
5	Bihar	179999
6	Chandigarh	208
7	Chhattisgarh	55526
8	The Dadar and Nagar Haveli and Daman and Diu	724
9	Delhi	4449
10	Goa	500
11	Gujarat	164674
12	Haryana	48054
13	Himachal Pradesh	25630

State/UT-wise number of health camps conducted under SNSPA		
S. No.	**State/UT**	**Total health camps conducted**
14	Jammu And Kashmir	26676
15	Jharkhand	35703
16	Karnataka	53686
17	Kerala	10333
18	Ladakh	1961
19	Lakshadweep	119
20	Madhya Pradesh	203767
21	Maharashtra	230238
22	Manipur	1680
23	Meghalaya	9314
24	Mizoram	2174
25	Nagaland	2068
26	Odisha	102388
27	Puducherry	903
28	Punjab	0
29	Rajasthan	296070
30	Sikkim	901
31	Tamil Nadu	70571
32	Telangana	42399
33	Tripura	2533
34	Uttar Pradesh	247962
35	Uttarakhand	24005
36	West Bengal	14413
Health camps conducted at Central Government Institutes, Medical Colleges, and Private organizations		43,016

STATEMENT-II

State/UT-wise number of women screened for Non-Communicable Disease (Hypertension, Diabetes, Oral cancer, Breast Cancer and Cervical Cancer) and Haemoglobin screening for anaemia in women during the SNSPA.

S. No.	State/UT	Hypertension	Diabetes	Oral Cancer	Breast Cancer	Cervical Cancer	Haemoglobin screening for anaemia in women
Total		1,00,52,486	97,24,030	40,83,597	37,75,365	19,22,302	1,17,17,613
1	Andaman and Nicobar Islands	1,925	2,000	516	475	67	4,424
2	Andhra Pradesh	5,54,400	5,28,622	3,13,089	3,05,892	1,90,793	1,53,587
3	Arunachal Pradesh	5,594	5,538	4,380	4,192	1,260	813
4	Assam	1,13,467	1,15,462	29,386	29,299	14,123	21,055
5	Bihar	8,15,882	8,12,072	3,91,412	3,83,826	1,36,633	1,37,494
6	Chandigarh	12,403	12,554	1,764	1,804	2,052	5,101
7	Chhattisgarh	2,45,498	2,50,397	42,623	42,062	26,353	70,468
8	Delhi	17,009	16,835	15,935	15,433	2,704	3,446
9	Goa	6,766	7,009	5,151	5,084	235	3,537
10	Gujarat	4,05,406	4,12,054	33,423	37,501	25,165	1,50,205
11	Haryana	1,25,390	1,25,714	43,396	42,176	23,625	1,79,963
12	Himachal Pradesh	1,58,343	1,58,822	26,830	26,044	9,024	4,18,424
13	Jammu and Kashmir	1,41,383	1,47,735	11,895	11,539	9,208	40,636
14	Jharkhand	1,30,356	1,29,936	65,527	61,577	20,720	36,226
15	Karnataka	2,04,340	2,12,119	31,439	31,187	26,295	1,61,182
16	Kerala	8,15,812	7,53,809	6,67,850	5,99,494	2,37,294	28,199
17	Ladakh	4,843	5,173	446	490	552	1,125
18	Lakshadweep	189	193	70	66	30	723

S. No.	State/UT	Hypertension	Diabetes	Oral Cancer	Breast Cancer	Cervical Cancer	Haemoglobin screening for anaemia in women
19	Madhya Pradesh	7,83,763	7,96,346	2,36,271	2,35,667	63,553	43,09,736
20	Maharashtra	9,62,007	10,01,607	4,08,376	3,99,739	21,0406	8,22,431
21	Manipur	30,291	30,945	16,789	16,586	7,226	4,724
22	Meghalaya	20,386	20,809	11,766	11,821	3,915	17,979
23	Mizoram	3,086	3,096	436	438	536	1,736
24	Nagaland	4,110	3,820	2,282	2,265	324	6,219
25	Odisha	9,49,789	9,62,906	3,53,997	3,50,257	1,58,794	10,49,416
26	Puducherry	1,272	1,271	922	782	431	20,415
27	Punjab	79,608	82,758	51,890	50,818	39,250	3,169
28	Rajasthan	2,84,167	2,87,654	1,17,928	1,12,826	27,693	20,55,777
29	Sikkim	3,544	3,841	1,371	1,412	547	6,996
30	Tamil Nadu	11,99,182	9,46,566	5,60,326	4,10,487	2,47,472	97,141
31	Telangana	5,28,395	4,74,019	2,02,609	1,59,429	1,40,411	1,99,034
32	Dadar and Nagar Haveli and Daman and Diu	48,378	49,273	44,492	45,372	3,0713	20,088
33	Tripura	25,248	25,544	9,720	10,679	8,900	4,143
34	Uttar Pradesh	8,55,514	8,45,777	2,30,478	2,35,978	2,41,550	14,70,424
35	Uttarakhand	1,56,663	1,58,013	31,785	32,061	5,316	1,61,483
36	West Bengal	3,58,077	3,33,741	1,17,027	1,00,607	9,132	50,094

Source: NCD Portal; U-WIN Portal

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण

1061. श्री राहुल कस्वां:

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

(क) क्या सरकार ने कुपोषण, रक्ताल्पता, मोटापा, मधुमेह, उच्च रक्तचाप, प्रजनन दर में बदलाव,

मातृ एवं शिशु स्वास्थ्य और अन्य सार्वजनिक स्वास्थ्य संकेतक सहित नवीनतम राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण के प्रमुख निष्कर्षों का एक व्यापक विश्लेषण किया है;

(ख) यदि हां, तो इसके मुख्य निष्कर्ष क्या हैं;

(ग) क्या सरकार ने उन संकेतकों की पहचान की है जिनमें वांछित सुधार हासिल नहीं किया गया है या जहां स्थिति अभी भी चिंता का विषय बनी हुई है;

(घ) यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;

(ङ.) क्या राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण के निष्कर्षों के आधार पर राष्ट्रीय और राज्य स्तर पर कोई नई स्वास्थ्य रणनीतियां या कार्यक्रम तैयार किए गए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(च) क्या सरकार का विभिन्न योजनाओं के वास्तविक प्रभाव का नियमित मूल्यांकन करने में सक्षम बनाने के लिए एक एनएफएचएस-आधारित परिणाम निगरानी ढांचा विकसित करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (च): सरकार ने नवीनतम राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के प्रमुख निष्कर्षों का व्यापक विश्लेषण किया है।

मुख्य निष्कर्ष निम्नलिखित हैं: [एनएफएचएस-5 (2019-21) से एनएफएचएस-6 (2023-24) तक]

- संस्थागत प्रसव 88.6% से बढ़कर 90.6% हो गए।
- एएनसी कवरेज 92.6% से बढ़कर 95.9% हो गया, जिसमें कम से कम चार एएनसी विज़िट करने वाली माताओं का प्रतिशत 58.5% से बढ़कर 65.2% हो गया।
- कुशल स्वास्थ्यकर्मियों द्वारा कराए गए प्रसव 89.4% से बढ़कर 91.3% हो गए।

- गर्भनिरोधक प्रचलन दर 66.7% से बढ़कर 69.1% हो गई।
- इसका कवरेज कुल अपूर्ण मांग (ऐसे व्यक्तियों का अनुपात जो गर्भधारण से बचना या उसे टालना चाहते हैं, लेकिन किसी भी गर्भनिरोधक विधि का उपयोग नहीं कर रहे हैं) 9.4% से घटकर 8.5% हो गई है, जो सीपीआर में वृद्धि का प्रत्यक्ष संकेत है।
- कुल प्रजनन दर एनएफएचएस-5 और एनएफएचएस-6 दोनों में 2 पर स्थिर रही है, जो प्रतिस्थापन स्तर 2.1 से कम है और यह लगातार निम्न प्रजनन दर को दर्शाती है।
- 12–23 माह आयु के बच्चों में पूर्ण प्रतिरक्षीकरण कवरेज 83.8% से बढ़कर 87.1% हो गया। (टीकाकरण कार्ड पर उपलब्ध जानकारी के आधार पर)
- खसरा युक्त टीके की दूसरी खुराक का कवरेज भी उल्लेखनीय रूप से 58.6% से बढ़कर 71.8% हो गया।
- रोटावायरस टीके में सबसे उल्लेखनीय वृद्धि दर्ज की गई, जहाँ कवरेज एनएफएचएस-5 और एनएफएचएस-6 के बीच इसका कवरेज 36.4% से बढ़कर 85.4% हो गया, अर्थात् इसमें दोगुने से भी अधिक वृद्धि हुई है।
- पाँच वर्ष से कम आयु के बच्चों में अवरुद्ध वृद्धि 35.5% से घटकर 29.3% हो गई तथा अत्यधिक दुर्बलता 7.7% से घटकर 5.2% हो गई।
- एनएफएचएस-6 में मोटापे में वृद्धि भी दर्ज की गई है—जो दीर्घकालिक गैर-संचारी रोगों के लिए एक प्रमुख जोखिम कारक है—जहाँ 15–49 वर्ष आयु वर्ग की 30.7% महिलाएँ और 27.3% पुरुष अधिक वजन या मोटापाग्रस्त पाए गए।
- 15 वर्ष से अधिक आयु की वयस्क जनसंख्या में उच्च या अत्यधिक उच्च रक्त शर्करा स्तर (>140 mg/dl) अथवा रक्त शर्करा नियंत्रित करने की दवा लेने वाले वयस्कों का प्रतिशत महिलाओं (13.5% से 17.8%) और पुरुषों (15.6% से 20.9%) दोनों में बढ़ा है।

- 15 वर्ष से अधिक आयु की वयस्क जनसंख्या में उच्च रक्तचाप के मामलों में महिलाओं (21.3% से 19.4%) और पुरुषों (24.0% से 22.1%) दोनों में गिरावट देखी गई है।
- अन्य सार्वजनिक स्वास्थ्य संकेतकों का विवरण निम्नलिखित रिपोर्टों के माध्यम से प्राप्त किया जा सकता है:

  https://www.एनएफएचएसiips.in/एनएफएचएसuser/assets/National%20Family%20Health%20Survey%20(एनएफएचएस-6)%202023-2024%20Fact%20Sheets.pdf

PROMOTION OF AYUSH SYSTEMS IN KARNATAKA

1062. SHRI GOVIND MAKTHAPPA KARJOL:

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

(a) the details of the initiatives undertaken by the Government to promote the AYUSH systems of medicine including Ayurveda, Yoga, Naturopathy. unani. Siddha and Homoeopathy in the State of Karnataka;

(b) the details of AYUSH hospitals, dispensaries, Ayushman Arogya Mandirs (AYUSH Wellness Centres) and AYUSH Health and Wellness Centres functioning in the State, district- wise indicating the number established during the last five years;

(c) the details of funds allocated, released and utilized for various projects and programmes of the Ministry of AYUSH in the said State during the last five years, project-wise and year-wise;

(d) the details of medical colleges, research Institutes and educational institutions under the AYUSH system functioning in the State: and

(e) the steps taken by the Government to strengthen AYUSH services in rural and aspirational districts of Karnataka including recruitment of doctors, availability of medicines and diagnostic facilities?

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

(a): Ministry of Ayush is implementing Centrally Sponsored Scheme of NAM through State/UT Governments including Karnataka for overall development and promotion of Ayush systems across the country. Under NAM, Ministry of Ayush providing financial assistance to them under different activities as per the provision of NAM guidelines against their submitted State Annual Action Plans (SAAPs). The Mission inter-alia makes provision for the following activities: -

(i) Operationalization of Ayush Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush dispensaries and Sub health Centres.

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

(iii) Upgradation of existing standalone Government Ayush Hospitals.

(iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/ dilapidated accommodation)/ Construction of building to

establish new Ayush Dispensary in the area where there are no Ayush facilities available.

(v) Setting up of 10/30/50 bedded Integrated Ayush Hospitals.

(vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.

(vii) Ayush Public Health Programmes.

(viii) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.

(ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses.

Based on the proposals received through SAAPs from the State, the major activities supported under NAM in the Karnataka is furnished at **Statement-I**

(b): As reported by the State 896 Government Ayush health facilities functioning in the State of Karnataka, comprising 170 Ayush Hospitals and 726 Ayush Dispensaries. Out of these 726 Ayush Dispensaries, 376 Ayush Dispensaries have been upgraded as Ayushman Arogya Mandirs (Ayush) under the Ayushman Bharat Scheme of the National Ayush Mission (NAM). District-wise and year -wise number of AAM (Ayush) approved in Karnataka is furnished at **Statement-II.**

(c): As per the proposals submitted through SAAPs, the year-wise details of funds approved, released, and utilized for the implementation of NAM scheme including different Ayush Public Health Programmes by the Ministry of Ayush in the Karnataka State during the last five years are enclosed at **Statement-III.**

(d): As reported by the State, there are 140 Ayush Medical Colleges functioning in the State of Karnataka, comprising 07 Government, 02 Aided, and 131 Private Ayush Medical Colleges. An Ayurveda Research Centre is functioning at Mysuru under the Department of Ayush, Government of Karnataka.

Further, the National Institute of Unani Medicine (NIUM), Bengaluru, an autonomous body under the Ministry of Ayush, Government of India is functioning. In addition, the following research institutions are functioning in Karnataka under the Ministry of Ayush, Government of India:

1. Central Ayurveda Research Institute (CARI), Bengaluru.
2. Central Research Institute of Yoga and Naturopathy (CRIYN), Nagamangala, Karnataka.
3. Siddha Clinical research Unit (SCRU), Bengaluru.

(e): As reported by the State, the following measures have been undertaken by the Government to strengthen Ayush services in rural and aspirational districts of Karnataka:

- Strengthening of Ayush hospitals and dispensaries under the National Ayush Mission (NAM).

- Upgradation of Ayush health facilities into Ayushman Arogya Mandirs (Ayush).
- Regular supply of essential Ayush medicines to health facilities.
- Strengthening of infrastructure and provision of essential equipment.
- Capacity building and training of Ayush personnel.
- Organization of Public Health Outreach Camps to improve access to Ayush healthcare services.
- Provision of diagnostic facilities, wherever approved under the National Ayush Mission.
- Monitoring of Ayush services through the Health Management Information System (HMIS) and periodic review by the State Government.
- Implementation of public health programmes such as Ayurvidya, Management of Metabolic Disorders (MSD), and Vayomitra.

STATEMENT -I

Major activities supported under NAM in Karnataka State from 2014-15 to 2025-26

(i) 3 units supported for setting up of Integrated Ayush hospitals.

(ii) 43 Ayush Hospitals and 98 Ayush dispensaries have been supported for Up-gradation of infrastructure and other facilities.

(iii) 65 PHCs, 79 CHCs and 105 DHs have been supported under co-location

for recurring assistance of medicines.

(iv) 96 Ayush Hospitals and 351 Ayush dispensaries have been supported for supply of essential Ayush medicines on average each year.

(v) 2 units supported for establishment of New Ayush Educational Institutions.

(vi) 5 Under-Graduate and 2 Post-Graduate Ayush Educational Institutes have been supported for Upgradation of infrastructure, Library and other things.

(vii) 50 Ayush Grams have been supported.

(viii) 376 Ayushman Arogya Mandir have been supported for upgradation from existing Ayush dispensaries.

STATEMENT-II

District-wise and year-wise number of AAM (Ayush) approved in Karnataka

Sl no	Name of the District	No. of Ayushman Arogya Mandir (Ayush) upgraded				
		2019-20	2020-21	2021-22	2022-23	Total
1	Bagalkote	3	-	3	1	7
2	Ballari	2	-	1	18	21
3	Belagavi	3	-	5	8	16
4	Bengaluru Rural	4	-	3	1	8
5	Bengaluru South	4	-	1	1	6
6	Bengaluru Urban	4	-	1	-	5
7	Bidar	3	-	3	9	15
8	Chamarajnagar	3	-	2	3	8
9	Chikkaballapur	3	-	-	-	3
10	Chikkamagaluru	3	-	2	27	32
11	Chitradurga	3	-	3	4	10
12	Dakshina Kannada	3	3	1	-	7
13	Davanagere	3	-	3	18	24
14	Dharwad	3	-	2	4	9

15	Gadag	8	-	5	7	20
16	Hassan	3	-	3	29	35
17	Haveri	3	3	3	3	12
18	Kalburgi	3	-	2	3	8
19	Kodagu	3	-	3	1	7
20	Kolar	3	-	1	-	4
21	Koppal	3	-	1	2	6
22	Mandya	3	-	2	11	16
23	Mysuru	3	-	3	14	20
24	Raichur	3	-	1	3	7
25	Shivamogga	3	-	-	2	5
26	Tumakuru	6	-	1	-	7
27	Udupi	3	-	2	-	5
28	Utara Kannada	3	-	0	8	11
29	Vijayanagara	1	-	6	23	30
30	Vijayapura	3	-	2	-	5
31	Yadgir	2	-	5	-	7
	Total	**100**	**6**	**70**	**200**	**376**

STATEMENT - III

The year-wise details of funds approved, released, and under the National Ayush Mission (NAM) during the last five years

S.No.	Year	Funds allocated/ released	Funds utilised (Rs. in lakhs)
1	2021-22	1821.46	1821.46
2	2022-23	1714.09	1714.09
3	2023-24	5031.54	5031.54
4	2024-25	6067.28	6067.28
5	2025-26	2422.583	2422.58
	Total	**17056.953**	**17056.95**

अमेरिका-ईरान संघर्ष पर भारत की नीति

1063. श्री धर्मेन्द्र यादवः

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

(क) क्या सरकार ने हाल के अमरीका-ईरान संघर्ष/तनाव के दौरान भारत की विदेश नीति और राजनयिक रुख का कोई आकलन किया है;

(ख) यदि हां, तो उक्त अवधि के दौरान संयुक्त राष्ट्र (यूएन) और अन्य अंतर्राष्ट्रीय मंचों पर भारत द्वारा अपनाए गए राजनयिक रुख का ब्यौरा क्या है;

(ग) क्या इस अवधि के दौरान भारत-ईरान और भारत-संयुक्त राज्य अमरीका के संबंधों पर कोई प्रभाव पड़ा है;

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

(ङ) सरकार द्वारा भविष्य में इस प्रकार के अंतर्राष्ट्रीय संघर्षों के दौरान एक संतुलित और स्वतंत्र विदेश नीति सुनिश्चित करने के लिए क्या कदम उठाए जा रहे हैं?

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

(क) से (ङ): सरकार उन सभी भू-राजनीतिक घटनाओं पर बारीकी से नजर रखती है, जिनका भारत के राष्ट्रीय हितों पर असर पड़ता है तथा द्विपक्षीय, क्षेत्रीय और वैश्विक स्तर पर भारत के हितों की रक्षा के लिए उचित देती है।

पश्चिम एशिया में जारी संघर्ष और संबंधित घटनाक्रम भारत के लिए अत्यंत चिंता का विषय है। संघर्ष की शुरुआत से, भारत संघर्ष के पक्षकारों, जिनमें अमेरिका और ईरान शामिल हैं, तथा अन्य क्षेत्रीय और अंतर्राष्ट्रीय वार्ताकारों के साथ निकट संपर्क में रहा है। भारत-अमेरिका और भारत-ईरान द्विपक्षीय संबंध सभी स्तरों पर सतत जुड़ाव द्वारा निर्देशित होते हैं।

भारत ने संयुक्त राष्ट्र में इस मामले पर एक सुविचारित और सूक्ष्म रुख अपनाया है, जिसका उद्देश्य देश में ईंधन और ऊर्जा सुरक्षा तथा व्यापक पश्चिम एशियाई क्षेत्र में भारतीय नागरिकों की सुरक्षा और कल्याण सुनिश्चित करना है।

भारत ने इस बात पर जोर दिया है कि संघर्ष का शांतिपूर्ण और स्थायी समाधान निकालने के लिए बातचीत और राजनय का पालन किया जाना चाहिए। भारत ने शत्रुता को तत्काल रोकने और नागरिकों की सुरक्षा को प्राथमिकता देने का आग्रह किया है। भारत ने होर्मुज जलडमरूमध्य के माध्यम से निर्बाध नौवहन की स्वतंत्रता तथा ऊर्जा और वाणिज्य के सुरक्षित प्रवाह को सुनिश्चित करने की आवश्यकता पर भी जोर दिया है।

USE OF ARTIFICIAL INTELLIGENCE IN AYUSH SYSTEM

1064. SHRIMATI POONAMBEN MAADAM:

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

(a) whether the Government has adopted digital technologies and Artificial Intelligence in the AYUSH sector and if so, the details thereof;

(b) whether Artificial Intelligence is being utilised to strengthen AYUSH systems and if so, the details thereof; and

(c) whether the World Health Organization (WHO) has acknowledged India's AI innovations in traditional medicine and if so, the details thereof?

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

(a) and (b): Yes, the Government has adopted digital technologies and Artificial Intelligence (AI) to strengthen Ayush systems.

The Ayush Grid project serves as the digital backbone of the Ayush sector, driving digital transformation by integrating advanced technologies such

as Artificial Intelligence (AI), Machine Learning (ML), and other emerging technologies across healthcare, research and development, education, awareness, citizen services etc. Under this initiative, several digital platforms have been developed, including the Ayush Hospital Management Information System (AHMIS) for healthcare service delivery, the Ayush Research Portal (ARP) to support evidence-based research, and the NAMASTE Portal for standardized Ayush terminology and morbidity coding etc.

Further, the Ministry of Ayush has deployed AI-powered chatbots and virtual assistants in MAISP portal, Yoga Portal, eLMS portal, Ayush research Portal, e- Charak and Ayush Nivesh Saarthi under the Ayush Grid initiative to strengthen traditional medicine systems and improve citizen-centric services. (Details available at: https://maisp.ayush.gov.in/index)

These AI solutions facilitate knowledge dissemination, research access, market intelligence, education, investment facilitation, and personalized wellness guidance, thereby improving accessibility, efficiency, and service delivery in the Ayush ecosystem.

Beside this, the Ministry has sanctioned establishment of a Centre of Excellence in AyurTech under Ayurswasthya scheme for Integrative Precision Health and Medicine at IIT Jodhpur. This pioneering project integrates Functional Genomics, Electronics, Digital Health, and cutting-edge technologies such as AI and ML to develop evidence-based solutions for the Ayush Sector. Furthermore, under Ayurveda Biology Integrated Health

Research (ABIHR) component of AYURGYAN Scheme of Ministry of Ayush, one of the priority area of research is use of advancement in sciences, Artificial Intelligence (AI), and other computing technologies for understanding of physiology and pathology with individualistic approach for the prevention and management of diseases

(c): Yes, on 11th July 2025, the World Health Organization (WHO) has released a technical brief titled, "Mapping the Application of Artificial Intelligence in Traditional Medicine" recognizing India's innovation and implementation of AI in traditional medicine. (Details available at: https://iris.who.int/server/api/core/bitstreams/6779075c-c354-4a76-accc-4ae635dee436/content)

UPGRADATION OF AYUSH POSTGRADUATION EDUCATIONAL INSTITUTIONS

1065. SHRI RAJEEV RAI:

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

(a) the number of schools and colleges imparting AYUSH undergraduate courses in the State of Uttar Pradesh;

(b) whether the Government has implemented National AYUSH Mission (NAM) to provide financial assistance for upgradation of existing undergraduate /postgraduate AYUSH Educational Institutes and if so, the details thereof;

(c) the details of Educational Institutes upgraded under NAM since 2017 in the

said State; and

(d) the details of financial assistance sanctioned, released and utilised to these institutes under the said mission, Institute-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): There are 99 Ayurveda, 17 Unani, 14 Homoeopathy and 1 Sowa-Rigpa colleges imparting AYUSH undergraduate courses in the State of Uttar Pradesh.

(b) to (d): Ministry of Ayush is implementing the Centrally Sponsored Scheme of the National Ayush Mission (NAM) through State/UT Governments including Uttar Pradesh for the overall development and promotion of Ayush systems. Under NAM, financial assistance is provided to eligible States/UTs for the upgradation of existing Undergraduate (UG) and Postgraduate (PG) Ayush Educational Institutions (AEIs) as per the provisions of the NAM Guidelines. Financial assistance is released on the basis of proposals received from the State/UT Governments through their State Annual Action Plans (SAAPs), subject to appraisal, approval and availability of funds. The details of Ayush Educational Institutions upgraded in Uttar Pradesh since 2017-18, along with the amount approved, Central funds released and funds utilized under NAM, are given at **Statement**.

STATEMENT

The status of funds approved to Uttar Pradesh for the upgradation of existing undergraduate (UG)/postgraduate (PG) Ayush Educational Institutes from 2017-18 to 2025-26:

(Rs. in lakhs)

Sl No.	Names of the Ayush Educational Institutions	UG/PG	Amount Approved	Central Release	Utilized
1.	Government Ayurveda College and Hospital, Varanasi	PG	250.87	116.25	116.25
2.	Government Takmil-Ut-Tib College and Hospital, Lucknow	UG	370.64	229.89	229.89
3.	Government Takmil-Ut-Tib College and Hospital, Lucknow	PG	69.81	41.89	41.89
4.	Government Unani Medical College, Allahabad	UG	460.56	283.84	283.84
5.	Government Unani Medical College, Allahabad	PG	68.45	41.07	41.07
6.	State National Homoeopathic Medical College and Hospital, Lucknow	UG	423.33	209.84	209.84
7.	State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Allahabad	UG	454.99	252.75	252.75
8.	State Homoeopathic Medical College and Hospital, Allahabad	PG	66.37	39.82	39.82
9.	Swami Kalyandev Government Ayurvedic College and Hospital, Muzaffarnagar	UG	111.94	61.50	61.50
10.	Lalit Hari State PG Ayurvedic College and	PG	537.30	241.42	241.42

	Hospital, Pilibhit				
11.	State Ayurvedic Medical College, Lucknow	PG	346.82	200.97	200.97
12.	State Ayurvedic College and Hospital, Atarra Banda	UG	414.86	191.35	191.35
13.	Pt. Jawahar Lal Nehru State Homoeopathic Medical College and Hospital, Kanpur	PG	477.25	198.00	198.00
14.	State Shree Durga Ji Homoeopathic Medical College and Hospital, Azamgarh	UG	474.03	126.58	126.58
15.	State Homoeopathic Medical College and Hospital, Ghazipur	UG	150.00	53.99	53.99
16.	State Dr. Brij Kishore Homoeopathic Medical College and Hospital, Ayodhya	UG	327.64	171.56	171.56
17.	State K.G.K. Homoeopathic Medical College and Hospital, Moradabad	UG	409.54	179.84	179.84
18.	LBS State Ayurvedic College and Hospital, Allahabad	UG	305.94	180.00	180.00
19.	State Ayurvedic College and Hospital, Jhansi	UG	397.39	234.87	234.87
20.	SRM State Ayurvedic College and Hospital, Bareilly	UG	95.94	54.00	54.00
21.	State Homoeopathic Medical College and Hospital, Gorakhpur	UG	459.72	239.14	239.14
22.	State Homoeopathic Medical College and Hospital, Aligarh	UG	148.78	54.00	54.00
23.	State Homoeopathic Medical	UG	10.22	6.13	6.13

	College and Hospital, Ayodhya				

GAPS IN PRIMARY HEALTHCARE SERVICES

1066. SHRI ZIA UR REHMAN:

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

(a)whether the Government is aware of the increasing pressure on public health infrastructure due to rising disease burden, shortage of specialists and gaps in primary healthcare services across the country; and

(b)if so, the details of the steps taken and proposed to be taken by the Government to strengthen healthcare facilities, improve service delivery and ensure accessible and affordable healthcare for all citizens 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) and (b): The details regarding specialists across the country can be accessed at the following link of HDI 2023-24:

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

Health is a State subject. The primary responsibility of strengthening public healthcare system, including public health infrastructure and gaps in primary healthcare services 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 and to promote disease prevention 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 are to ensure availability of HR by creating adequate number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and using NHM posts in the short to medium term to fill critical gaps. The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

The 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 especially for the poor and vulnerable sections in urban, rural, and tribal/hilly areas.

A total of 1.86 lakh Ayushman Arogya Mandirs (AAMs) have been established and operationalized in the country, which deliver expanded range of comprehensive primary healthcare services encompassing preventive, promotive, palliative, rehabilitative, and curative care.National Free Drugs Service initiative and Free diagnostic Service has been rolled out to ensure availability of essential drugs and diagnostic facilities and reduce out of pocket

expenditure of the patients visiting public health facilities.

The various other initiatives carried out under NHM by the Government of India for enhancing the affordability of healthcare in the country are National Ambulance Services, Mobile Medical Units, ASHAs, 24 x 7 Services and First Referral Facilities, Prime Minister's National Dialysis Programme, various activities under Reproductive and Child Health, Anaemia Mukt Bharat (AMB) strategy, TB Mukt Bharat Abhiyaan and Universal Immunization programme. With the aim of ensuring and enhancing the quality of healthcare services, National Quality Assurance Standards (NQAS) have been launched for all health facilities including AAMs.

SAKSHAM ANGANWADI AND POSHAN SCHEME 2.0

1067. SHRI JOYANTA BASUMATARY:

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

(a) the status of creation of a convergent eco-system involving relevant Ministries, Departments and State Governments to develop and promote practices that nurture health, nutrition, wellness and immunity under the Saksham Anganwadi and Poshan Scheme 2.0 scheme and the outcomes achieved so far;

(b) the details of reorganisation and rationalisation of existing components under Poshan 2.0 undertaken to address gaps and shortcomings in the

ongoing nutrition programme, improve implementation and accelerate improvements in nutrition and child development outcomes including specific measures taken for the North-Eastern region; and

(c) the present status of Anganwadi infrastructure across the country indicating the number of modernised and upgraded Saksham Anganwadi Centres, availability of basic facilities such as buildings, drinking water, sanitation, electricity and digital infrastructure, State-wise?

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

(a) to (c): 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. The issue is being addressed under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) by establishing cross cutting convergence amongst 18 Ministries/Departments.

To strengthen implementation, coordination and monitoring under the Mission Poshan 2.0, State-Level Steering Committees and District Nutrition Committees have been constituted for coordinating the activities of various departments and ensure effective convergence between schemes/programs.

In convergence with these Ministries and Departments, along with

States and UTs, 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 behavioral change. State and UTs are conducting and reporting regular sensitization 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. A total of 10.5 crore CBEs has been conducted from 2018 to June 2026 and more than 150 crore Jan Andolan activities have been conducted since 2018 through 16 Jan Andolans.

The Mission Poshan 2.0 has subsumed Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls to strengthen and accelerate improvements in nutrition and child development. It is a Centrally Sponsored Mission being implemented in all States and UTs including Northeastern region of the country. Responsibility for implementation of various activities of the Mission lies with the States and UTs. This Mission includes beneficiaries; Children under 6 years of age, pregnant women, lactating mothers and adolescent girls (of 14-18 years age in Aspirational Districts and North-Eastern region) of the country.

The present status of Anganwadi infrastructure across the country

indicating the number of modernised and upgraded Saksham Anganwadi Centres is placed at **Statement.** The status of infrastructure at Anganwadi Centres with facilities such as buildings, drinking water and sanitation is available at the public dashboard of Poshan Tracker application: https://www.poshantracker.in/statistics. Further, the frontline functionaries - Anganwadi Workers, Block Coordinators and Supervisors are equipped with smartphones to enter the data of services being provided to the beneficiaries under Mission Poshan 2.0 on the Poshan Tracker digital application.

STATEMENT

The present status of anganwadi infrastructure across the country indicating the number of modernised and upgraded saksham anganwadi centres:

S.No.	Name of State and UTs	Total No. of AWCs approved for upgradation
1	Nagaland	149
2	Manipur	30
3	Ladakh	14
4	Chandigarh	69
5	Sikkim	435
6	Arunachal Pradesh	152
7	Andhra Pradesh	9958
8	Assam	5407
9	Mizoram	1600
10	Meghalaya	121
11	Karnataka	17732
12	Tripura	474
13	Maharashtra	14,745
14	Goa	24
15	Jammu and Kashmir	338

16	Andaman and Nicobar	140
17	Lakshadweep	18
18	Uttar Pradesh	23697
19	Tamil Nadu	11972
20	Puducherry	135
21	Kerala	4152
22	Uttarakhand	827
23	Chhattisgarh	11490
24	West Bengal	5359
25	Madhya Pradesh	24662
26	Odisha	12140
27	Bihar	11529
28	Telangana	5008
29	Gujarat	13147
30	Rajasthan	3514
31	Jharkhand	16775
32	Himachal Pradesh	1030
33	Punjab	353
34	Haryana	2804

PROMOTION OF TRADITIONAL MEDICINE SYSTEMS UNDER NAM

1068. SHRI RAJU BISTA:

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

(a) the total amount of funds allocated, released and utilised for the promotion of traditional medicine systems under the National AYUSH Mission (NAM) during the last five years in the district of North Bengal;

(b) the operational status and district-wise distribution of AYUSH Health and Wellness Centres (AHWCs) in West Bengal; and

(c) the steps being taken by the Government to address infrastructural

bottlenecks in the hilly areas of Darjeeling and Kalimpong districts of West Bengal?

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

(a): Under National Ayush Mission (NAM), as per the proposals received from the State through State Annual Action Plans (SAAPs), an amount of Rs. 9997.86 lakhs has been allocated/ released as Central Share to State of West Bengal for the promotion of traditional medicine systems during the last five years. The State Government has reported an expenditure of Rs. 9009.68 lakh against this allocation. However, under NAM there is no provision for district-wise fund allocation.

(b): As per the proposals received through SAAPs, 540 units of Ayush Health and Wellness Centres (AHWCs) now renamed as Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] have been operationalised in West Bengal. The operational status and district-wise distribution of AAM (Ayush) in West Bengal is enclosed as **Statement.**

(c): Public Health being a State subject, the primary responsibility to address infrastructural bottlenecks in the hilly areas including Darjeeling and Kalimpong districts of West Bengal comes under the purview of respective State Government. As reported by State Government of West Bengal, enhanced funds for infrastructural developments in the Hilly Terrain of these districts are

being provided from NAM fund and any shortfall in funds is supplemented through allocations from the State Budget of West Bengal Government.

Further, 27 AAM (Ayush) are functional in Darjeeling and Kalimpong districts and providing holistic health care to the community based on Ayush principles and practises. As reported by State, Ayush Public Health Programme namely National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) has already been made functional and 07 such centres are located at Darjeeling District colocated at Darjeeling District Hospital, Bijanbari Rural Hospital (RH), Mirik Block Primary Health Centre (BPHC), Sukna BPHC, Kharibari R H, Nakshalbari RH and Phansidewoa RH.

STATEMENT

Operational status and district-wise distribution of AAM (Ayush) Units in West Bengal

Sl. No.	Name of District	No. of AAM (Ayush)	Operational Status
1	Alipurduar	15	Functional
2	Bankura	20	Functional
3	Bishnupur HD	11	Functional
4	Birbhum	29	Functional
5	Rampurhat HD	12	Functional
6	Cooch Behar	30	Functional
7	Dakshin Dinajpur	15	Functional
8	**Darjeeling**	**21**	**Functional**
9	Hooghly	40	Functional
10	Howrah	34	Functional
11	Jalpaiguri	21	Functional

12	Jhargram	10	Functional
13	**Kalimpong**	**6**	**Functional**
14	Malda	34	Functional
15	Murshidabad	35	Functional
16	Nadia	31	Functional
17	North 24 Parganas	8	Functional
18	Basirhat HD	7	Functional
19	Paschim Bardhaman	14	Functional
20	Paschim Medinipur	21	Functional
21	PurbaBardhaman	30	Functional
22	PurbaMedinipur	17	Functional
23	Nandigram HD	6	Functional
24	Purulia	41	Functional
25	South 24 Parganas	11	Functional
26	Diamond Harbour HD	8	Functional
27	Uttar Dinajpur	13	Functional
Total		**540**	

REGISTRATION OF NURSES AND MIDWIVES

1069. SHRI ANTO ANTONY:

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

(a) the total number of registered nurses and midwives in the country, State/UT-wise;

(b) the number of nurses and midwives enrolled on the National Register Tracking System (NRTS), State/UT-wise;

(c) whether the Government has assessed the impact of non-enrolment on verification of credentials, inter-State mobility and workforce planning, if so, the details thereof; and

(d) the steps taken by the Government to increase enrolment and address

technical and procedural difficulties faced by nurses in registering on the NRTS?

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 State Nursing Councils (SNCs) as per the provisions of respective State Act register nurses and midwives. SNCs maintain data base of available nursing personnel practising in their States by registering various categories of Nurses and Midwives. As per the records received from Indian Nursing Council (INC), there are 46.02 lakh nursing personnel registered. State/UT-wise total number of registered nurses in the country is given at **Statement-I**.

Nurses Registration and Tracking System (NRTS) is a fully computerised interactive system launched by INC in association with the National Informatics Centre (NIC) for maintaining a live register of nursing personnel. Nurses apply to get registered on NRTS and after verification of their data by the concerned State Nursing Council, the nurse is issued a Nurse Unique Identification Number (NUID) Card and Nurse Passbook. State/UT-wise total number of enrolled nurses in the NRTS is given at **Statement-II**. For inter-state mobility Nurses can apply to their respective Nursing Councils for NOC. NOC letter is sent via email/hard copy to the requested council.

INC has conducted meetings with Registrars of State Nursing Councils

to facilitate implementation of NRTS. INC also conducts virtual training programmes, provides online user manuals, and operates a dedicated helpdesk and technical support email for resolving registration-related difficulties. This Ministry has also issued directions to State Governments for implementation of NRTS.

STATEMENT-I

STATE WISE NUMBER OF REGISTERED NURSES IN INDIA

S. No.	STATE	Total No. of Registered Nurses and Auxiliary Nurses in India as on 31.12.2025		
		ANM	RN and RM	LHV
1.	Andhra Pradesh	142608	306983	2480
2.	Arunachal Pradesh	8761	10930	383
3.	Assam	32572	35677	524
4.	Bihar	42605	19475	511
5.	Chhattisgarh	15238	45631	1352
6.	Delhi	6333	111322	0
7.	Goa	558	2277	0
8.	Gujarat	44037	135421	0
9.	Haryana	33079	46864	694
10.	Himachal Pradesh	7181	39066	500
11.	Jharkhand	16270	10748	142
12.	Karnataka	21690	530321	6840
13.	Kerala	32573	379090	8507
14.	Madhya Pradesh	51613	175363	1731
15.	Maharashtra	96299	190398	968
16.	Meghalaya	2622	12845	264
17.	Manipur	4941	18189	0
18.	Mizoram	3007	6244	0
19.	Odisha	45533	52423	238
20.	Punjab	54519	154784	2584
21.	Rajasthan	76654	237217	323

22.	Tamil Nadu	70564	394405	11295
23.	Tripura	3594	11186	148
24.	Uttar Pradesh	148297	234174	2763
25.	Uttarakhand	12729	24790	55
26.	West Bengal	72129	228758	12854
27.	Telangana	4746	60919	0
28.	Sikkim	308	3486	0
29.	Nagaland	2922	3886	0
30.	Jammu and Kashmir	5264	4859	0
	Total	**1059246**	**3487731**	**55156**

Source: Respective State Nurses Council, **ANM:** Auxiliary Nurse Midwives, **RN and RM:** Registered Nurses and Registered Midwives,

LHV: Lady Health Visitors, **Note -** Data up to 31.12.2021; Data up to 31.12.2023; Data up to 31.12.2024.

STATEMENT-II

STATE WISE NUMBER OF REGISTERED NURSES and MIDWIVES ENROLLED ON THE NURSES REGISTRATION and TRACKING SYSTEM (NRTS) AS ON 13/07/2026				
S. No.	**STATE**	**ANM**	**RN and RM**	**LHV**
1	Andhra Pradesh	22622	69204	45
2	Arunachal Pradesh	2082	3440	8
3	Assam	9725	21572	0
4	Bihar	42557	19452	11
5	Chhattisgarh	11328	25888	6
6	Delhi	1731	27414	3
7	Goa	652	3710	1
8	Gujarat	9447	45582	0
9	Haryana	7363	19883	13
10	Himachal Pradesh	3548	30759	0
11	Jharkhand	12699	11924	17
12	Karnataka	470	81711	13
13	Kerala	7415	142349	4
14	Madhya Pradesh	17084	53214	33

15	Maharashtra	19781	59947	8
16	Meghalaya	130	3563	2
17	Manipur	2603	10478	0
18	Mizoram	1387	4688	0
19	Odisha	31039	47200	5
20	Punjab	9184	55423	4
21	Rajasthan	18101	64564	35
22	Tamil Nadu	916	56129	39
23	Tripura	1120	5937	0
24	Uttar Pradesh	40039	88302	22
25	Uttarakhand	6323	17984	0
26	West Bengal	22047	70843	2
27	Telangana	8898	58860	2050
28	Sikkim	181	2478	0
29	Nagaland	320	704	0
30	Jammu and Kashmir	1356	6476	1
	Total	**312148**	**1109678**	**2322**

Source- Indian Nursing Council.

ACCOUNTABILITY AND COMPENSATION IN MSC ELSA 3 INCIDENT

1070. SHRI HIBI EDEN:

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

(a) whether the Government has been informed of the furnishing of a Rs. 1,227 crore bank guarantee by the owners of the cargo vessel MSC Elsa 3 before the Kerala High Court, if so, the details thereof;

(b) whether the Government proposes to establish a clear, transparent and

time-bound mechanism for collection of claims and immediate disbursal of compensation to affected fishermen and coastal families without delay, if so, the details thereof and if not, the reasons therefor;

(c) whether the Government will ensure that the said bank guarantee is not treated as the ceiling of liability, particularly in view of the Kerala Government's admiralty suit seeking 9,531 crore in comprehensive damages, if so, the details thereof and if not, the reasons therefor, and

(d) whether the Government is aware of the extent of environmental damage and economic losses suffered by fishing communities due to the said incident, if so, the steps taken/proposed to be taken in this regard?

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

(a) to (d): Yes. Admiralty Suit No. 12 of 2025 titled State of Kerala vs. MSC Akiteta II and Ors. has been filed before the Hon'ble High Court of Kerala at Ernakulam under the Admiralty (Jurisdiction and Settlement of Maritime Claims) Act, 2017 seeking recovery of ₹9,531 crore towards alleged maritime environmental damage, pollution, preventive and remedial costs and economic losses arising from the incident involving MSC Elsa 3. The Hon'ble High Court, vide order dated 04.12.2025, permitted furnishing of security of ₹1,227.62 crore for release of the sister vessel MSC Akiteta II. The Government of Kerala has extended interim financial assistance of ₹1,000 per affected fisherman along with free ration to affected fishing families. Further, the vessel owners and their

Protection and Indemnity (PandI) insurer, M/s North Standard, have established a Claims Desk for receipt, scrutiny and processing of claims from affected stakeholders, including fishermen and coastal communities. The matter is presently sub-judice before the Hon'ble High Court of Kerala.

PROGRAMMES UNDER MISSION SHAKTI

1071. SHRI MANISH JAISWAL:

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

(a) the details of the programmes being implemented under Mission Shakti;

(b) the details of the funds released/utilised under the said Scheme during the last three years, State/UT-wise;

(c) the number of beneficiaries covered under various components of the said Scheme; and

(d) the measures taken to improve implementation and outreach of the scheme?

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

(a) to (d): The Government gives utmost priority to the safety, security and empowerment of women in the country. Government has adopted multi-pronged approach to address the needs of women on a life-cycle continuum basis for their educational, social, economic and political empowerment so that

they become equal partners in fast paced and sustainable national development. This ‘Women led development’ is essential for realising the goal of a developed India, or ‘Viksit Bharat’ by 2047.

The ‘Mission Shakti’ aims at strengthening interventions for women’s safety, security and empowerment. It seeks to focus on proposing strategies for improving convergence across Ministries/ Departments and at different levels of governance. Mission Shakti comprises of two sub-schemes ‘Sambal’ and ‘Samarthya’ for safety and security of women and empowerment of women respectively.

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

- **One Stop Centres (OSCs)-** One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women across the country. As on date, 985 One Stop Centres have been made operational across the country and since inception, i.e. 1st April, 2015 to 30th June, 2026, over 15.80 lakh women have been assisted in the country.
- **Women Helpline (WHL)-** Women Helpline (WHL-181) provides 24-hour

toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services.

- **Beti Bachao Beti Padhao (BBBP)-** Beti Bachao Beti Padhao (BBBP) focuses on addressing issues relating to Child Sex Ratio (CSR) and related issues of empowerment of girls and women. The scheme tries to create mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging and empowering various stakeholders. BBBP has transformed from a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, media, civil society and the public at large.
- **Nari Adalat-** Nari Adalat scheme provides a platform for alternative grievance redressal for women at the gram panchayat level. The Adalats are mandated to help women in distress at the panchayat level in resolving smaller issues relating to domestic violence, and other gender-based violence by negotiation, mediation, and reconciliation with mutual consent for accessible justice.

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

- **Pradhan Mantri Matru Vandana Yojana (PMMVY)-** Pradhan Mantri Matru Vandana Yojana (PMMVY) is a centrally sponsored scheme implemented by States/UTs across the country (except Telangana) w.e.f. 01.01.2017. The PMMVY is a Centrally Sponsored Maternity Benefit Scheme under which cash incentives of ₹5,000/- is provided directly to the Bank/Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for first child. The eligible beneficiaries receive the remaining cash incentive, as per approved norms towards maternity benefit under Janani Suraksha Yojana after institutional delivery, so that on an average a woman gets ₹6,000/-. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child subject to the second child being a girl. Benefits amounting to Rs. 21,118 crores have been extended to approximately 4.54 crore women across the country through this scheme since inception of the scheme (01.01.2017) till 20.07.2026.
- **Shakti Sadan-** Under the overarching ‘Mission Shakti’, erstwhile schemes of ‘Swadhar Greh’ Home for women in difficult circumstances and ‘Ujjawala’- Home for women rescued from Trafficking, have been merged w.e.f. 01.04.2022 and are now known as ‘Shakti Sadan Scheme’, which is an Integrated Relief and Rehabilitation Home-for women in distressful situations including trafficked women. It aims at creating a safe and enabling environment for the women in such difficult situations, to enable them to overcome the adverse circumstances. Presently, 433 Shakti

Sadans are functional benefiting about 11,306 women across the country.

- **Sakhi Niwas-** Sakhi Niwas Scheme (Working Women Hostel) under the overarching Mission Shakti, is a demand driven Centrally Sponsored Scheme. The scheme aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunity for women exists. Under the Scheme, financial assistance is provided for running of Sakhi Niwas in rented premises for working women and for those women who are under training for job. Provision of Day Care Centre for children of the residents of the Sakhi Niwas is an important aspect of the scheme. In this scheme, fund is provided for rental accommodation. Presently, 575 Sakhi Niwas are functional benefitting about 29608 women across the country.
- **Palna-** Palna Scheme is implemented with the aim of expanding the outreach of crèches to ensure that women everywhere have the opportunity to work and do not drop out from workforce because of care responsibilities. Palna aims to provide day-care crèche facilities to the children (06 months – 06 years).
- **SANKALP: Hub for Empowerment of Women (HEW)-** The SANKALP: HEW (Hub for Empowerment of Women) functions as a Project Monitoring Unit (PMU) for all components of Mission Shakti. It serves as a single window system to bridge the information and knowledge gap regarding schemes and facilities available for women as well as guide them to avail

the benefits and entitlements. The SANKALP centres engage in widespread outreach and awareness, through organising awareness activities, camps and campaigns, in convergence with Beti Bachao Beti Padhao (BBBP). This approach improves awareness generation and access to government schemes by ensuring the dissemination of targeted IEC materials, organizing local awareness campaigns, and conducting gender sensitization programs across schools, colleges, and public forums. SANKALP: HEW is being implemented in all States/UTs except the State of West Bengal. As on date, total 35 State SANKALP: HEWs and 742 District SANKALP: HEWs are functional.

The State-wise details of funds released under Mission Shakti during the last three years are at **Statement-I** and the number of beneficiaries under various components of Mission Shakti are at **Statement-II.**

Once in a year, the Programme Approval Board (PAB) monitors with States and UTs the progress of activities under the scheme and reviews status of achievement of objectives, effective delivery of services to women and children. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time.

Two third party evaluations of the schemes of the Ministry, including the Mission Shakti Umbrella Scheme have been conducted in 2020 and again in 2025 through NITI Aayog. The studies have found the relevance, effectiveness

and sustainability of the scheme as satisfactory.

The Ministry has also undertaken measures to strengthen the capacity of Women Helpline and One Stop Centre functionaries through regular training, technical support and continuous handholding of States/UTs. Capacity building programmes have been organised with the support of NIMHANS, SPNIWCD and C-DAC, covering areas such as psycho-social counselling, gender sensitisation, ethical call management, case management, dashboard operations, referral mechanisms and convergence with various stakeholders. C-DAC also provides regional and hands-on training, technical support, dashboard support, troubleshooting and MIS/data analytics support to States/UTs.

Further, a lot of steps have been taken by the Ministry of Women and Child Development for improving the implementation and the outreach of the PMMVY Scheme. Some of them are as below:

- PMMVY portal is completely Paperless.
- Forms have been simplified and are concise.
- Mobile-App based right from Anganwadi worker level and provides the Services at the beneficiaries' door step.
- Payments are through Adhaar Bridge Payment System [ABPS].
- PMMVY portal is enabled for Aadhar-based biometric verification (by means of **facial recognition**) to confirm identity details of the applicants.
- All the mandatory provisions like Aadhaar verification, DBT enablement

of bank account etc. are checked at the time of registration for faster processing.

- **Search and Track Status** for all enrolled beneficiaries to check the approval and payment status of their applications.
- **Grievance Lodging and status module** for all citizens to lodge any PMMVY related grievance. The Module directly sends the grievance to the implementing authorities thus saving time and leads to swifter resolution.
- PMMVY toll-free and multi lingual **helpline (1515)** is available for PMMVY related enquiries and grievances
- For transparency purposes, the Applicants/ beneficiaries receive SMS in one of the 12 languages at different stages such as registration of application, rejection of registration, payment etc.
- PMMVY Portal is LGD complaint till AWC level. LGD Seeding is introduced up to State/ District/ Block/ Village/ GP/ Ward level.
- Open API allows the freedom to share data with other Central and State Ministry/ Department.
- MIS Data can be generated at State/ District/ Block/ Village/ Ward/ Project/ Sector/ Anganwadi level for detailed monitoring/ analysis.
- Available database of the PWandLM from Poshan Tracker is used to create a **"Due List"** of potential beneficiaries on PMMVY Portal accessible at AWW/ASHA level.

To strengthen digital monitoring, the Ministry has developed the Mission Shakti Dashboard for real-time monitoring and effective implementation of the Scheme. The Dashboard facilitates monitoring of beneficiaries assisted, services provided, infrastructure, activities and facilities at the District, State and National levels.

STATEMENT-I

State-wise and year-wise details of funds released under Mission Shakti during the last 3 years i.e., FY 2023-24, FY 2024-25 and FY 2025-26

One Stop Centre (OSC)

(Rupees in Lakhs)

S. No.	State/UT	FY 2023-24	FY 2024-25	FY 2025-26
1	A & N Islands	135.99	0.00	0.00
2	Andhra Pradesh	605.58	189.07	1207.87
3	Arunachal Pradesh	847.7	757.4	486.46
4	Assam	1755.48	282.76	976.54
5	Bihar	0.00	0.00	700.47
6	Chandigarh	16.8	19.04	19.05
7	Chhattisgarh	882.44	945.91	1016.39
8	DNHDD	50.39	57.14	0.00
9	Delhi	184.78	314.29	663.02
10	Goa	0.00	54.89	93.43
11	Gujarat	1166.26	857.38	1096.75
12	Haryana	594.68	419.06	299.45
13	Himachal Pradesh	403.15	47.22	377.05
14	Jammu and Kashmir	335.96	470.88	638.29
15	Jharkhand	0.00	0.00	341.13
16	Karnataka	1054.13	921.81	1407.57
17	Kerala	0.00	400.01	590.63
18	Ladakh-UT	33.6	38.1	38.10
19	Lakshadweep	16.8	0.00	0.00
20	Madhya Pradesh	820.48	2225.83	1105.70

21	Maharashtra	1539.69	0.00	249.10
22	Manipur	268.77	304.77	300.00
23	Meghalaya	321.56	228.58	556.14
24	Mizoram	283.45	563.26	570.24
25	Nagaland	545.83	647.55	323.82
26	Odisha	1084.95	818.62	1313.81
27	Puducherry	0.00	0.00	40.81
28	Punjab	389.01	438.10	423.65
29	Rajasthan	883.59	752.03	1141.76
30	Sikkim	126.09	114.29	124.05
31	Tamil Nadu	1158.88	1059.64	1831.83
32	Telangana	1217.41	256.42	777.37
33	Tripura	0.00	0.00	140.15
34	Uttar Pradesh	1812.71	1801.43	1777.12
35	Uttarakhand	436.75	53.8	417.39
36	West Bengal	0.00	641.93	291.57

Note:-Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

Women Helpline (WHL)

(Rupees in Lakhs)

S. No	State /UT	FY 2023-24	FY 2024-25	FY 2025-26
1	Andaman and Nicobar Islands	43.36	55.20	25.5
2	Andhra Pradesh	69.00	0.00	53.1
3	Arunachal Pradesh	55.20	27.60	25.5
4	Assam	27.60	41.40	53.1
5	Bihar	105.33	37.80	53.45
6	Chandigarh	18.80	27.60	25.5
7	Chhattisgarh	55.20	26.69	26.73
8	Dadra and Nagar Haveli and Daman and Diu	27.60	27.60	0
9	Delhi	0.00	41.40	28.43
10	Goa	55.20	27.60	25.82

11	Gujarat	113.40	37.80	75.6
12	Haryana	82.80	27.60	25.55
13	Himachal Pradesh	0.00	27.60	42.94
14	Jammu and Kashmir-UT	55.20	0.00	0.407
15	Jharkhand	82.80	13.80	122.6
16	Karnataka	94.50	16.60	68.84
17	Kerala	41.40	27.60	53.1
18	Ladakh-UT	27.60	13.80	0.00
19	Lakshadweep	27.60	0.00	0.00
20	Madhya Pradesh	38.31	56.70	66.64
21	Maharashtra	0.00	37.80	13.83
22	Manipur	0.00	27.60	25.5
23	Meghalaya	27.60	31.81	53.1
24	Mizoram	69.00	41.40	90.1
25	Nagaland	27.60	69.00	35.5
26	Odisha	54.15	27.60	18.21
27	Puducherry	0.00	0.00	1.356
28	Punjab	27.60	0.00	46.44
29	Rajasthan	75.60	56.70	64.99
30	Sikkim	27.60	41.40	52.97
31	Tamil Nadu	49.00	2.24	37.8
32	Telangana	0.00	0.00	47.94
33	Tripura	0.00	0.00	27.42
34	Uttar Pradesh	96.02	75.60	67.75
35	Uttarakhand	58.44	9.81	45.93
36	West Bengal	0.00	0.00	0.00

West Bengal is in the process of implementing the scheme of WHL

Note:-Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

Beti Bachao Beti Padhao (BBBP)

(Rupees in Lakhs)

S.No.	**State**/UT	FY **2023-24**	FY **2024-25**	FY **2025-26**
1	Andhra Pradesh	0.00	365.0	573.10

2	Arunachal Pradesh	0.00	0.00	399.08
3	Assam	0.00	485.0	477.37
4	Bihar	0.00	322.5	594.16
5	Chhattisgarh	0.00	29.06	566.12
6	Goa	0.00	0.00	29.16
7	Gujarat	551.10	0.00	524.95
8	Haryana	493.50	1.39	279.04
9	Himachal Pradesh	280.30	0.00	261.77
10	JandK	543.20	305.0	250.67
11	Jharkhand	0.00	0.00	328.84
12	Karnataka	0.00	0.00	426.57
13	Kerala	0.00	165.0	153.32
14	Madhya Pradesh	1368.60	0.00	649.58
15	Maharashtra	0.00	265.0	40.88
16	Manipur	0.00	215.0	50.00
17	Meghalaya	0.00	262.5	344.29
18	Mizoram	280.00	140.0	280.00
19	Nagaland	185.70	529.85	190.00
20	Odisha	0.00	0.00	408.45
21	Punjab	667.30	0.00	354.40
22	Rajasthan	675.00	7.32	563.15
23	Sikkim	90.00	0.00	68.40
24	Tamil Nadu	802.50	0.00	1,090.53
25	Telangana	0.00	83.62	448.51
26	Tripura	200.00	0.00	93.96
27	Uttar Pradesh	2093.20	0.00	1,138.08
28	Uttarakhand	395.70	43.49	325.72
29	Andaman and Nicobar	52.50	0.00	0.00
30	Chandigarh	15.00	15.00	7.50
31	Dadra Nagar Haveli and Daman and Diu	0.00	57.65	0.00
32	NCT DELHI	0.00	0.00	28.22
33	Lakshadweep	0.00	0.00	0.00
34	Puducherry	54.99	0.00	52.72
35	Ladakh	0.00	20.00	0.00

36.	West Bengal	0.00	0.00	0.00

West Bengal is in the process of implementing the scheme of BBBP.

Note:- Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

Nari Adalat

(Rupees in Lakhs)

State/UT	FY 2025-26
Andaman and Nicobar Islands	2.16
Assam#	7.37
Bihar	0.39
Dadra and Nagar Haveli and Daman and Diu	2.16
JandK#	21.58
Kerala	0.01
Nagaland	2.67
Sikkim	0.79
Uttar Pradesh	0.60

#Nari Adalat was piloted in the State of Assam and UT of Jammu and Kashmir from FY 2022-23. An amount of Rs. 21 lakh was released in FY 2023-24 to the State of Assam and a total amount of Rs. 30 lakh was released to the UT of Jammu and Kashmir in FY 2023-24 and FY 2024-25.

Nari Adalat piloted in the rest of the above States and UTs from FY 2025-26.

Note:- Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

PMMVY

(Rupees in Crores)

S. No.	State/UT	FY 2023-24	FY 2024-25	FY 2025-26
1	Andaman and Nicobar Islands	0	0.33	0.68
2	Andhra Pradesh	57.99	44.96	22.85
3	Arunachal Pradesh	0	1.98	0.82
4	Assam	155.05	77.07	14.68

5	Bihar	0	141.53	201.67
6	Chandigarh	4.08	NIL	NIL
7	Chhattisgarh	0	68.72	71.58
8	Dadra and Nagar Haveli and Daman and Diu	0.91	2.44	2.15
9	Goa	0	1.86	0.44
10	Gujarat	75.64	72.48	51.33
11	Haryana	0	33.3	25.43
12	Himachal Pradesh	10.56	26.85	16.24
13	Jammu and Kashmir	33.6	41.9	22.12
14	Jharkhand	0	39.31	48.44
15	Karnataka	113.96	159.96	54.78
16	Kerala	61.06	NIL	63.48
17	Ladakh	0.69	0.62	1.23
18	Lakshadweep	0.23	0.27	0.5
19	Madhya Pradesh	105.51	257	110.52
20	Maharashtra	0	141.17	152.14
21	Manipur	7.93	NIL	12.76
22	Meghalaya	0	3.45	7.18
23	Mizoram	1.4	2.55	2.53
24	Nagaland	2.42	4.18	3.39
25	NCT of Delhi	27.15	20.08	NIL
26	Odisha	0	43.48	9.25
27	Puducherry	0	1.76	1.73
28	Punjab	32.05	32.03	27.56
29	Rajasthan	123.23	98.17	93
30	Sikkim	1.28	NIL	2.36
31	Tamil Nadu	0	95.62	109.58
32	Telangana	0.00	0.00	0.00
33	Tripura	11.31	5.42	11.75
34	Uttar Pradesh	0	NIL	0
35	Uttarakhand	30.35	26.41	37.09
36	West Bengal	NIL	NIL	NIL

Telangana is in the process of onboarding on PMMVY portal.

Funds not released to State due to availability of adequate funds in SNA account

Shakti Sadan

(Rupees in Lakhs)

S. No.	State/UT	FY 2023-24	FY 2024-25	FY 2025-26
1.	Andaman and Nicobar Island	0.00	0.00	0.00
2.	Andhra Pradesh	1160.82	0.00	600.00
3.	Arunachal Pradesh	0.00	0.00	49.99
4.	Assam	1852.12	1171.84	200.00
5.	Bihar	0.00	302.90	69.41
6.	Chandigarh	0.00	10.91	10.23
7.	Chhattisgarh	100.61	34.33	115.71
8.	Dadra and Nagar Haveli and Daman and Diu	0.00	0.00	0.00
9.	Delhi	62.19	18.24	13.10
10.	Goa	0.00	0.00	9.75
11.	Gujarat	0.00	0.00	0.00
12.	Haryana	0.00	0.00	0.00
13.	Himachal Pradesh	35.95	47.45	36.34
14.	Jammu and Kashmir	67.24	235.71	18.10
15.	Jharkhand	94.76	4.77	6.47
16.	Karnataka	1128.17	120.62	759.91
17.	Kerala	49.46	420.49	84.49
18.	Ladakh	0.00	0.00	0.00
19.	Lakshadweep	0.00	0.00	0.00
20.	Madhya Pradesh	341.52	0.00	149.02
21.	Maharashtra	338.19	1016.77	500.00
22.	Manipur	2889.94	1993.58	1070.00
23.	Meghalaya	0.00	89.58	24.79
24.	Mizoram	304.59	0.00	300.00
25.	Nagaland	52.34	328.36	50.00
26.	Odisha	246.10	490.33	970.44
27.	Puducherry	24.57	0.00	18.71
28.	Punjab	0.00	1.66	25.00
29.	Rajasthan	117.02	10.08	147.25
30.	Sikkim	38.31	15.64	23.99

31.	Tamil Nadu	1517.08	1153.51	1300.00
32.	Telangana	634.84	229.60	1146.53
33.	Tripura	121.79	17.37	92.98
34.	Uttar Pradesh	0.00	784.02	418.49
35.	Uttarakhand	0.00	0.00	28.26
36.	West Bengal	720.36	0.00	500.00

No Shakti Sadan is functional

Sakhi Niwas

(Rupees in Lakhs)

S.No.	States/UTs	FY 2023-24	FY 2024-25	2025-26
1	A & N Islands	0.00	0.00	0.00
2	Andhra Pradesh	21.52	0.00	38.28
3	Arunachal Pradesh	0.00	147.02	9
4	Assam	61.47	54.84	78.25
5	Bihar	0.00	90	0.47
6	Chandigarh	0.00	0.00	35
7	Chhattisgarh	26.68	4.98	70.13
8	Dadra, Nagar Haveli, D & D	0.00	0.00	0.00
9	Delhi	0.00	3.02	0.00
10	Goa	0.00	0.00	0.00
11	Gujarat	46.46	0.00	0.00
12	Haryana	0.00	0.00	0.00
13	Himachal Pradesh	9.29	4.65	28.54
14	Jammu and Kashmir	4.8	37.24	5.83
15	Jharkhand	0.00	0.00	0.00
16	Karnataka	0.00	0.00	0.00
17	Kerala	48	102.12	92.5
18	Ladakh	0.00	0.00	0.00
19	Lakshadweep	0.00	0.00	0.00
20	Madhya Pradesh	0.00	0.00	11.54
21	Maharashtra	0.00	25.55	66.28

22	Manipur	58.87	81.55	62.5
23	Meghalaya	0.00	0.00	49.97
24	Mizoram	0.00	49.67	25
25	Nagaland	175.15	27.87	0.00
26	Odisha	0.00	24.99	39.49
27	Puducherry	0.00	0.00	0.8
28	Punjab	0.00	0.00	1.004
29	Rajasthan	0.00	0.00	0.00
30	Sikkim	0.00	12.14	3.25
31	Tamil Nadu	0.00	108.31	45
32	Telangana	0.00	0.00	11.77
33	Tripura	0.00	0.00	13.12
34	Uttarakhand	0.00	0.00	0.00
35	Uttar Pradesh	0.00	39.71	4.84
36	West Bengal	0.00	0.00	0.00

Funds not released due to non-functional Sakhi Niwas, non-compliance of SNA norms, no demand of funds and non-receipt of UC/SoE.

Palna

(Rupees in Lakhs)

S.No.	States/UTs	FY 2023-24	FY 2024-25	FY 2025-26
1	Andaman and Nicobar Islands	13.06	0.00	0.00
2	Andhra Pradesh	0.00	0.00	0.00
3	Arunachal Pradesh	0.00	86.80	0.00
4	Assam	201.87	0.00	0.18
5	Bihar	53.10	0.17	39.02
6	Chandigarh	0.00	423.80	474.70
7	Chhattisgarh	1,974.78	6.93	211.61
8	Dadra and Nagar Haveli and Daman and Diu	61.68	65.32	0.00
9	Delhi	183.22	0.00	166.75

10	Goa	8.82	0.00	2.09
11	Gujarat	0.00	0.00	0.00
12	Haryana	0.00	99.94	145.60
13	Himachal Pradesh	0.00	267.46	117.71
14	Jammu and Kashmir	727.58	322.86	73.97
15	Jharkhand	1,003.32	0.00	16.74
16	Karnataka	560.98	56.12	78.14
17	Kerala	519.42	0.00	264.68
18	Ladakh	11.00	0.00	8.00
19	Lakshadweep	1.12	0.00	0.00
20	Madhya Pradesh	0.00	0.00	0.00
21	Maharashtra	232.15	0.00	0.01
22	Manipur	54.11	0.00	0.00
23	Meghalaya	120.04	0.00	99.97
24	Mizoram	227.80	591.95	520.56
25	Nagaland	183.51	202.27	269.37
26	Odisha	0.00	0.00	50.40
27	Puducherry	26.24	0.00	2.63
28	Punjab	0.00	161.95	151.72
29	Rajasthan	0.00	0.00	0.00
30	Sikkim	16.63	0.00	12.13
31	Tamil Nadu	173.73	587.88	214.31
32	Telangana	22.21	979.80	1.22
33	Tripura	0.00	663.11	96.23
34	Uttar Pradesh	0.00	0.00	0.00
35	Uttarakhand	39.18	1.01	108.02
36.	West Bengal	0.00	0.00	0.00

No AWCC is functional.

SANKALP: HEW

(Rupees in Lakhs)

S. No.	States/ UTs	FY 2023-24	FY 2024-25	FY 2025-26
1	Andaman and Nicobar	58.60	0.00	74.70

	Islands			
2	Andhra Pradesh	0.00	0.00	55.42
3	Arunachal Pradesh	0.00	0.00	154.13
4	Assam	1,071.63	121.40	964.52
5	Bihar	0.00	312.54	415.79
6	Chandigarh	73.57	0.00	43.80
7	Chhattisgarh	0.00	35.92	415.46
8	Dadra Nagar Haveli and Daman and Diu	0.00	74.70	69.87
9	Delhi	0.00	198.29	46.57
10	Goa	30.38	0.00	6.87
11	Gujarat	352.62	95.36	567.72
12	Haryana	0.00	0.25	91.61
13	Himachal Pradesh	200.48	118.63	309.38
14	Jammu and Kashmir	725.02	317.12	367.55
15	Jharkhand	185.04	1.38	100.57
16	Karnataka	251.04	381.84	456.09
17	Kerala	153.09	0.00	219.57
18	Ladakh	45.75	59.25	109.52
19	Lakshadweep	0.00	0.00	0.00
20	Madhya Pradesh	495.53	0.00	215.16
21	Maharashtra	921.66	0.00	38.35
22	Manipur#	0.00	0.00	0.00
23	Meghalaya	288.56	67.87	458.98
24	Mizoram	139.32	317.79	324.41
25	Nagaland	451.08	432.92	150.77
26	Odisha	0.00	0.00	514.96
27	Puducherry	30.84	54.09	34.12
28	Punjab	0.00	0.09	125.17
29	Rajasthan	342.52	0.00	518.50
30	Sikkim	87.44	106.18	130.99
31	Tamil Nadu	746.80	11.27	676.31
32	Telangana	337.77	54.37	467.50
33	Tripura	0.00	136.84	78.12
34	UP	0.00	779.76	244.83

35	Uttarakhand	215.06	58.08	365.83
36	West Bengal	0.00	0.00	0.00

West Bengal is in the process of implementing the scheme of SANKALP: HEW Funds could not be released in Lakshadweep in FY 2023-24, FY 2024-25 and FY 2025-26 due to availability of the funds in SNA Account as per SNA norms.

 # 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). However, the State has not raised bill on SNA SPARSH

STATEMENT-II

The details of women assisted/beneficiaries across the country since inception under Mission Shakti are as under:

S. No.	Scheme	Women assisted/beneficiaries across country since inception
1	One Stop Centre	15,20,390 (till 30.06.2026)
2	Women Helpline	1,04,50,722 (till 30.06.2026)
5	PMMVY	4,54,74,171 (till 20.07.2026)
6	Shakti Sadan	1,27,951 (till 31.03.2026)
7	Sakhi Niwas	1,90,443 (till 31.03.2026)
8	Palna	51,607 (till 22.07.2026)
9	SANKALP: HEW	7,49,153 (till 22.07.2026)

महाराष्ट्र में पासपोर्ट सेवा केन्द्र

1072. श्री नारायण तातू राणेः

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

(क) क्या सरकार इस बात से अवगत है कि महाराष्ट्र के सिंधुदुर्ग जिले में कोई पासपोर्ट कार्यालय/पासपोर्ट सेवा केंद्र नहीं है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या उक्त जिले में पासपोर्ट कार्यालय/पासपोर्ट सेवा केंद्र स्थापित करने का कोई प्रस्ताव

विचाराधीन है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) इस जिले में यह सुविधा कब तक उपलब्ध कराए जाने की संभावना है और इस पर सरकार की क्या प्रतिक्रिया है?

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

(क) से (ग): पासपोर्ट कार्यालयों (पीओ)/पासपोर्ट सेवा केंद्रों (पीएसके)/डाकघर पासपोर्ट सेवा केंद्रों (पीओपीएसके) का खोला जाना एक सतत गतिविधि है और यह वर्तमान पीएसके/पीओपीएसके की उपलब्धता, मौजूदा डाकघरों/पासपोर्ट सेवा केंद्रों/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 महाराष्ट्र सहित देश उन के प्रधान डाकघरों (एचपीओ)/डाकघरों (पीओ) में सेवा केंद्र खोलने का निर्णय लिया, जहां कोई पीएसके या पीओपीएसके नहीं है और जिन्हें प्रत्येक लोकसभा निर्वाचन क्षेत्र (एलएससी) में डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) कहा जाता है। इस पहल के तहत, रत्नागिरी-सिंधुदुर्ग लोकसभा निर्वाचन क्षेत्र में राजापुर में एक पीओपीएसके पहले से ही कार्यरत है और इसलिए, सिंधुदुर्ग जिले में एक नया पीएसके/पीओपीएसके खोलने के लिए विदेश मंत्रालय के पास विचाराधीन कोई प्रस्ताव नहीं है।

STRATEGY FOR SECURING DAP SUPPLY CHAIN

1073. SHRI Y. S. AVINASH REDDY:

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

(a) whether the Government is aware that only forty per cent of Diammonium Phosphate (DAP) demand of the country is met through domestic production, with the remainder being imported, and that during 2024-25 Government

provided a one-time special subsidy package of Rs. 3,500 per metric tonne on DAP beyond the Nutrient-Based Subsidy rates due to geopolitical disruptions affecting procurement and if so, the details thereof;

(b) whether any long-term strategic agreements have been concluded by the Government to secure the phosphate supply chain;

(c) whether the said agreements are subject to Parliamentary oversight/price review mechanisms and if so, the details thereof; and

(d) if not, the reasons therefor?

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

(a): India being a resource scarce country, the indigenous production of fertilizers does not commensurate with the requirement in the country. The gap is fulfilled through imports from various countries. The information regarding demand, availability, sales and domestic production of Diammonium Phosphate (DAP) in the country during the year 2024-25 is as under:

Demand, availability, sales and domestic production of DAP in the country during the year 2024-25 (in LMT)			
Requirement	**Availability**	**Sales**	**Domestic Production**
111.92	105.14	96.29	37.69

In 2024-25, the Government has approved one-time special package on DAP beyond the NBS rates on actual PoS (Point of Sale) sale of DAP from

01.04.2024 @ ₹ 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate to ensure sustainable availability of DAP at affordable prices to the farmers.

(b) to (d): The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (PandK) Fertilizers. Under the Scheme, PandK fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics. However, to strengthen the fertilizer supply chain, the Government facilitates long-term agreements between Indian fertilizer companies and overseas suppliers for the import of fertilizers. In this regard, Long Term Agreements (LTA) have been finalized between Indian fertilizer companies and Saudi Arabian companies for the annual supply of about 31 LMT of DAP to India. Similarly, Indian fertilizer companies have entered into agreements with Russian suppliers for the import of about 26.50 LMT of DAP/NPK fertilizers in this year.

MONETARY PENALTIES UNDER FOOD SAFETY AND STANDARDS ACT, 2006

1074. SHRI ANURAG SHARMA:

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

(a) whether the Government has taken note that the existing flat monetary penalties under the Food Safety and Standards Act, 2006 are inadequate to

deter large food manufacturing companies from repeated violations of food safety standards, if so, the details thereof;

(b) whether the Government proposes to amend the Act to introduce turnover-linked penalties, proportionate to the annual turnover of the Food Business Operator (FBO), for cases involving food adulteration, misbranding and repeated non-compliance, if so, the details thereof;

(c) whether the Government proposes to make Front-of-Pack (FOP) warning labels mandatory on pre-packaged foods containing high levels of sugar, salt and saturated fat in view of the observations of the Hon'ble Supreme Court regarding misleading food advertisements, if so, the details thereof;

(d) the timeline fixed by the Food Safety and Standards Authority of India (FSSAI) for implementation of such labelling norms; and

(e) the steps taken/proposed to be taken by the Government to curb misleading health claims ("health-washing") in advertisements of ultra-processed food products?

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

(a) to (e): Food Safety and Standards Authority of India (FSSAI) is mandated to lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption. The implementation and

enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

The penalties and punishment under the FSS Act, 2006 are imposed in a graded manner depending on the nature and gravity of offence and accordingly, civil penalties for minor offences and punishment for serious violations are levied. These penalties and punishments are levied post enquiry/trial through judicial proceedings i.e. adjudication and prosecution as provided under the FSS Act 2006 by the Adjudication Court and by a Judicial Magistrate of the first class or by a Metropolitan Magistrate.

Further, punishment for unsafe food includes imprisonment ranging from up to 3 months to imprisonment extending up to life imprisonment in cases resulting in death, along with substantial fines and penalties up to ₹10 lakh for offences such as sub-standard food, misleading advertisements, unhygienic processing, and possession of adulterants.

Further, Section 49 of the Act mandates that while adjudging penalties, factors such as unfair gain, loss caused, repetitive nature of contravention, and other relevant considerations are taken into account to ensure proportional and deterrent punishment. In addition to above, Section 64 of FSS Act, 2006 provides Punishment for subsequent offences to ensure deterrence.

FSSAI has notified the Food Safety and Standards (Labelling and Display) Regulations, 2020 that mandates the mentioning of nutritional

information on the labels w.r.t salt, sugar and fat for consumer to make informed choices while selecting the food articles. The matter of introducing Front of Pack Nutritional Labelling and rating system is sub-judice in the Hon'ble Supreme Court of India.

The Food Safety and Standards (Advertising and Claims) Regulations, 2018 ensure that all claims must be truthful, unambiguous, meaningful, not misleading and help consumers to comprehend the information provided, and shall not encourage or condone excess consumption of a particular food and prohibit any statement, suggestion, or implication that a balanced and varied diet cannot provide the nutrients required by the body in appropriate quantities.

There shall not appear in the label of any package, containing food for sale the words "recommended by the medical or nutrition or health professionals" or any words which imply or suggest that the food is recommended, prescribed, or approved by medical practitioners or approved for medical purpose. No health claims shall be made for foods that contain nutrients or constituents in quantity that increase the risk of disease or an adverse health-related condition.

Moreover, FSSAI also operates a dedicated consumer grievance portal on Food Safety Compliance System (FoSCoS), where consumers can lodge complaints or report misleading claims against Food Business Operators (FBOs) via Food Safety Connect App (https://foscos.fssai.gov.in/consumergrievance/) or website. Consumer

grievance received on the portal are forwarded to the concerned Food Business Operator (FBO) for resolution. If the FBO fails to address the complaint, the matter is escalated to the relevant licensing authority (State/UT or central) for assessment and appropriate action.

पालना योजना

1075. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे:

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

(क) महाराष्ट्र के ठाणे जिले के भिवंडी में पालना योजना के अंतर्गत वर्तमान में संचालित शिशु गृहों की संख्या कितनी है;

(ख) पिछले तीन वर्षों के दौरान उक्त योजना से लाभान्वित होने वाले बच्चों की संख्या कितनी है;

(ग) क्या सरकार ने उक्त क्षेत्र में शिशु गृह सुविधाओं की आवश्यकता के संबंध में कोई सर्वेक्षण/आकलन किया है;

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

(ड.) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (ङ): मंत्रालय ने 01 अप्रैल, 2022 को आंगनवाड़ी-सह-क्रेच (पालना) की शुरुआत की, ताकि रोज़गार की स्थिति को ध्यान में रखे बिना सभी माताओं के बच्चों (06 महीने - 06 वर्ष की आयु) को सुरक्षित और संरक्षित वातावरण में डे केयर क्रेच सुविधाएं प्रदान की जा सकें। इसके साथ ही, पोषण संबंधी सहायता, बच्चों का स्वास्थ्य और संज्ञानात्मक विकास, विकास निगरानी, टीकाकरण, शिक्षा आदि जैसी सुविधाएं प्रदान की जा सकें। आंगनवाड़ी केंद्र बच्चों की देखभाल और सहायता के लिए समर्पित दुनिया की सबसे बड़ी बाल देखभाल संस्था हैं, जो देखभाल से

जुड़ी सुविधाएं अंतिम लाभार्थी तक पहुंचाते हैं।

पालना एक केंद्र प्रायोजित योजना है और इसे केंद्र तथा राज्य सरकारों एवं विधान मंडल वाले संघ राज्य क्षेत्रों के बीच 60:40 के वित्तपोषण अनुपात के साथ कार्यान्वित किया जाता है; जबकि पूर्वोत्तर एवं विशेष श्रेणी के राज्यों के लिए यह अनुपात 90:10 है। बिना विधानमंडल वाले संघ राज्य क्षेत्रों के लिए केंद्र सरकार द्वारा 100 प्रतिशत निधि प्रदान की जाती है। आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) की आवश्यकता का आकलन संबंधित राज्यों/संघ राज्य क्षेत्रों द्वारा किया जाता है तथा प्रस्तावों को संबंधित राज्यों/संघ राज्य क्षेत्रों के साथ विस्तृत चर्चा के पश्चात कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा अनुमोदित किया जाता है। दिनांक 31.03.2026 तक महाराष्ट्र में 345 आंगनवाड़ी सह क्रेच (एडब्ल्यूसीसी) अनुमोदित किए गए हैं। महाराष्ट्र द्वारा दी गई सूचना के अनुसार, वर्तमान में राज्य में कोई भी एडब्ल्यूसीसी कार्यशील नहीं है। वर्तमान में देशभर में कुल 4,172 आंगनवाड़ी-सह-क्रेच (एडब्ल्यूसीसी) कार्यशील हैं, जिनसे लगभग 43,000 बच्चे लाभान्वित हो रहे हैं।

समुद्री क्षेत्र में रोजगार के अवसर

1076. श्री त्रिवेन्द्र सिंह रावतः

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

(क) क्या सरकार भारतीय युवाओं के लिए मर्चेंट नेवी/समुद्री क्षेत्र में रोजगार के अवसरों का विस्तार करने और अंतर्देशीय जलमार्गों के विकास के माध्यम से माल परिवहन व आर्थिक गतिविधियों को बढ़ावा देने के लिए एक एकीकृत कार्य योजना (एकीकृत एक्शन प्लान) कार्यान्वित कर रही है;

(ख) यदि हां, तो उक्त कार्य योजना का ब्यौरा क्या है तथा इसके अंतर्गत की गई प्रमुख पहलों के साथ-साथ अब तक हासिल की गई प्रगति का ब्यौरा क्या है;

(ग) यदि नहीं, तो इसके क्या कारण हैं और सरकार द्वारा उक्त संबंध में क्या कदम उठाए गए

हैं/उठाए जाने का प्रस्ताव है; और

(घ) उक्त पहलों के परिणामस्वरूप मर्चेंट नेवी/समुद्री क्षेत्र में हुए रोजगार सृजन के साथ-साथ अंतर्देशीय जलमार्गों के माध्यम से माल परिवहन में हुई वृद्धि का वर्ष-वार ब्यौरा क्या है?

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

(क) से (घ): समुद्री क्षेत्र में रोजगार के अवसरों को सुदृढ़ करने के लिए, सरकार ने क्षमता निर्माण के लिए एक बहुआयामी रणनीति अपनाई है। चूँकि प्रमाणन और कैरियर की प्रगति के लिए ऑनबोर्ड सी-टाइम प्रशिक्षण का पूरा करना, अपेक्षित है, प्रशिक्षण क्षमता को बढ़ाने, उद्योग की भागीदारी को सुदृढ़ करने और अतिरिक्त ऑनबोर्ड प्रशिक्षण के अवसर सृजित करने के लिए पहलें की गई है, जिससे भारतीय समुद्री प्रशिक्षुओं की रोजगार क्षमता में संवर्धन और समुद्रीय कार्यबल की दीर्घकालिक वृद्धि को सहायता मिले। इन पहलों के एक भाग के रूप में, भारतीय नौवहन निगम (एससीआई) के सहयोग से अंडमान और निकोबार प्रशासन के यात्री पोत एमवी स्वराज द्वीप पर 96 प्रशिक्षण बर्थों का निर्माण किया गया है, जिससे जनरल पर्पस (जीपी) रेटिंग और मैरीटाइम केटरिंग में सर्टिफिकेट कोर्स (सीसीएमसी) के उम्मीदवारों को लाभ हुआ है।

अंतर्देशीय जलमार्गों के विकास के माध्यम से कार्गो परिवहन और आर्थिक गतिविधियों को बढ़ावा देने के लिए, सरकार ने राष्ट्रीय जलमार्ग अधिनियम, 2016 के तहत देश में 111 (5 पहले से मौजूद और 106 नए) राष्ट्रीय जलमार्गों (रा.ज.) की घोषणा की है। सरकार द्वारा मैरीटाइम इंडिया विजन 2030 और मैरीटाइम अमृत काल विजन 2047 के तहत राष्ट्रीय जलमार्गों के विकास के लिए कार्य योजना तैयार की गई है। अंतर्देशीय जल परिवहन के माध्यम से कार्गो परिवहन को बढ़ावा देने के लिए अवसंरचनात्मक और नीतिगत उपायों के रूप में की गई पहल का ब्यौरा **विवरण-I** में दिया गया है। इन उपायों के कारण, राष्ट्रीय जलमार्गों पर कार्गो की आवाजाही वर्ष 2013-14 के 18 मिलियन टन से बढ़कर वर्ष 2025-26 में 218 मिलियन टन हो गई। वर्ष 2014 से 2026 तक वर्ष-वार अंतर्देशीय जलमार्गों के माध्यम से कार्गो परिवहन और सक्रिय

नाविकों का ब्यौरा **विवरण-II** में दिया गया है।

विवरण-I

राष्ट्रीय जलमार्गों पर अंतर्देशीय जल परिवहन के प्रोत्साहन और आधुनिकीकरण हेतु सरकार द्वारा उठाए गए अवसंरचनात्मक और नीतिगत उपाय

1. अवसंरचनात्मक उपाय:

(i) पोत के प्रचालन के लिए 35/45 मीटर चौड़ाई और 2.0/2.2/2.5/3.0 मीटर न्यूनतम उपलब्ध गहराई (एलएडी) का नौचालन चैनल प्रदान करने के लिए विभिन्न राष्ट्रीय जलमार्गों में फेयरवे रखरखाव कार्य (नदी प्रशिक्षण, रखरखाव ड्रेजिंग, चैनल मार्किंग और नियमित हाइड्रोग्राफिक सर्वेक्षण) शुरू किए गए हैं।

(ii) 5 पूर्व-मौजूदा स्थायी टर्मिनलों के अलावा रा.ज.-1 पर 66 सामुदायिक जेट्टियां, 20 फ्लोटिंग टर्मिनलों, 3 मल्टी-मॉडल टर्मिनलों (एमएमटी), 1 इंटर-मॉडल टर्मिनल (आईएमटी) और 4 रो-पैक्स टर्मिनलों का निर्माण किया गया है।

(iii) पांडु, जोगीघोपा में एमएमटी के साथ रा.ज.-2 पर 13 फ्लोटिंग टर्मिनलों और बोगीबील एवं धुबरी में टर्मिनलों का प्रावधान किया गया है। जोगीघोपा, पांडु, विश्वनाथ घाट और नेमाती में क्रूज जलयानों के लिए चार समर्पित जेट्टी प्रदान की गयी हैं। इसके अलावा, असम में सादिया, लाइका और ओरियम घाट पर क्रूज और यात्रियों के लिए जेट्टी का निर्माण किया गया है।

(iv) रा.ज.-16 पर बदरपुर और करीमगंज में 2 मौजूदा टर्मिनलों को उन्नत/नवीनीकृत किया गया और आईबीपी मार्ग पर त्रिपुरा में गुमती नदी पर सोनामुरा में 1 टर्मिनल का निर्माण किया गया है।

(v) केरल में रा.ज.-3 पर गोदामों सहित 9 स्थायी आईडब्ल्यूटी टर्मिनल और 2 रो-रो/रो-पैक्स टर्मिनलों का निर्माण किया गया है।

(vi) गोवा सरकार को 4 फ्लोटिंग कंक्रीट जेट्टियां प्रदान की गई और रा.ज.-68 पर स्थापित की गई हैं।

(vii) आंध्र प्रदेश में रा.ज.-4 पर 4 पर्यटक जेट्टियां शुरू की गई है और उत्तर प्रदेश में मथुरा-वृंदावन खंड में रा.ज.-110 पर 8 फ्लोटिंग जेट्टियां, रा.ज.-73 पर 2 जेट्टियां और बिहार में रा.ज.-37 पर 2 जेट्टियां स्थापित की गई हैं।

(viii) फरक्का में एक नया नौगमय लॉक बनाया गया है। पोत के सुचारू और तेज आवागमन को सुगम्य बनाने के लिए रा.ज.-1 पर 2 क्विक पोंटून ओपनिंग मैकेनिज्म (क्यूपीओएम) का निर्माण किया गया है।

2. नीतिगत उपाय:

- सरकार द्वारा कार्गो स्वामियों के बीच अंतर्देशीय जलमार्ग परिवहन (आईडब्ल्यूटी) क्षेत्र के उपयोग को प्रोत्साहित करने तथा अंतर्देशीय और तटवर्ती नौवहन लिमिटेड (आईसीएसएल) द्वारा भारत-बांग्लादेश प्रोटोकॉल (आईबीपी) मार्ग के माध्यम से राष्ट्रीय जलमार्ग-1 राष्ट्रीय जलमार्ग-2 तथा राष्ट्रीय जलमार्ग-16 पर कार्गो परिवहन हेतु निर्धारित सेवा के संचालन को बढ़ावा देने के लिए 35% प्रोत्साहन प्रदान करने की एक योजना को सरकार द्वारा अनुमोदित किया गया है। इस योजना से अंतर्देशीय जल परिवहन मोड पर 800 मिलियन टन किमी कार्गो को डायवर्ट (मोड़ने) की उम्मीद है, जो रा.ज. पर 4700 मिलियन टन किमी के वर्तमान कार्गो का लगभग 17% है। यह योजना तीन वर्ष की अवधि के लिए 95.42 करोड़ रुपये की लागत से कार्यान्वित की जा रही है।

- दिनांक 01.02.2025 को प्रस्तुत केंद्रीय बजट में, **भारतीय पोत अधिनियम**, 2021 के अंतर्गत पंजीकृत अंतर्देशीय पोतों तक टनेज कर योजना का विस्तार करने की घोषणा की गई। इससे अंतर्देशीय जलमार्गों (एनडब्ल्यू), नदियों तथा नहरों पर संचालित अंतर्देशीय जलयानों को लाभ प्राप्त होगा। यह कदम अंतर्देशीय जलमार्गों का परिवहन के लिए उपयोग करने हेतु अधिक कार्गो स्वामियों को प्रोत्साहित करेगा तथा औद्योगिक प्रतिस्पर्धात्मकता को बढ़ावा देने का अनुमान है। **टनेज कर प्रणाली** नौवहन कंपनियों के लिए एक विशेष कराधान व्यवस्था है, जिसके

अंतर्गत कर का निर्धारण वास्तविक लाभ के आधार पर न होकर जलयान के **टनभार (टनेज**) के आधार पर किया जाता है। यह व्यवस्था पोत स्वामियों को **स्थिर**, **पूर्वानुमेय तथा अपेक्षाकृत कम कर दायित्व** प्रदान करती है, जिससे उन पर पड़ने वाला वित्तीय भार कम होता है।

- **राष्ट्रीय जलमार्ग (जेट्टियों/टर्मिनलों का निर्माण) विनियम**, 2025 अधिसूचित कर दिए गए हैं। इन विनियमों के माध्यम से निजी कंपनियों को अंतर्देशीय जलमार्ग अवसंरचना में निवेश करने तथा उसका परिचालन करने की अनुमति प्रदान की गई है। साथ ही, अंतर्देशीय जलमार्ग क्षेत्र के विकास को सुगम बनाने हेतु निजी क्षेत्र के निवेश को आकर्षित करने के लिए एक स्पष्ट विनियामक ढांचा भी उपलब्ध कराया गया है
- **जलयान एवं नाविक**: अंतर्देशीय जलमार्ग परिवहन (आईडब्ल्यूटी) क्षेत्र में **कारोबार सुगमता (ईज ऑफ डूयींग बिजनेस**) को बढ़ावा देने के उद्देश्य से, **'वाहन'** एवं **'सारथी'** की तर्ज पर देशभर में पोतों तथा चालक दल के पंजीकरण के लिए एक **केंद्रीय डेटाबेस एवं पोर्टल** विकसित किया गया है। यह पोतों एवं चालक दल के **डिजिटल पंजीकरण** को सुगम बनाएगा तथा देश में पंजीकृत पोतों एवं चालक दल की संख्या संबंधी **सटीक एवं अद्यतन जानकारी** उपलब्ध कराएगा, जिससे नीति-निर्माण एवं योजनाओं के प्रभावी नियोजन में सहायता मिलेगी।
- **कार्गो समेकन**: जलमार्गों पर **कार्गो** परिवहन को जलमार्गों के किनारे उद्योगों के अभाव के कारण बहु-माध्यमीय परिवहन संबंधी चुनौतियों का सामना करना पड़ता है। अतः **कार्गो** समेकन केंद्रों के विकास के लिए **वाराणसी में बहु-माध्यमीय लॉजिस्टिक्स पार्क** तथा **साहिबगंज में एकीकृत क्लस्टर-सह-लॉजिस्टिक्स पार्क** की परियोजनाएँ आरंभ की गई हैं। इन एमएमएलपी के विकास हेतु **सड़क परिवहन एवं राजमार्ग मंत्रालय** के अधीन सार्वजनिक क्षेत्र के उपक्रम **नेशनल हाईवे लॉजिस्टिक्स मैनेजमेंट लिमिटेड** को कार्यान्वयन एजेंसी के रूप में नामित किया गया है। तीन एमएमटी के लिए रेल संपर्कता का काम मेसर्स इंडियन पोर्ट एंड रेल कंपनी लिमिटेड (एमओपीएसडब्ल्यू के तहत एक पीएसयू) को सौंपा गया है।

- आईबीपी मार्ग: भारत-बांग्लादेश प्रोटोकॉल (आईबीपी) मार्ग संख्या 5 एवं 6 पर माइया और सुल्तानगंज के मध्य जलमार्ग को हाल ही में सफल परीक्षण परिचालन के उपरांत परिचालनात्मक बना दिया गया है।

- सार्वजनिक क्षेत्र के उपक्रमों द्वारा कार्गो परिवहन का स्थानांतरण: कार्गो को जलमार्गों से भेजने की व्यवस्था (मोडल शिफ्ट) के लिए, 140 से ज़्यादा सार्वजनिक क्षेत्र के उपक्रम से संपर्क किया गया है ताकि वे आईडब्ल्यूटी मोड का प्रयोग करके अपने सामान की आवाजाही की योजना बना सकें। उनसे जलमार्गों से कार्गो की आवाजाही की मौजूदा स्थिति और कार्गो के परिवहन के तरीके में बदलाव (मोडल शिफ्ट) की अपनी योजना बताने का अनुरोध किया गया है। पेट्रोलियम एवं प्राकृतिक गैस, सहकारिता, उर्वरक, खाद्य और सार्वजनिक वितरण, भारी उद्योग, इस्पात और कोयला मंत्रालयों से कहा गया है कि वे अपने अधिकार क्षेत्र में आने वाली सार्वजनिक क्षेत्र के उपक्रम को परामर्श दें कि वे जहाँ तक संभव हो आईडब्ल्यूटी मोड का इस्तेमाल करें और एमआईवी लक्ष्यों को ध्यान में रखते हुए अपने कार्गो का एक निश्चित प्रतिशत आईडब्ल्यूटी मोड के लिए तय करें।

विवरण-II

2013-14 से 2025-26 तक राष्ट्रीय जलमार्ग कार्गो डेटा (मिलियन मीट्रिक टन में)													
राष्ट्रीय जलमार्ग (रा.ज.)	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26**
रा.ज.-1 (गंगा-भागीरथी-हुगली नदी प्रणाली (हल्दिया-इलाहाबाद))	3.35	5.05	6.48	4.89	5.48	6.79	9.11	9.21	10.93	13.17	12.82	16.38	84.78
रा.ज.-2 (ब्रह्मपुत्र नदी (धुबरी-सादिया))	2.48	0.51	0.60	0.61	0.56	0.49	0.39	0.31	0.43	0.63	0.59	0.90	1.29
रा.ज.-3 (वेस्ट कोस्ट नहर)	1.07	0.96	1.06	1.03	0.43	0.42	0.55	0.73	1.70	3.23	3.29	3.49	4.04
रा.ज.-4 (कृष्णा गोदावरी नदी प्रणालियाँ)						0.45	0.08	6.83	11.23	8.42	4.30	10.40	5.71
रा.ज.-5 (पूर्वी तट नहर और मताई नदी/ब्राह्मणी-खरसुआ-धामरा नदियाँ/महानदी डेल्टा नदियाँ)					-	-	-		0.01	0.40	0.64	0.38	0.66
रा.ज.-8 (अलाप्पुझा-चंगनसेरी नहर)					-	-	-	-	-	0.03	0.04	0.04	0.04
रा.ज.-9 (अलाप्पुझा-कोट्टायम अथिरम्पुझा नहर)					-	-	-	-	-	0.02	0.02	0.03	0.03
रा.ज.-14 (बैतरणी नदी)					-	-	-	-	-	-	0.00	-	0.03
रा.ज.-16 (बराक नदी)					-	-	0.00	0.00	0.01	0.01	0.00	0.18	0.27
रा.ज.-23 (बुढ़ा बलंगा)					-	-	-	-	-	0.03	0.02	0.02	0.02
रा.ज.-27 (कंबरजुआ नदी)					-	-	-	-	-	-	-	-	0.36

रा.ज.-31 (धनसिरी/चाथे)					-	-	-	-	-	-	0.01	0.00	0.00
रा.ज.-44 (इच्छामती नदी)					-	-	0.90	0.28	0.82	0.46	0.48	0.49	0.49
रा.ज.-47 (जलांगी नदी)					-	-	-	-	-	-	-	-	0.11
रा.ज.-48 (जवाई-लूनी-कच्छ की खाड़ी नदी)					-	-	-	-	-	-	-	2.40	2.58
रा.ज.-53 (कल्याण-ठाणे-मुंबई जलमार्ग, वसई क्रीक और उल्हास नदी)					-	-	-	-	-	-	-	2.70	3.23
रा.ज.-57 (कोपिली नदी)					-	-	-	-	-	-	-	-	0.00
रा.ज.-64 (महानदी नदी)					-	-	-	-	0.01	0.45	0.67	0.40	0.47
रा.ज.-86 (रूपनारायण नदी)					-	-	-	0.00	0.00	0.09	0.10	0.14	0.18
रा.ज.-94 (सोन नदी)					-	-	0.80	-	-	-	1.16	0.97	0.05
रा.ज.-97 (सुंदरबन जलमार्ग)					-	3.22	3.46	3.86	6.10	5.47	5.19	5.98	6.36
उप-योग (राष्ट्रीय जलमार्ग 1,2,3,4,5,16,44,64,86,94, और 97)	6.89	6.52	8.14	6.53	6.46	11.38	15.30	21.22	31.24	32.41	29.34	44.91	110.70
महाराष्ट्र जलमार्ग		-										-	
रा.ज.-10 (अंबा नदी)		-				22.24	22.01	17.69	20.23	28.54	30.17	29.69	31.07
रा.ज.-83 (राजपुरी क्रीक)		-				0.85	0.67	0.21	0.23	0.24	0.45	0.27	0.28
रा.ज.-85 (रेवडांडा क्रीक-कुंडलिका नदी प्रणाली)		-				1.72	1.59	1.08	0.70	0.50	0.99	0.82	0.26
रा.ज.-91 (शास्त्री नदी - जयगढ़ क्रीक प्रणाली)		-				3.53	0.12	9.23	22.45	33.87	37.05	32.64	34.41
कुल महाराष्ट्र जलमार्ग	10.18	22.54	28.85	33.29	25.96	28.34	24.39	28.21	43.61	63.15	68.66	63.41	66.02

गोवा जलमार्ग												-	
रा.ज.-68 (मंडोवी नदी)		-				1.65	1.58	4.00	2.62	2.54	2.42	2.84	5.13
रा.ज.-111 (जुआरी नदी)		-				2.10	1.36	4.46	1.96	0.39	1.10	1.32	1.57
कुल गोवा जलमार्ग	1.00	0.10	4.54	15.65	11.09	3.76	2.93	8.46	4.58	2.93	3.52	4.16	6.70
गुजरात जलमार्ग												-	
रा.ज.-73 (नर्मदा नदी)		-				0.04	0.10	0.08	0.05	0.04	0.06	0.06	0.06
रा.ज.-100 (तापी नदी)		-				28.78	30.92	25.63	29.32	27.62	31.46	33.31	34.75
कुल गुजरात जलमार्ग		-			11.52	28.82	31.02	25.71	29.37	27.66	31.51	33.36	34.81
कुल योग मिलियन टन	18.07	29.16	41.53	55.47	55.03	72.30	73.64	83.61	108.79	126.15	133.03	145.84	218.24
वर्ष दर वर्ष यातायात वृद्धि (%)	-	61.34	42.43	33.57	-0.79	31.38	1.85	13.54	30.13	15.95	5.45	9.63	49.64

<u>वर्ष 2025 तक सक्रिय नाविकों की संख्या</u>

वर्ष	विशिष्ट गणना
2014	117090
2015	126945
2016	143940
2017	154349
2018	208799
2019	234886
2020	224478
2021	205787
2022	250186
2023	285454
2024	307901
2025	323429

आयुष दवाओं का मानकीकरण

1077. श्री कुलदीप इंदौरा:

श्री राहुल कस्वां:

श्रीमती संजना जाटव:

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

(क) पिछले पांच वर्षों के दौरान आयुष दवाओं के मानकीकरण, गुणवत्ता परीक्षण, नैदानिक परीक्षण, फार्माकोविजिलेंस और वैज्ञानिक सत्यापन के लिए शुरू की गई परियोजनाओं, उन पर किए गए व्यय और उनकी प्रमुख उपलब्धियों का ब्यौरा क्या है;

(ख) क्या सरकार ने आयुष दवाओं की गुणवत्ता, शुद्धता और मानकीकरण के साथ-साथ बाजार में उपलब्ध उत्पादों की गुणवत्ता का कोई स्वतंत्र या तृतीय पक्ष आकलन कराया है और यदि हां, तो उसके मुख्य निष्कर्ष क्या हैं;

(ग) पिछले पांच वर्षों के दौरान गुणवत्ता मानकों का उल्लंघन करने वाले आयुष दवा निर्माताओं के खिलाफ सरकार द्वारा की गई कार्रवाई, रद्द किए गए लाइसेंसों और वापस मंगाए गए उत्पादों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा क्या है और विशेषकर भरतपुर संसदीय निर्वाचन क्षेत्र के अंतर्गत आने वाले जिलों का तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार आयुष दवाओं के लिए विश्व स्तरीय गुणवत्ता मानक विकसित करने और अंतर्राष्ट्रीय बाजार में उनकी स्वीकार्यता बढ़ाने के लिए किसी नई कार्य योजना को कार्यान्वित कर रही 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 औषधियों के मानकीकरण, गुणवत्ता परीक्षण, नैदानिक परीक्षण, फार्माकोविजिलेंस तथा वैज्ञानिक प्रमाणीकरण के लिए मंत्रालय द्वारा निम्नलिखित गतिविधियाँ शुरू की जा रही हैं:-

- केंद्रीय क्षेत्र की योजना आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) के अंतर्गत, आयुष फार्मेसियों एवं औषधि परीक्षण प्रयोगशालाओं को, जिनमें सरकारी एवं निजी संस्थान तथा सूक्ष्म, लघु एवं मध्यम उद्यम (एमएसएमईएस) भी शामिल हैं, क्रमशः डब्ल्यूएचओ-जीएमपी एवं एनएबीएल जैसे उच्च मानकों को प्राप्त करने हेतु सहायता प्रदान की जा रही है। पिछले पाँच वर्षों के दौरान कुल 18 फार्मेसियों (08 सरकारी एवं 10 निजी) तथा 07 डीटीएलएस अर्थात् 06 सरकारी एवं 01 निजी को सहायता प्रदान की गई है। इसके लिए कुल 40.85 करोड़ रुपये की राशि का वित्त पोषण किया गया है।
- केंद्रीय एवं राज्य नियामक ढाँचों को सुदृढ़ करने के लिए, आयुष औषधियों से संबंधित आयुष निदेशालय/राज्य लाइसेंसिंग प्राधिकरणों को आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) के अंतर्गत तकनीकी मानव संसाधन के नियोजन एवं क्षमता निर्माण कार्यक्रमों के लिए सहायता प्रदान की जा रही है। इसके अतिरिक्त, सीडीएससीओ के

अंतर्गत आयुष वर्टिकल को भी प्रशिक्षण एवं क्षमता निर्माण कार्यक्रम आयोजित करने हेतु सहायता प्रदान की जा रही है। अब तक तीन क्षमता निर्माण प्रशिक्षण कार्यक्रम आयोजित किए जा चुके हैं।

- आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) के अंतर्गत आयुष औषधियों हेतु फार्माकोविजिलेंस कार्यक्रम देशव्यापी त्रिस्तरीय नेटवर्क के माध्यम से संचालित किया जा रहा है, जिसमें देशभर में स्थापित 01 राष्ट्रीय फार्माकोविजिलेंस समन्वय केंद्र (एनपीवीसीसी), 05 मध्यवर्ती फार्माकोविजिलेंस केंद्र (आईपीवीसीएस) तथा 97 परिधीय फार्माकोविजिलेंस केंद्र (पीपीवीसीएस) शामिल हैं इन केंद्रों का दायित्व संदिग्ध प्रतिकूल औषधि प्रतिक्रियाओं की निगरानी करना तथा भ्रामक विज्ञापनों की सूचना संबंधित राज्य नियामक प्राधिकरणों को भेजना है, ताकि दोषी व्यक्तियों/संस्थाओं के विरुद्ध उपयुक्त कार्रवाई की जा सके। इसका संक्षिप्त ब्यौरा **विवरण-I** में दिया गया है। इसके अतिरिक्त, इस कार्यक्रम के माध्यम से देशभर के विभिन्न हितधारकों को औषधियों की गुणवत्ता, औषधि सेवन की उचित मात्रा तथा औषधियों से संबंधित अन्य विषयों के प्रति जागरूक एवं संवेदनशील बनाया जा रहा है। इसका संक्षिप्त ब्यौरा **विवरण-II** में दिया गया है। फार्माकोविजिलेंस कार्यक्रम के लिए आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) के अंतर्गत अब तक कुल 26.97 करोड़ रुपये की राशि जारी की गई है।
- आयुष मंत्रालय के अंतर्गत एक अधीनस्थ संगठन भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच) द्वारा आयुष औषधियों के लिए फॉर्मुलरी विनिर्देश तथा भेषजसंहिता मानक निर्धारित किए जाते हैं, जो आयुष औषधियों की गुणवत्ता (पहचान, शुद्धता एवं सामर्थ्य) सुनिश्चित करने हेतु आधिकारिक मानक ग्रंथ के रूप में कार्य करते हैं। औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 तथा उसके अंतर्गत बनाए गए नियमों के अनुसार, आयुष औषधियों के निर्माण के लिए इन गुणवत्ता मानकों का अनुपालन

अनिवार्य है। पीसीआईएम एंड एच आयुष औषधियों के परीक्षण अथवा विश्लेषण हेतु अपीलीय औषधि परीक्षण प्रयोगशाला के रूप में भी कार्य करता है। इसके अतिरिक्त, यह आयोग आयुष औषधियों के मानकीकरण, गुणवत्ता नियंत्रण तथा परीक्षण/विश्लेषण के संबंध में औषधि नियामक प्राधिकरणों, औषधि विश्लेषकों तथा अन्य संबंधित हितधारकों के लिए समय-समय पर क्षमता निर्माण प्रशिक्षण कार्यक्रम आयोजित करता है। इन कार्यक्रमों में विशेष रूप से प्रयोगशाला तकनीकों एवं कार्यप्रणालियों पर बल दिया जाता है, जो आयुष औषधियों की गुणवत्ता सुनिश्चित करने के लिए आवश्यक हैं। पीसीआईएम एंड एच द्वारा पिछले पाँच वर्षों के दौरान तैयार किए गए मानकों का ब्यौरा **विवरण-III** में दिया गया है।

- आयुष मंत्रालय ने आयुष पद्धतियों में वैज्ञानिक आधार पर अनुसंधान के संचालन, समन्वय, रूपरेखा तैयार करने, विकास तथा प्रोत्साहन के लिए विभिन्न अनुसंधान परिषदों की स्थापना की है। इन परिषदों की अनुसंधान गतिविधियों में नैदानिक अनुसंधान, औषधि मानकीकरण, औषधीय अनुसंधान, औषधीय पादप अनुसंधान, साहित्यिक अनुसंधान एवं प्रलेखन कार्यक्रम, मौलिक अनुसंधान, औषध निर्माण संबंधी अनुसंधान तथा जन स्वास्थ्य अनुसंधान शामिल हैं। केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् (सीसीआरएएस) ने नैदानिक परीक्षणों के माध्यम से 42 रोग दशाओं के लिए 192 शास्त्रीय आयुर्वेदिक फॉर्मुलेशन की नैदानिक प्रभावकारिता एवं सुरक्षा के संबंध में वैज्ञानिक साक्ष्य विकसित किए हैं।

(ख): आयुष औषधियों की गुणवत्ता एवं मानकीकरण को सुदृढ़ करने के उद्देश्य से आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) का स्वतंत्र अन्य-पक्षीय मूल्यांकन भारतीय गुणवत्ता परिषद् द्वारा किया गया है। मूल्यांकन में यह पाया गया कि इस योजना के माध्यम से आयुष फार्मेसियों तथा औषधि परीक्षण प्रयोगशालाओं को क्रमशः डब्ल्यूएचओ-जीएमपी एवं एनएबीएल जैसे उच्च मानकों को प्राप्त करने हेतु सहायता प्रदान कर गुणवत्ता आश्वासन, मानकीकरण तथा नियामकीय अनुपालन को सुदृढ़ किया गया है।

(ग): भरतपुर संसदीय निर्वाचन क्षेत्र सहित राज्यों/संघ राज्य क्षेत्रों से प्राप्त जानकारी के अनुसार, पिछले पाँच वर्षों के दौरान राज्य/संघ राज्य क्षेत्र लाइसेंसिंग प्राधिकरणों द्वारा की गई कार्रवाई, जिसमें नमूनों का संग्रहण/वापसी, लाइसेंस निरस्तीकरण आदि का ब्यौरा **विवरण-**IV में दिया गया है।

(घ): आयुष मंत्रालय द्वारा आयुष निर्यात संवर्धन परिषद् (आयुषएक्सआईएल) के माध्यम से आयुष गुणवत्ता चिह्न (एक्यूएम) पहल का शुभारंभ किया गया है। इस व्यवस्था के अंतर्गत, सक्षम सरकारी प्राधिकरणों द्वारा जारी वैध गुणवत्ता प्रमाण-पत्रों एवं वैधानिक अनुमोदनों, जैसे डब्ल्यूएचओ-जीएमपी, आयुष प्रीमियम चिह्न तथा अन्य मान्यता प्राप्त प्रमाण-पत्रों की जांच एवं सत्यापन के उपरांत आयुष गुणवत्ता चिह्न प्रदान किया जा रहा है। इस पहल का उद्देश्य गुणवत्ता आश्वासन का संवर्धन करना, उपभोक्ताओं के विश्वास को बढ़ाना तथा आयुष उत्पादों की विश्वसनीयता एवं वैश्विक प्रतिस्पर्धात्मकता में सुधार करना है।

विवरण-I

भ्रामक विज्ञापनों और संदिग्ध औषधियों के दुष्प्रभाव और भेषजसतर्कता केंद्रों द्वारा रिपोर्ट की गई सूचना का संक्षिप्त ब्यौरा निम्नानुसार है-

वर्ष	भ्रामक विज्ञापन	संदिग्ध एडीआर
2018	411	-
2019	4395	298
2020	6032	279
2021	8187	360
2022	7371	324
2023	7771	420
2024	10161	521
2025	16129	728
2026 (जून, 2026 तक)	8194	409
कुल	**68651**	**3339**

विवरण-II

आयोजित जागरूकता कार्यक्रम और उपस्थित लाभार्थियों की संख्याओं का संक्षिप्त ब्यौरा निम्नानुसार है-

वर्ष	जागरूकता कार्यक्रम	लाभार्थी
2018	1	50
2019	54	800
2020	60	4300
2021	118	14659
2022	292	23510
2023	586	43396
2024	1065	105148
2025	1483	134897
2026 (जून, 2026 तक)	506	44717
कुल	**4165**	**371477**

विवरण - III

पिछले पांच सालों के दौरान पीसीआईएमएंडएच द्वारा बनाए गए मानक आयुर्वेद भेषजसंहिता प्रकाशन

प्रकाशन	भाग	खंड एवं वर्ष	मोनोग्राफ की संख्या
भारतीय आयुर्वेदिक भेषजसंहिता	भाग 1 (एकल औषधियाँ)	खंड X, 2022 (धातु और खनिज)	20
	भाग II (फर्म्युकेशंस)	आयुष क्वाथ चूर्ण (स्टैंड-अलोन) 2021 का भेषजसंहिता मोनोग्राफ	01
		खंड V, 2025	21

सहायक भेषजसंहिता प्रकाशन	थिन लेयर क्रोमैटोग्राफी (टीसीएल) एटलस	एपीआई औषधि भाग I, खंड II, 2024	42

प्रकाशन	**भाग और वर्ष**	**(फर्म्युकेशंस) की संख्या**
भारतीय आयुर्वेदिक भेषजसंहिता	आयुष क्वाथ चूर्ण (स्टैंड-अलोन) 2021 की फॉर्मुलरी विशेषता	01
	भाग IV, 2022 (पशु चिकित्सा)	50

सिद्ध भेषजसंहिता प्रकाशन

प्रकाशन	**भाग**	**खंड और वर्ष**	**मोनोग्राफ की संख्या**
भारतीय सिद्ध भेषजसंहिता	भाग II (फर्म्युकेशंस)	आयुष चूर्णनम का भेषजसंहिता मोनोग्राफ (स्टैंड-अलोन) 2021	01

प्रकाशन	**भाग और वर्ष**	**(फर्म्युकेशंस) की संख्या**
भारतीय सिद्ध फार्मूलरी	भाग I संशोधित (तमिल), 2025	248
	भाग III (तमिल), 2024	133
	आयुष क्वाथ चूर्ण (स्टैंड-अलोन) 2021 की फॉर्मुलरी विशेषता	01

यूनानी भेषजसंहिता प्रकाशन

प्रकाशन	**भाग**	**खंड और वर्ष**	**मोनोग्राफ की संख्या**
भारतीय यूनानी भेषजसंहिता	भाग- I (एकल औषधि)	खंड VII, 2022	40

प्रकाशन	भाग	मात्रा और वर्ष	मोनोग्राफ की संख्या
भारतीय यूनानी भेषजसंहिता	भाग-II (फर्म्युकेशंस)	सफुफ-ए-जोशांदा (स्टैंड-अलोन) का **भेषजसंहिता** मोनोग्राफ , 2021	01

प्रकाशन	भाग और वर्ष	(फर्म्युकेशंस) की संख्या
यूनानी चिकित्सा की राष्ट्रीय फार्मूलरी	भाग-I (संशोधित), 2025	441
	भाग-II (संशोधित), 2026	202
	भाग-IV (संशोधित), 2022	166
	आयुष सफुफ-ए-जोशांदा (स्टैंड-अलोन), 2021 की फॉर्मुलरी विशेषता	01

होम्योपैथी भेषजसंहिता प्रकाशन

प्रकाशन	भाग और वर्ष	(फर्म्युकेशंस) की संख्या
भारतीय होम्योपैथिक भेषजसंहिता	खंड IX, 2025	68

<u>विवरण -IV</u>

राज्यों/संघ राज्य क्षेत्रों से प्राप्त जानकारी के अनुसार, पिछले पांच वर्षों के दौरान, भरतपुर संसदीय क्षेत्र सहित राज्य/संघ राज्य क्षेत्रों में एकत्रित किए गए/वापस लिए गए नमूने, रद्द की गई अनुज्ञप्त्यिां इत्यादि पर अनुज्ञप्ति अधिकारियों द्वारा की गई कार्रवाई का ब्यौरा:

राज्य	एकत्रित/वापस लिए गए नमूनों की संख्या	
गोवा	वर्ष	परीक्षण किए गए आयुर्वेदिक नमूनों की संख्या
	2022-23	227
	2023-24	114
	2024-25	89
	2025-26	191

<table>
<tr><td></td><td>
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<tr><td>2026 से जून, 2026 तक</td><td>169</td></tr>
</table>
</td></tr>
<tr><td>दिल्ली</td><td>
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<tr><td>वर्ष</td><td>उठाए गए/परीक्षण किए गए नमूनों की संख्या</td></tr>
<tr><td>2021-22</td><td>433</td></tr>
<tr><td>2022-23</td><td>335</td></tr>
<tr><td>2023-24</td><td>577</td></tr>
<tr><td>2024-25</td><td>694</td></tr>
<tr><td>2025-26</td><td>1312</td></tr>
<tr><td>कुल</td><td>3351</td></tr>
<tr><td colspan="2"></td></tr>
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</td></tr>
<tr><td>अरुणाचल प्रदेश</td><td>
<table>
<tr><td>वर्ष</td><td>परीक्षण किए गए नमूनों की संख्या</td></tr>
<tr><td>2021-22</td><td>96</td></tr>
<tr><td>2022-23</td><td>274</td></tr>
<tr><td>2023-24</td><td>125</td></tr>
<tr><td>2024-25</td><td>209</td></tr>
<tr><td>2025-26</td><td>205</td></tr>
</table>
</td></tr>
<tr><td>हिमाचल प्रदेश</td><td>हिमाचल प्रदेश में, औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके अंतर्गत बने नियमों के तहत, नियम तोड़ने वाले विनिर्माताओं के विरूद्ध विनियामक कार्रवाई की जाती है। इस कार्रवाई में कारण बताओ नोटिस जारी करना, और प्रयोगशाला रिपोर्ट और उल्लंघन की प्रकृति के आधार पर, जहां भी आवश्यक हो, उत्पाद को वापस मंगाना शामिल है। इसका विवरण निम्नलिखित है:-
<table>
<tr><th>वर्ष</th><th>भेषजसंहिता मानक/औषधि एवं प्रसाधन सामग्री अधिनियम, 1945 का पालन न करने वाले नमूनों की संख्या</th><th>कुल संख्या</th></tr>
<tr><td>2021-22</td><td>31</td><td rowspan="4">272</td></tr>
<tr><td>2022-23</td><td>53</td></tr>
<tr><td>2023-24</td><td>38</td></tr>
<tr><td>2024-25</td><td>108</td></tr>
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<table>
<tr><td>2025-
26 (09.7.2026 तक)</td><td>42</td><td></td></tr>
<tr><td>कुल</td><td colspan="2">272</td></tr>
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</td></tr>
<tr><td>चेन्नई</td><td>
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<tr><th>क्र. सं.</th><th>वर्ष</th><th>गुणवत्ता अवमानक वाले /गलत ब्रांड वाले</th><th>चेतावनी</th><th>निलंबन</th><th>वापिस लिए गए</th></tr>
<tr><td>1.</td><td>2021</td><td>10</td><td>10</td><td>00</td><td>10</td></tr>
<tr><td>2.</td><td>2022</td><td>20</td><td>17</td><td>03</td><td>20</td></tr>
<tr><td>3.</td><td>2023</td><td>33</td><td>32</td><td>00</td><td>33</td></tr>
<tr><td>4.</td><td>2024</td><td>08</td><td>06</td><td>02</td><td>06</td></tr>
<tr><td>5.</td><td>2025</td><td>34</td><td>07</td><td>21</td><td>28</td></tr>
<tr><td></td><td>कुल</td><td>105</td><td>72</td><td>26</td><td>97</td></tr>
</table>
</td></tr>
<tr><td>मध्य प्रदेश</td><td>2023= 698 एनएसक्यू = 89
2024=391 एनएसक्यू = 80
2025=501 एनएसक्यू = 132
कुल 11590 कुल एनएसक्यू = 301</td></tr>
<tr><td>राजस्थान</td><td>पिछले पांच वर्षों में, औषधि निरीक्षकों ने कुल 1,551 वैध नमूने इकट्ठा किए और उन्हें अजमेर में राज्य आयुर्वेदिक औषधि परीक्षण प्रयोगशाला में भेजा। इनमें से 196 उप-मानक पाए गए। उप-मानक पाए गए नमूनों में से, 10 फार्मास्युटिकल फैक्ट्रियों की 22 औषधियों के विनिर्माण अनुमोदन को नियमों के अनुसार रद्द कर दिया गया। भरतपुर संसदीय क्षेत्र से कोई नमूने एकत्रित नहीं किए गए।</td></tr>
<tr><td>केरल</td><td>92 नमूने वापस लिए गए</td></tr>
<tr><td>सिक्किम</td><td>शून्य</td></tr>
<tr><td>मिजोरम</td><td>मिजोरम राज्य में कोई विनिर्माण इकाई नहीं है</td></tr>
<tr><td>ओडिशा</td><td>शून्य</td></tr>
<tr><td>पुडुचेरी</td><td>शून्य</td></tr>
<tr><td>त्रिपुरा</td><td>आज तक त्रिपुरा में एएसयू औषधि के लिए कोई विनिर्माण इकाई नहीं है।</td></tr>
<tr><td>प्रदेश</td><td>शून्य</td></tr>
<tr><td>मणिपुर</td><td>राज्य में कोई विनिर्माता नहीं हैं</td></tr>
</table>

महिलाओं की सुरक्षा के लिए योजनाएं

1078. श्री अनिल यशवंत देसाई:

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

(क) क्या देश में महिलाओं के विरुद्ध अपराधों में महत्वपूर्ण वृद्धि हुई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) पिछले पांच वर्षों के दौरान देश में महिलाओं के विरुद्ध पंजीकृत अपराधों के मामलों का राज्य-वार ब्यौरा क्या है;

(ग) उक्त अवधि के दौरान कार्यस्थल पर लैंगिक उत्पीड़न के दर्ज किए गए मामलों की संख्या कितनी है और उनके निपटान की स्थिति क्या है;

(घ) सरकार द्वारा महिलाओं की सुरक्षा सुनिश्चित करने के लिए चलाई जा रही योजनाओं का ब्यौरा क्या है;

(ङ) सरकार ने महिला सहायतालाइन और आपातकालीन सेवाओं की प्रभावशीलता का मूल्यांकन किस प्रकार किया है; और

(च) शहरी और ग्रामीण क्षेत्रों में महिलाओं की सुरक्षा और जागरूकता बढ़ाने के लिए क्या कदम उठाए जा रहे हैं?

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

(क) और (ख): "पुलिस" और "कानून व्यवस्था" भारत के संविधान की सातवीं अनुसूची के तहत राज्य के विषय हैं। कानून और व्यवस्था को बनाए रखने तथा महिलाओं और बच्चों के विरुद्ध अपराध की जांच एवं अभियोजन, नागरिकों के जीवन और संपत्ति की सुरक्षा की जिम्मेदारी प्राथमिक रूप से संबंधित राज्य सरकारों की है; वे इस तरह के अपराधों से निपटने में कानूनी रूप से सक्षम हैं।

गृह मंत्रालय के अंतर्गत राष्ट्रीय अपराध रिकॉर्ड ब्यूरो (एनसीआरबी) अपराधों पर

सांख्यिकीय आंकड़ो को संकलित करता है अपने प्रकाशन "भारत में अपराध" (क्राइम इन इंडिया) में प्रकाशित करता है। नवीनतम प्रकाशित रिपोर्ट वर्ष 2024 से संबंधित है और इसकी वेबसाइट https://ncrb.gov.in/en/crime-india पर उपलब्ध है। एनसीआरबी की रिपोर्ट के अनुसार, 2022-2024 के दौरान महिलाओं के विरुद्ध अपराध के तहत पंजीकृत राज्य/संघ राज्य क्षेत्र-वार मामलों के आंकड़े **विवरण** में दिए गए हैं। अन्य कारणों के अलावा, अपराध की बढ़ती रिपोर्टिंग पिछले कुछ वर्षों में सरकार द्वारा उठाए गए विभिन्न उपायों के कारण नागरिकों में जागरूकता बढ़ने के कारण है, जिसमें महिला सहायतालाइन-181, चाइल्ड हेल्पलाइन-1098 और आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस-112) जैसी हेल्पलाइनों का संचालन, जीरो एफआईआर और ई-एफआईआर की अवधारणा तथा पीड़ितों को संस्थागत सहायता का प्रावधान शामिल है।

(ग): महिला एवं बाल विकास मंत्रालय ने कार्यस्थल पर महिलाओं के लैंगिक उत्पीड़न (निवारण, प्रतिषेध एवं प्रतितोष) अधिनियम, 2013 (पॉश अधिनियम) के प्रभावी कार्यान्वयन हेतु 29 अगस्त, 2024 को एक डिजिटल निगरानी पहल के रूप में लैंगिक उत्पीड़न इलेक्ट्रॉनिक बॉक्स (शी-बॉक्स) पोर्टल (https://shebox.wcd.gov.in/) प्रारंभ किया है।

पॉश अधिनियम में यह प्रावधान है कि समुचित सरकार अधिनियम के कार्यान्वयन की निगरानी करेगी तथा अधिनियम के अंतर्गत दर्ज एवं निपटान किए गए मामलों का आंकड़ा रखेगी। इसमें 10 या अधिक कर्मचारी होने की स्थिति में आंतरिक समिति (आईसी) का गठन तथा जहां कर्मचारियों की संख्या 10 से कम है अथवा जब शिकायत नियोक्ता के विरुद्ध ही हो तो अधिनियम के अंतर्गत अधिसूचित जिला अधिकारी द्वारा स्थानीय समिति (एलसी) का गठन भी अनिवार्य किया गया है, ताकि उन कार्यस्थलों के मामलों का निपटान किया जा सके।

शी-बॉक्स पोर्टल वैधानिक या नियामक निगरानी तंत्र नहीं है; यह केवल एक सूचना प्रौद्योगिकी सहायक उपकरण है, जिसका उद्देश्य विभिन्न कार्यस्थलों पर गठित आईसी एवं एलसी के संबंध में सूचना के प्रसार के लिए एक केंद्रीकृत ऑनलाइन प्रणाली उपलब्ध कराना है, ताकि

कोई भी पीड़ित महिला सुरक्षित एवं बाधारहित तरीके से शिकायत दर्ज कर सके तथा उसकी प्रगति को ट्रैक कर सके। तथापि, पॉश अधिनियम के अंतर्गत अधिदेश के अनुसार, अधिनियम के कार्यान्वयन की निगरानी का दायित्व उपयुक्त सरकारों का है।

इस पोर्टल पर पॉश अधिनियम के अंतर्गत प्रासंगिक प्रावधानों, जिनमें धारा 12 से 15 तथा पॉश नियमों के अंतर्गत नियम 7 से 10 भी शामिल हैं, के अनुसार शिकायतों के निपटान का विकल्प उपलब्ध है। 29 अगस्त, 2024 को पोर्टल प्रारंभ होने के पश्चात से 21.07.2026 तक शी-बॉक्स पोर्टल पर दर्ज एवं निपटान की गई शिकायतों का विवरण इस प्रकार है:

कार्यस्थल/क्षेत्र	प्राप्त शिकायतों की संख्या	निपटान की गई शिकायतों की संख्या
केंद्रीय	223	139
राज्य	157	61
निजी	130	8
कुल	510	208

(घ) से (च): महिलाओं की सुरक्षा सरकार की सर्वोच्च प्राथमिकता है। सरकार का प्रयास महिलाओं को कार्य करने एवं जीवनयापन करने तथा अपनी क्षमता का पूर्ण उपयोग करने हेतु सुरक्षित वातावरण प्रदान करने के लिए प्रभावी तंत्र स्थापित करने का रहा है। तथापि, भारत के संविधान की सातवीं अनुसूची के अंतर्गत "पुलिस" एवं "कानून व्यवस्था" राज्य के विषय हैं। महिलाओं एवं बच्चों के विरुद्ध अपराधों की जांच एवं अभियोजन सहित कानून व्यवस्था बनाए रखने तथा नागरिकों के जीवन एवं संपत्ति की रक्षा का दायित्व मुख्य रूप से संबंधित राज्य सरकारों का है और वे इसमें सक्षम हैं।

भारत सरकार ओएससी जैसी कई योजनाएं और परियोजनाएं कार्यान्वित करती है जो देश में हिंसा से प्रभावित और मुश्किल हालात में फंसी महिलाओं को एक ही स्थान पर सहायता और कई तरह की सेवाएं प्रदान करती हैं जिनमें पुलिस सहायता, चिकित्सीय देखरेख, मनो-सामाजिक

परामर्श, कानूनी सहायता और परामर्श, और अस्थायी आश्रय जैसी सुविधाएं शामिल हैं; महिलाओं की सहायता हेतु आपातकालीन और गैर-आपातकालीन सेवाओं के साथ-साथ सरकारी योजनाओं तथा सुविधाओं की जानकारी देने के लिए निशुल्क टेलीफोन शॉर्ट कोड सेवा 181 'महिला सहायतालाइन' कार्यान्वित की जाती है; लैंगिक रूप से पक्षपाती लिंग चयन के बारे में जागरूकता बढ़ाने और बालिकाओं की शिक्षा व सशक्तिकरण से जुड़े मुद्दों के लिए 'बेटी बचाओ बेटी पढ़ाओ' योजना और मुश्किल हालात वाली या बेसहारा महिलाओं के लिए 'मिशन शक्ति' योजना के तहत 'शक्ति सदन' जैसी पहल भी शामिल हैं।

महिला एवं बाल विकास मंत्रालय, मिशन शक्ति दिशानिर्देशों के अनुसार महिला सहायतालाइन (डब्ल्यूएचएल) योजना के कार्यान्वयन हेतु वित्तीय सहायता और तकनीकी सहयोग और सुविधा प्रदान करता है। योजना का कार्यान्वयन संबंधित राज्य सरकारों/संघ राज्य क्षेत्र प्रशासनों द्वारा किया जाता है। महिला सहायतालाइन-181 संकटग्रस्त महिलाओं के साथ-साथ सरकारी योजनाओं एवं सेवाओं के संबंध में जानकारी चाहने वाली महिलाओं के लिए एक सार्वभौमिक, निशुल्क, 24x7 सहायता तंत्र के रूप में कार्य करती है।

महिला सहायतालाइन को आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस)-112, चाइल्ड हेल्पलाइन, वन स्टॉप सेंटर एवं अन्य सहायक सेवाओं के साथ एकीकृत किया गया है, ताकि संकटग्रस्त महिलाओं को समय पर प्रतिक्रिया एवं समन्वित सहायता उपलब्ध कराई जा सके। देश भर में 657 वन स्टॉप सेंटर (ओएससी) को महिला सहायतालाइन के साथ एकीकृत किया गया है। इस एकीकरण से राज्य स्तर पर महिला सहायतालाइन नियंत्रण कक्ष से जिला स्तर पर संबंधित ओएससी को कॉल एवं मामले की सूचना का निर्बाध स्थानांतरण संभव होता है, जहां ओएससी के पदाधिकारियों द्वारा हस्तक्षेप अपेक्षित होता है। एकीकरण प्रक्रिया में तकनीकी तैयारियां, राज्यों एवं संघ राज्य क्षेत्रों को शामिल करना, अपेक्षित अवसंरचना की उपलब्धता, उपयोगकर्ता सृजन, पदाधिकारियों का प्रशिक्षण, कार्य प्रक्रियाओं का परीक्षण तथा संबंधित राज्य

एवं संघ राज्य क्षेत्र प्राधिकारियों के साथ समन्वय शामिल है।

महिला एवं बाल विकास मंत्रालय ने 22 जनवरी, 2025 को 'मिशन शक्ति पोर्टल' को समस्त कार्यात्मक विशेषताओं के साथ शुरू किया है। इस पोर्टल का उद्देश्य विभिन्न योजनाओं एवं कानूनों के अंतर्गत महिलाओं के लिए विभिन्न सरकारी सेवाओं की सुगमता बढ़ाना; बचाव, संरक्षण एवं पुनर्वास हेतु गुणवत्तापूर्ण तंत्र स्थापित करना तथा पदाधिकारियों एवं कर्तव्यधारकों का क्षमता निर्माण करना है। इसके अतिरिक्त, मिशन शक्ति मोबाइल ऐप मंत्रालय की एक ऐसी पहल है, जिसका उद्देश्य महिलाओं के लिए सहायता सेवाओं की सुगमता बढ़ाना है। यह ऐप देशभर की महिलाओं को आवश्यक सेवाओं तक त्वरित, विश्वसनीय एवं समावेशी पहुंच सुनिश्चित करता है। ऐप एक उपयोगकर्ता अनुकूल (यूजर-फ्रेंडली) प्लेटफार्म प्रदान करता है, जिसकी प्रमुख विशेषताओं में ओएससी अपॉइंटमेंट बुकिंग, गूगल मैप्स एकीकरण के साथ निकटतम संस्थान का पता लगाना, एआई चैटबॉट - एमडब्ल्यूसीडी की योजनाओं एवं सेवाओं के विषय में 24x7 आभासी (वर्चुअल) सहायता, आपातकालीन हेल्पलाइन (181) -तत्काल सहायता के लिए ऐप के माध्यम से पहुंच आदि शामिल हैं।

इसके अलावा, केंद्र सरकार द्वारा निर्भया कोष के तहत लागू की गई योजनाओं/परियोजनाओं में आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस) - जो पूरे देश में आपातकालीन स्थिति के लिए एकल नंबर (112)/मोबाइल ऐप आधारित प्रणाली है; अश्लील सामग्री की सूचना देना के लिए साइबर-क्राइम रिपोर्टिंग पोर्टल; अवसंरचना, प्रोधोगिकी को अपनाने तथा जागरूकता कार्यक्रमों के माध्यम से समुदाय में क्षमता निर्माण सहित 8 शहरों (अहमदाबाद, बेंगलुरु, चेन्नई, दिल्ली, हैदराबाद, कोलकाता, लखनऊ और मुंबई) में सुरक्षित शहर परियोजनाएं - जांच अधिकारी, अभियोजन अधिकारी एवं चिकित्सा अधिकारी के लिए प्रशिक्षण एवं कौशल विकास कार्यक्रम; राज्यों/संघ राज्य क्षेत्रों को लैंगिक उत्पीड़न साक्ष्य संग्रह किट का वितरण; सीएफएसएल, चंडीगढ़ में अत्याधुनिक डीएनए लैब की स्थापना; फोरेंसिक साइंस लैब को

सुदृढ़ करने के लिए 24 राज्यों और संघ राज्य क्षेत्रों को सहायता; देश के सभी ज़िलों में मानव दुर्व्यापार रोधी इकाइयों की स्थापना/उन्हें सुदृढ़ करना; पुलिस स्टेशनों में महिला सहायता डेस्क की स्थापना/उन्हें सुदृढ़ करना आदि शामिल है।

निर्भया कोष के माध्यम से, पुलिस अनुसंधान एवं विकास ब्यूरो (बीपीआरएंडडी) ने भी कई पहल की हैं, जिनमें अन्य बातों के साथ-साथ जांच अधिकारियों, अभियोजन अधिकारियों एवं चिकित्सा अधिकारियों के लिए प्रशिक्षण एवं कौशल विकास कार्यक्रम तथा राज्यों/संघ राज्य क्षेत्रों को लैंगिक उत्पीड़न साक्ष्य संग्रह (एसएईसी) किट का वितरण शामिल है। बीपीआरएंडडी ने पुलिस थानों में महिला सहायता डेस्क के लिए मानक संचालन प्रक्रिया (एसओपी) भी तैयार की है, ताकि अवसंरचना, प्रशिक्षण, मानव संसाधन विकास एवं प्रतिक्रिया तंत्र नामक चार महत्वपूर्ण घटकों पर ध्यान केंद्रित करते हुए महिला सहायता डेस्क के सुचारू संचालन को सुनिश्चित किया जा सके।

सरकार, राष्ट्रीय महिला आयोग (एनसीडब्ल्यू), सावित्रीबाई फुले राष्ट्रीय महिला एवं बाल विकास संस्थान (एसपीएनआईडब्ल्यूसीडी) तथा राज्यों में इनके समकक्ष संस्थानों के माध्यम से सेमिनार, कार्यशालाएं, दृश्य-श्रव्य, मुद्रित एवं इलेक्ट्रॉनिक मीडिया आदि के द्वारा जागरूकता फैलाकर लोगों को महिलाओं की सुरक्षा एवं संरक्षण के प्रति संवेदनशील बना रही है। राष्ट्रीय महिला आयोग (एनसीडब्ल्यू) नियमित तौर से शिकायतों का निपटान करने के अतिरिक्त, हिंसा से प्रभावित महिलाओं के लिए रेफरल पुलिस, वन स्टॉप सेंटर, अस्पताल जैसे उपयुक्त प्राधिकरण से संपर्क के माध्यम से डिजिटल शिकायत पंजीकरण प्रणाली उपलब्ध कराने तथा देश भर में महिलाओं से संबंधित सरकारी कार्यक्रमों की जानकारी प्रदान करने हेतु एक विशिष्ट 24x7 हेल्पलाइन -14490 के माध्यम से संकटग्रस्त महिलाओं की सहायता भी करता है।

ऑनलाइन सुरक्षा तंत्र को सुदृढ़ करने तथा साइबर-अपराधों से व्यापक एवं समन्वित तरीके से निपटने के लिए, गृह मंत्रालय ने देश में सभी प्रकार के साइबर-अपराधों से समन्वित एवं व्यापक तरीके से निपटने हेतु संबद्ध कार्यालय के रूप में 'भारतीय साइबर अपराध समन्वय केंद्र'

(आई4सी) की स्थापना की है। आई4सी के एक भाग के रूप में 'राष्ट्रीय साइबर अपराध रिपोर्टिंग पोर्टल' (https://cybercrime.gov.in) शुरू किया गया है, जिसका उद्देश्य जनता को सभी प्रकार के साइबर-अपराधों, विशेषकर महिलाओं एवं बच्चों के विरुद्ध होने वाले साइबर-अपराधों से संबंधित घटनाओं की रिपोर्ट करने में सक्षम बनाना है। इस पोर्टल पर सूचित की गई साइबर-अपराध की घटनाओं, उनका प्राथमिकी (एफआईआर) में परिवर्तन तथा उसके पश्चात की कार्रवाई, संबंधित राज्य एवं संघ राज्य क्षेत्र की विधि प्रवर्तन एजेंसियों द्वारा कानूनी प्रावधानों के अनुसार की जाती है।

विवरण

2020-2024 के दौरान महिलाओं के विरुद्ध अपराध के तहत दर्ज किए गए राज्य और संघ राज्य क्षेत्र-वार मामले

क्र.सं	राज्य एवं संघ राज्य क्षेत्र	2020	2021	2022	2023	2024
1	आंध्र प्रदेश	17089	17752	25503	22418	19952
2	अरुणाचल प्रदेश	281	366	335	326	321
3	असम	26352	29046	14148	12070	10546
4	बिहार	15359	17950	20222	22952	27359
5	छत्तीसगढ़	7385	7344	8693	8035	8601
6	गोवा	219	224	273	286	356
7	गुजरात	8028	7348	7731	7805	7606
8	हरियाणा	13000	16658	16743	15758	13945
9	हिमाचल प्रदेश	1614	1599	1551	1604	1605
10	झारखंड	7630	8110	7678	6989	6367
11	कर्नाटक	12680	14468	17813	20336	19945
12	केरल	10139	13539	15213	16025	15037
13	मध्य प्रदेश	25640	30673	32765	32342	32832
14	महाराष्ट्र	31954	39526	45331	47101	47954
15	मणिपुर	247	302	248	201	195
16	मेघालय	568	685	690	628	658

17	मिजोरम	172	176	147	184	259
18	नागालैंड	39	54	49	56	56
19	ओडिशा	25489	31352	23648	25914	27449
20	पंजाब	4838	5662	5572	5258	5348
21	राजस्थान	34535	40738	45058	45450	36563
22	सिक्किम	140	130	179	134	131
23	तमिलनाडु	6630	8501	9207	8943	11363
24	तेलंगाना	17791	20865	22066	23678	24495
25	त्रिपुरा	874	807	752	791	716
26	प्रदेश	49385	56083	65743	66381	66398
27	उत्तराखंड	2846	3431	4337	3808	3342
28	पश्चिम बंगाल	36439	35884	34738	34691	34360
	कुल (राज्य)	**357363**	**409273**	**426433**	**430164**	**423759**
29	अंडमान एवं निकोबार द्वीप समूह	143	169	178	205	156
30	चंडीगढ़	301	343	325	371	452
31	दादरा एवं नगर हवेली और दमन एवं दीव+	61	99	126	124	86
32	दिल्ली	10093	14277	14247	13439	13396
33	जम्मू एवं कश्मीर	3405	3937	3716	3653	3366
34	लद्दाख	9	18	15	20	34
35	लक्षद्वीप	15	9	16	23	13
36	पुद्दुचेरी	113	153	200	212	272
	कुल (संघ राज्य क्षेत्र)	14140	19005	18823	18047	17775
	कुल (अखिल भारत)	371503	428278	445256	448211	441534

ASSISTANCE TO INDIAN NATIONALS IN DISTRESS ABROAD

1079. SHRI SHASHANK MANI:

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

(a) the number of Indian nationals assisted by Indian Missions and Posts abroad after being stranded due to conflict, natural disasters, labour disputes, medical emergencies or other unforeseen circumstances, country-wise during the last three years;

(b) the number of requests received for repatriation and the number of repatriations successfully facilitated during the said period;

(c) whether the Government has established any Standard Operating Procedure for timely evacuation and repatriation of stranded Indian nationals; and

(d) the measures being taken to strengthen emergency response and consular assistance for Indians 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) and (b): The details of Indian nationals evacuated during conflicts in last 3 years are attached at **Statement-I**. The country-wise details of Indian nationals repatriated and assisted during natural disasters, labour disputes, medical emergencies and other unforeseen circumstances in last 3 years are attached at **Statement-II**. In addition to aforementioned assistance, Government of India facilitated return of Indian nationals from West Asian countries to India since the onset of the Iran-US-Israel conflict by facilitating commercial flights,

including non-scheduled operations, transit visas, local transportation, cross-border movements, etc.

(c) and (d): To ensure safety, security and well-being of the Indian nationals abroad, Government utilizes a structured, multi-layered mechanism, consisting of advisories to caution Indian nationals, communication channels enabling Indian nationals to contact Indian Missions/Posts, and evacuation operations, involving multiple stakeholders, to safely evacuate stranded Indian nationals. During evacuation process, 24x7 Control Rooms are operated at headquarters and abroad to provide information and assistance to the stranded Indian nationals. Government also provides logistical support including safe shelter, meals, local and cross-border movement and transportation by arranging special vehicles and evacuation flights.

With a view to swiftly responding to crisis situations faced by overseas Indian nationals, the Ministry's 'Rapid Response Cell (RRC)' coordinates with all agencies, services, Armed forces, and Ministries in order to ensure seamless inter-Ministerial coordination for execution of evacuation operations. Ministry has also developed and is undertaking final trials of a digital emergency response solution for use during evacuation operations.

Besides emergency assistance during conflicts and crisis situations, Government has established a robust framework to ensure the overall well-being of Indian nationals abroad. Indian citizens can contact the Embassy/Consulate through walk-in, email, multilingual 24x7 emergency

helpline numbers, WhatsApp numbers, grievance redressal portals like MADAD/CPGRAMS/eMigrate, and social media etc. Indian Missions organize Consular Camps at different locations to provide consular services, and Open Houses, where Indian nationals seeking assistance could walk-in without prior appointments.

Countries with sizable number of Indian migrant workers have dedicated Labour Wings in Indian Missions. 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 Indian workers.

Missions in Gulf countries have provisions for shelter homes to assist Indian women in distress by providing boarding and lodging, medical treatment and arranging for their repatriation.

The Government of India has established several bilateral mechanisms and agreements with key destination countries, enabling implementation of worker-protection provisions, resolution of complaints, and legal assistance frameworks. Migration and Mobility Partnership Agreements signed with countries enable issues pertaining to students, professionals and researchers to be addressed.

STATEMENT-I

Details of Government's major evacuations/operations in last 3 years

Year	Country and Name of the Operation	Number of evacuated Indian nationals

2023	Sudan Operation Kaveri	4,097 (including 136 foreign nationals)
2023	Israel Operation Ajay	1,343 (including 14 OCI card holders and 20 foreign nationals)
2024	Haiti Operation Indravati	17
2024	Special Humanitarian Airlift of deceased Indian nationals from Kuwait	45 (mortal remains)
2024-25	Syria	86
2022-25	Iraq	135
2025	Iran Operation Sindhu	3597 (excluding 14 OCI Card holders and 14 foreign nationals)
2025	Israel Operation Sindhu	818
2025	Sri Lanka HADR Operation Sagar Bandhu	2500 (424 Indians evacuated by special IAF flights on gratis basis + 2076 Indians were facilitated to return by commercial flights))
2025-26	Repatriation of Indian nationals forced to work in cyber scam centres alongside Thailand-Myanmar Border	1741
2026	Iran via Armenia (Cross-border movement of Indian nationals from Iran via Armenia to return by available flights during recent West Asia crisis)	2557

STATEMENT-II

Details of Indian nationals assisted during natural disasters, labour disputes, medical emergencies and other unforeseen circumstances during last 3 years along with number of repatriated Indian nationals

Country	No. of Indian nationals assisted by Indian Missions/Posts	No. of Indian nationals repatriated by Indian Missions /Posts
Albania	16	14
Algeria	21	21
Angola	28	20
Armenia	182	0
Australia	03	03
Austria	07	0
Bahrain	1666	2258
Bangladesh	115	2
Belarus	03	03
Bhutan	01	0
Brazil	02	02
Cambodia	2489	707
Cameroon	75	75
Chad	20	08
Chile	02	02
Colombia	30	30
Cote D'Ivore	01	0
Croatia	05	05
Cuba	02	02
Czech Republic	03	02
Democratic Republic of Congo	01	01
Djibouti	02	02
Ecuador	01	0
Egypt	08	02
Eswatini	01	01
Ethiopia	167	167

Finland	01	01
France	01	30
Gabon	08	0
Gambia	10	10
Georgia	460	0
Germany	103	0
Ghana	02	02
Greece	01	0
Guyana	73	37
Hungary, Bosnia and Herzegovina	02	01
Iceland	03	0
Indonesia	04	04
Iran	66	66
Iraq	246	0
Ireland	0	09
Israel	250	2127 (evacuation)
Italy	08	948
Jamaica	03	03
Japan	01	01
Jordan	256	329
Kazakhstan	28	188
Kuwait	10111	10111
Kyrgyzstan	0	93
Lao PDR	2318	2318
Latvia	01	0
Lebanon	93	93
Liberia	14	02
Libya	78	65
Malaysia	7657	7626
Maldives	2776	2776

Malta	01	01
Mauritania	01	0
Mauritius	141	141
Mongolia	01	01
Montenegro	01	01
Morocco	13	01
Mozambique	49	46
Myanmar	0	2078
Nepal	388	0
Niger	01	0
Oman	10917	9958
Palestine	01	01
Papua New Guinea	02	02
Peru	03	0
Philippines	43	22
Poland	05	05
Portugal	01	01
Qatar	4589	156
Republic of Congo	09	0
Romania	0	72
Russia	62	08
Saudi Arabia	31,896	144
Senegal	04	04
Serbia	63	190
Seychelles	120	119
Singapore	01	01
Slovak Republic	45	02
South Sudan	13	01
Spain	701	12
Sri Lanka	3371	3371
Switzerland	0	5
Syria	93	93
Tajikistan	11	05
Thailand	2034	2034
Togo	08	0

Trinidad and Tobago	03	03
Tunisia	51	03
Turkiye	40	13
UAE	1755	577
Uganda and Burundi	35	17
Ukraine	10	10
United Kingdom	0	5290
Uzbekistan	43	43
Vietnam	129	129
Yemen	153	03
Zimbabwe	02	03

DIFFERENTIAL USE OF INGREDIENTS IN FOOD PRODUCTS

1080. SHRI JAGDAMBIKA PAL:

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

(a) whether the Government is aware of the differential use of ingredient by manufacturers in products sold in India and abroad leading to adverse health impacts, if so, the details thereof and if not, the reasons therefor;

(b) whether the Government is considering stricter regulations to ensure uniform global standards for food products sold in the country and if so, the details thereof; and

(c) the measures being taken by the Government to prevent the use of harmful additives in this regard?

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

(a) to (c): Food Safety and Standards Authority of India (FSSAI) is mandated to lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption. The implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

The Food Safety and Standards (Food Products Standards and Food Additives) Regulations, 2011 prescribe the standards for various food products, including the food additives permitted for use in different categories of foods and their maximum permissible limits. The permitted additives are specified based on scientific risk assessment carried out by the independent bodies i.e. Scientific Panels and the Scientific Committee of FSSAI, taking into account available scientific evidence, dietary exposure and country-specific requirements.

The food additives permitted for use are listed in Appendix A of the Food Safety and Standards (Food Products Standards and Food Additives) Regulations, 2011. Any additive not specified therein is not permitted for use in food. These Regulations are substantially harmonized with the internationally accepted Codex General Standard for Food Additives (GSFA) adopted by the Codex Alimentarius Commission. Further, Risk assessment is a continuous process that takes place in view of the global best practices. As and when hazards are identified, appropriate measures are taken to safeguard public

health.

Food standards are kept under continuous review based on new scientific evidence, technological needs, risk assessments and internationally recognized best practices. Whenever warranted, the standards and permitted limits of food additives are revised to ensure the protection of public health. In case of any deviations, appropriate regulatory and punitive actions have been taken against the defaulting Food Business Operators (FBOs) as per the provisions of the FSS Act, 2006 and the rules and regulation made thereunder.

TIMELY TREATMENT AND REIMBURSEMENT OF CLAIMS

1081. SHRI DAGGUMALLA PRASADA RAO:

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

(a) the number of hospitals empanelled under the Central Government Health Scheme, State-wise and district-wise for Andhra Pradesh;

(b) the number of treatment requests received and approved in the country since its inception, year-wise, State-wise and district-wise for Andhra Pradesh;

(c) the number of claims submitted and compensation released, State-wise and district-wise for Andhra Pradesh;

(d) the number of hospitals submitting reimbursement claims, State-wise and district-wise for Andhra Pradesh, along with the number of claims reimbursed;

(e) whether delays have been observed in claim processing, approval or reimbursement;

(f) if so, the average time taken, the number of delayed claims, reasons for delay and corrective measures undertaken by the Government in this regard, State-wise; and

(g) whether there is a monitoring and grievance redressal mechanism established by the Government to ensure timely treatment and reimbursement, 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 PRATAP RAO JADHAV):

(a) to (g): The number of Health Care Organizations (HCOs) empaneled under various Offices of Additional Director, Central Government Health Scheme (CGHS) across the country is attached at **Statement-I**.

Further, the District wise details of empaneled HCOs in Andhra-Pradesh are at **Statement-II**.

Reimbursement of medical claims in case of serving beneficiaries are done through respective administrative departments/Ministries.The reimbursement of medical claims in case of pensioner beneficiaries are done by CGHS. Details of expenditure made under Pensioner and Other Retirement Benefits (PORB) head in last five years by CGHS is at **Statement-III**.

Beneficiaries can track the status of their Medical Reimbursement Claims

online through the CGHS web portal as well as the MyCGHS 2.0 Mobile App using the Claim ID generated at the time of submission of the claim.

CGHS has created dedicated digital dashboards within the CGHS HMIS module to track Medical Reimbursement Claim (MRC) cases and grievances among others. Access to these dashboards is given to all Additional Directors, CMO I/c at Wellness Centers, and other stakeholders to monitor overall progress, total claims, and average processing days, etc.

Further, CGHS has the following mechanism to lodge a grievance:

- CGHS Grievance Portal
- CPGRAMS
- Toll-Free Helpline and Email: For direct assistance, beneficiaries can call the toll-free number or write to the helpdesk at cghs-helpdesk@lsmgr.nic.in
- Local Committees and Complaint Boxes: Physical Complaint boxes are available at Wellness Centers, and issues can also be raised during regular meetings of Local Advisory Committees (LAC) and Zonal Advisory Committees (ZAC).

STATEMENT-I

NUMBER OF HOSPITALS EMPANELLED UNDER OFFICES OF ADDITIONAL DIRECTORS, CGHS ACROSS THE COUNTRY

S. No.	Office of Additional Director, CGHS	No. of empaneled HCOs
1.	Ahmedabad	47
2.	Bangalore	60

3.	Bhopal	84
4.	Bhubaneswar	12
5.	Chandigarh	171
6.	Chennai	65
7.	Dehradun	43
8.	Delhi NCR	924
9.	Guwahati	18
10.	Hyderabad	128
11.	Jabalpur	57
12.	Jaipur	151
13.	Kanpur	72
14.	Kolkata	57
15.	Lucknow	86
16.	Meerut	60
17.	Mumbai	102
18.	Nagpur	101
19.	Patna	51
20.	Prayagraj	92
21.	Pune	49
22.	Ranchi	31
23.	Shillong	08
24.	Trivandrum	37

STATEMENT-II

District wise details of empaneled HCOs in Andhra-Pradesh

Districts in Andhra Pradesh	**No. of empaneled HCOs**
East Godavari	03
Guntur	03
Krishna	02
NTR	11
Sri Potti Sriramulu Nellore	05
Tirupati	02
Vishakhapatnam	20
Total	**46**

STATEMENT-III

Details Of Expenditure Made Under Pensioner And Other Retirement Benefits (Porb) Head In Last Five Years By CGHS

Year	PORB Expenditure (₹ In Crore)
2021-22	2741.17
2022-23	4630.68
2023-24	4282.72
2024-25	5645.97
2025-26	6144.17

DECLARATION OF CANCER AS A NOTIFIABLE DISEASE

1082. DR. MALLU RAVI:

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

(a) whether the Government has examined the proposal to declare cancer a notifiable disease at the national level in view of the rising cancer burden in the country, if so, the details thereof;

(b) whether the Government has considered the recommendations of the Indian Council of Medical Research (ICMR) and other expert bodies in this regard alongwith the current status thereof;

(c) whether the Government has reviewed the experience of States, including Telangana, which have notified cancer as a notifiable disease and the outcomes thereof;

(d) whether the Government proposes to establish a nationwide mandatory cancer reporting mechanism covering both public and private healthcare

institutions to strengthen cancer surveillance, planning and early intervention; and

(e) if so, the details and timeline thereof?

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

(a) to (e): The primary purpose of notification of diseases is to facilitate immediate public health action such as case investigation, contact tracing, isolation and outbreak containment. Such notification systems are intended for communicable diseases and other public health emergencies requiring urgent intervention.

Cancer is a non-communicable and non-contagious disease. Therefore, mandatory notification of individual cancer cases does not serve the public health objectives for which statutory notification systems have been designed. Cancer surveillance in the country is undertaken through the National Cancer Registry Programme (NCRP) of the Indian Council of Medical Research (ICMR), comprising Population-Based Cancer Registries (PBCRs) and Hospital-Based Cancer Registries (HBCRs). These registries collect standardized and quality-assured data on cancer incidence, prevalence, mortality, survival and treatment outcomes for evidence-based policy formulation, programme planning and resource allocation. Registry-based surveillance is the internationally accepted approach for monitoring non-

communicable diseases such as cancer.

Health being a State subject, the responsibility for notification of diseases under public health laws rests with the respective State Governments. Some States/UTs have notified cancer under their own public health frameworks. The Union Government supports States/UTs through technical guidance, national programmes and financial assistance.

The Government is continuously strengthening cancer surveillance through the National Cancer Registry Programme (NCRP), the National NCD Portal under NP-NCD and digital health initiatives. ICMR-NCDIR is also developing technology-enabled mechanisms, including API-based integration with hospital information systems, AB PM-JAY and mortality databases, to facilitate secure and automated collection of structured cancer data and improve the representativeness and quality of national cancer surveillance.

STATUS OF OPERATIONALIZATION OF AIIMS, KALYANI

1083. SHRI ABU TAHER KHAN:

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

(a) the present status of the operationalisation of all super-speciality departments at AIIMS,Kalyani;

(b) the number of faculty members, doctors and staff currently posted against the sanctioned posts; and

(c) the steps taken by the Union Government to provide better OPD services

and healthcare facilities to patients from North-Bengal and neighbouring 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): Out of total 16 super-speciality departments in All India Institute of Medical Sciences (AIIMS) Kalyani, 15 super-speciality departments are functional.

(b): The status of sanctioned, filled and vacant faculty and non-faculty positions in AIIMS Kalyani is as under:

Faculty Posts			**Non-Faculty Posts (including Senior Resident /Junior Resident)**		
Sanctioned	**Filled**	**Vacant**	**Sanctioned**	**Filled**	**Vacant**
309	194	115	2221	1717	504

(c): AIIMS Kalyani has undertaken several patient-centric initiatives to improve access, reduce waiting time, and facilitate seamless outpatient services for patients. These initiatives include expansion of Out-Patient Department (OPD) services, increase in patient registration capacity, online appointment system, implementation of Ayushman Bharat Digital Mission (ABDM)-enabled Digital Health Services, swasthya mobile application, same-day-investigation, expansion of diagnostic facilities, integrated specialist care, cashless treatment under Government

Schemes etc.

TREATMENT FACILITY FOR CANCER AND RARE DISEASES

1084. SHRI RAJMOHAN UNNITHAN:

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

(a) whether the Government has reviewed the availability of cancer care and treatment facilities for rare diseases in northern Kerala, if so, the details thereof;

(b) the details of financial assistance provided under the National Programme for Prevention and Control of Non-Communicable Diseases and the National Policy for Rare Diseases during the last three years; and

(c) whether any proposal has been received for strengthening tertiary healthcare facilities in Kasaragod district, if so the details thereof along with the action taken thereon?

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

(a): Public Health and Hospital are State subject. Under the National Health Mission (NHM), technical and financial assistant provided to State/UTs. The performance of various health programmes is regularly assessed through review meetings, mid-term reviews of key deliverables, field visits by senior

officials, benchmarking of service delivery and Common Review Missions (CRMs).

Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), the Department of Health and Family Welfare implements the Strengthening of Tertiary Care Cancer Facilities Scheme to augment tertiary cancer care infrastructure across the country. Under the Scheme, 19 State Cancer Institutes (SCIs) and 20 Tertiary Care Cancer Centres (TCCCs) have been approved. In the State of Kerala, Regional Cancer Centre, Thiruvananthapuram has been approved as a State Cancer Institute (SCI) and Government Medical College, Kozhikode has been approved as a Tertiary Care Cancer Centre (TCCC**).** In the State of Kerala, 28 Day Care Cancer Centres (DCCCs) are functional. These centres provide chemotherapy and follow-up care closer to patients' places of residence, thereby improving access to cancer treatment.

Further, the National Policy for Rare Diseases (NPRD), 2021 facilitates financial and medical assistance of up to ₹50 lakh per patient for treatment of identified rare diseases through the designated Centres of Excellence (CoEs). In Kerala, Sree Avittom Thirunal (SAT) Hospital, Government Medical College Campus, Thiruvananthapuram**,** is a designated Centre of Excellence under NPRD. To strengthen referral pathways and create awareness regarding rare diseases, SAT Hospital conducted three State-level sensitization workshops during 2026 at Ernakulam, Thiruvananthapuram and Kozhikode, with

participation of medical professionals from seven Medical Colleges and the districts of Kottayam, Idukki, Thrissur, Kollam, Pathanamthitta, Malappuram, Wayanad, Kannur and Kasaragod.

(b): Under NP-NCD, funds are released to States/UTs under the National Health Mission based on their Programme Implementation Plans (PIPs) for strengthening prevention, screening, diagnosis and management of non-communicable diseases, including cancer. State/UT wise details of State Programme Implementation Plan (SPIP) Approvals for National Programme-Non Communicable Diseases (NP-NCD) under NHM during the period of F.Y. 2023-24 to 2025-26 is attached at **Statement**. Total financial assistance provided under the National Policy for Rare Diseases during last three years is as under:-

(Rs. In Crores)

FY 2023-24	FY 2024-25	FY 2025-26
109	115.98	61.16

(c): As per the information available, no proposal is under consideration for strengthening tertiary healthcare facilities in Kasaragod district under the "Strengthening of Tertiary Care Cancer Facilities Scheme" of NP-NCD.

STATEMENT

State/UT wise details of SPIP Approvals for National Programme -Non Communicable Diseases (NP-NCD) under NHM during the period of F.Y. 2023-24 to 2025-26.

Rs. In Lakhs

S. No.	Name of the State/UT	2023-24	2024-25	2025-26
1	Andaman and Nicobar Islands	56.18	77.50	74.60
2	Andhra Pradesh	5954.08	2793.95	1683.39
3	Arunachal Pradesh	779.13	778.50	822.50
4	Assam	1222.93	1261.30	1141.78
5	Bihar	7163.81	15239.36	11733.20
6	Chandigarh	3.90	5.55	5.55
7	Chhattisgarh	2974.64	3489.59	3012.49
8	Dadra and Nagar Haveli and Daman and Diu	57.99	220.20	216.90
9	Delhi	335.41	1002.36	1107.56
10	Goa	145.25	380.84	244.74
11	Gujarat	3778.31	4183.61	5415.86
12	Haryana	406.56	5093.87	3373.86
13	Himachal Pradesh	1416.50	1239.49	1008.10
14	Jammu and Kashmir	882.00	1016.40	979.00
15	Jharkhand	1958.53	4668.04	4545.24
16	Karnataka	2452.35	1645.43	2782.56
17	Kerala	5249.09	5464.00	5391.56
18	Ladakh	166.43	1126.35	497.24
19	Lakshadweep	22.28	31.70	21.70
20	Madhya Pradesh	2090.26	7207.23	7601.96
21	Maharashtra	5147.52	22614.03	23207.76
22	Manipur	724.30	1448.36	1463.36
23	Meghalaya	370.59	1002.20	1073.66
24	Mizoram	176.24	157.71	161.85
25	Nagaland	310.88	452.79	525.34
26	Odisha	6067.91	5251.02	5354.42
27	Puducherry	135.94	499.08	581.58
28	Punjab	1796.11	4255.14	4014.75

29	Rajasthan	23542.92	13709.00	13250.90
30	Sikkim	85.55	243.93	246.55
31	Tamil Nadu	10031.16	5130.45	9423.42
32	Telangana	5145.00	3925.06	4452.60
33	Tripura	578.92	670.00	276.52
34	Uttar Pradesh	18998.70	24974.57	26002.23
35	Uttarakhand	1167.37	1231.06	1344.87
36	West Bengal	5428.71	8563.20	8583.46

IMPACT OF GEOPOLITICAL TENSIONS ON FERTILIZER IMPORTS

1085. SHRI KISHORI LAL:

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

(a) whether the conflict in West Asia has disrupted the import of fertilizers, ammonia, phosphoric acid, sulphur, potash and other critical raw materials, if so, the details of the disruptions during last one year;

(b) the measures taken to ensure uninterrupted supply of the said commodities;

(c) whether the Government has made any assessment and likely impact of shortages of essential chemicals and fertilizers on agricultural production during the current and forthcoming crop seasons and if so, the details thereof;

(d) whether adequate buffer stocks of fertilizers have been maintained to meet the requirements of farmers in the event of prolonged disruption in imports due to such geopolitical tensions, if so, the details thereof; and

(e) whether the Government has identified any risks to the supply of industrial chemicals used in pharmaceuticals, petrochemicals, water treatment and manufacturing industries due to the conflict, if so, the details thereof and the

contingency measures taken to address such risks?

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

(a): The conflict in West Asia during 2025-26 disrupted global supply chains for fertilizers and key raw materials, leading to higher freight and insurance costs, shipment delays and price volatility. India's imports of ammonia, phosphoric acid and sulphur were particularly affected, while potash imports experienced higher landed costs on account of global logistics disruptions. Despite these disruptions, fertilizer availability in the country remained largely adequate through diversified sourcing and Government interventions.

(b): The Government has undertaken sustained efforts to diversify import sources so as to mitigate risks arising from global supply chain disruptions. The measures taken include:

i. Facilitating long-term commercial arrangements between Indian fertilizer companies and overseas suppliers to strengthen fertilizer supply security.

ii. Engaging with Indian Missions abroad to identify and explore alternative sources of supply from various countries, thereby reducing dependence on a limited number of suppliers and strengthening the resilience of the fertilizer supply chain.

iii. Collective procurement of fertilizers and raw materials like ammonia and sulphur, by the fertilizer industry through a consortium of industry members, with the objective of ensuring transparent price discovery,

improving bargaining power with global suppliers, and securing timely availability of raw materials.

(c) to (e): The Government undertakes the following steps every season to ensure timely and adequate supply of fertilizers in the country, which also enable assessment of likely impact on agricultural production and maintenance of adequate stocks:

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

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

iii. The movement of all major subsidized fertilizers is monitored throughout the country through an online web-based monitoring system called the Integrated Fertilizer Management System (iFMS).

iv. Regular weekly Video Conferences are conducted jointly by DA&FW and the Department of Fertilizers with State Agriculture Officials, and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The distribution of fertilizers within the State is undertaken by the respective State Government.

As a result of these measures, the availability of fertilizers, i.e., Urea, DAP, MOP and NPKS, has remained adequate in the country during the last one year (FY 2025-26) and in the ongoing Kharif 2026 season. The information regarding requirement, availability, sales and closing stocks of these fertilizers during these periods is placed at the **Statement**.

Further, in respect of Phosphatic and Potassic (PandK) fertilizers, the Government has implemented the Nutrient Based Subsidy (NBS) Scheme with effect from 01.04.2010. Under the Scheme, PandK fertilizers are covered under Open General License (OGL), and companies are free to import/manufacture these fertilizers as per their business dynamics, which provides flexibility to maintain adequate supplies.

The Government identified certain supply chain risks arising from the ongoing conflict in West Asia, particularly with regard to industrial chemicals and feedstocks used in pharmaceutical manufacturing. These include temporary shortage and price increase of inputs such as Isopropyl Alcohol (IPA), Ammonia and Methanol. To mitigate these risks and ensure continuity of pharmaceutical production, the Government has undertaken several contingency measures. These include facilitating allocation of propylene to improve the availability of Isopropyl Alcohol (IPA) and Propylene Glycol in coordination with Ministry of Petroleum and Natural Gas, facilitation of supply of surplus ammonia to pharmaceutical industries and securing improved methanol supply through existing traders and augmenting supply alternatives in

coordination with domestic manufacturers.

The Government continuously monitors the availability and supply chain of industrial chemicals used across critical downstream sectors, including pharmaceuticals, petrochemicals, water treatment and manufacturing industries. In view of the evolving geopolitical situation arising from the West Asia crisis, to ensure continuous supply Customs Duty on 40 essential Chemicals and Petrochemicals having widespread downstream applications, has been reduced to zero till 15th July 2026.The Government has also taken measures for suspension of Quality Control Orders (QCOs) on Linear Alkyl Benzene (LAB), Butyl Acrylate and Morpholine by the Department of Chemicals and Petrochemicals to diversify sources of imports of critical chemicals.

STATEMENT

ALL INDIA					
FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 19.07.26)					
					fig. in LMT
S.No	**PRODUCT**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 19.07.26**
1	UREA	109.40	163.78	94.78	69.01
2	DAP	31.57	39.54	22.82	16.72
3	MOP	10.06	13.81	5.20	8.63
4	NPKS	48.48	84.57	39.36	45.21
FERTILIZERS DURING THE FY 2025-26					
S.No	**PRODUCT**	**Requirement**	**Availability**	**DBT Sales**	**Closing Stock as on 31.03.26**
1	UREA	381.45	450.79	396.60	54.22
2	DAP	110.42	121.72	100.80	20.93
3	MOP	26.82	30.58	22.56	8.01
4	NPKS	158.49	198.97	150.37	48.59

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

UNREGULATED SINGLE USE MEDICAL DEVICES

1086. SHRI KIRTI AZAD:

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

(a) whether the Government is aware of the instances of unregulated reuse of Single-Use Medical Devices (SUDs) in public and private healthcare centres across the country, despite labelling regulations under the Medical Devices Rules, 2017, if so, the details of such cases reported during the last five years, State/UT-wise and district-wise;

(b) whether there are any health and financial impacts on patients from such reuse, if so, the details thereof;

(c) the details of policies formulated by the Government to prevent unsafe SUD reuse and ensure ethical and safe practices;

(d) whether there are any existing procedures for obtaining informed consent regarding SUD reuse and whether patients are adequately informed of risks, if so, the details thereof;

(e) whether any complaints or representations have been received from patients, healthcare professionals or civil society regarding this practice and calls for guidelines, if so, the details thereof;

(f) the details of action taken/proposed to be taken by the Government against entities involved in such unregulated reuse;

(g) the steps contemplated by the Government to address patient safety, informed consent and care quality implications; and

(h) whether the Government has any plans to frame national guidelines or amend laws like the Drugs and Cosmetics Act or Clinical Establishments Act for clearer regulation in this regard, if so, the details thereof?

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

(a) to (h): Manufacture and import of Medical Devices are regulated under the provisions of the Medical Devices Rules, 2017. As per Rule 44 of the said Rules, manufacturers and importers are required to appropriately label a medical device, including where the device is intended for single use. Non-compliance with such labelling requirements constitutes an offence under the provisions of the Medical Devices Rules, 2017 and the Drugs and Cosmetics Act, 1940.

Central Drugs Standard Control Organisation (CDSCO) has not received any complaints or reported cases regarding unregulated reuse of Single-Use Medical Devices during the last five years.

The Government of India has enacted the Clinical Establishments (Registration and Regulation) Act, 2010 and notified Clinical Establishments (Central Government) Rules, 2012 for registration of Clinical Establishments with a view to prescribing the Minimum Standards of facilities and services provided by them. Under the said Act, the National Council for clinical

establishments has approved Minimum Standards for different levels of Hospitals. As per these standards, the hospitals are also required to follow standard precautions like practicing hand hygiene, use of personal infection equipment etc. and infection control practices including compliance to Bio-Medical Waste Management Rules to reduce high risk of healthcare associated infection.

'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 also provides for cancellation of registration, if the provisions of the Act are not complied with.

रोगों की रोकथाम को बढ़ावा देना

1087. डॉ. शिवाजी बंडाप्पा कालगे:

श्री ज्ञानेश्वर पाटील:

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

(क) देश में प्राथमिक स्वास्थ्य देखभाल सेवाओं को सुदृढ़ करने और रोगों की रोकथाम को बढ़ावा देने के लिए सरकार द्वारा हाल ही में उठाए गए प्रभावी कदमों का राज्य-वार ब्यौरा क्या है;

(ख) केन्द्र सरकार द्वारा महाराष्ट्र और मध्य प्रदेश में कार्यान्वित की जा रही आयुष्मान भारत डिजिटल स्वास्थ्य (एबीडीएच) और मातृ एवं बाल स्वास्थ्य योजनाओं से संबंधित हाल की नीतियों/कार्यक्रमों का ब्यौरा क्या है; और

(ग) इन पहलों के परिणामस्वरूप देशभर में, विशेषकर महाराष्ट्र में, स्वास्थ्य देखभाल तक पहुंच बनाने, स्वास्थ्य देखभाल सेवाओं की गुणवत्ता और जन-स्वास्थ्य संकेतकों में केन्द्र सरकार द्वारा

राज्य-वार अब तक क्या सुधार किए गए हैं?

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

(क): स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, राज्यों/संघ राज्य क्षेत्रों को जन स्वास्थ्य सेवाओं को सुदृढ़ करने और रोगों की रोकथाम को बढ़ावा देने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में प्रस्तावों को मंजूरी प्रदान करती है।

भारत सरकार द्वारा देश में राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत किए गए विभिन्न पहलों में आयुष्मान आरोग्य मंदिरों (एएएम) का संचालन, नि:शुल्क दवा सेवा पहल, नि:शुल्क निदान सेवा पहल, राष्ट्रीय एम्बुलेंस सेवाएं, मोबाइल मेडिकल यूनिट, आशाकर्मी, 24x7 सेवाएं और प्रथम रेफरल सुविधाएं, प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम, प्रजनन और बाल स्वास्थ्य के तहत विभिन्न कार्यकलाप, एनीमिया मुक्त भारत (एएमबी) कार्यनीति, टीबी मुक्त भारत अभियान और सार्वभौमिक प्रतिरक्षीकरण कार्यक्रम शामिल हैं।

राष्ट्रीय गैर-संचारी रोग रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) अवसंरचना को सुदृढ़ करने, मानव संसाधन विकास, शीघ्र निदान, उपचार और प्रबंधन के लिए स्वास्थ्य सुविधा के उपयुक्त स्तर पर रेफरल और गर्भाशय ग्रीवा कैंसर सहित एनसीडी की रोकथाम के लिए स्वास्थ्य संवर्धन और जागरूकता पैदा करने पर केंद्रित है। एनपी-एनसीडी के तहत, 770 जिला एनसीडी क्लिनिक, 524 डे केयर कैंसर केंद्र, 233 कार्डियक केयर यूनिट और 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लिनिक स्थापित किए गए हैं।

एनएचएम के तहत देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के भाग के रूप में सामान्य एनसीडी की जांच, प्रबंधन और रोकथाम के लिए एक जनसंख्या-आधारित पहल शुरू की गई है।

कुल 1.86 लाख एएएम के माध्यम से उप स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके व्यापक प्राथमिक स्वास्थ्य परिचर्या प्रदान की जाती है। ये एएएम प्रजनन और बाल स्वास्थ्य सेवाएं, संचारी रोग, गैर-संचारी रोग और अन्य स्वास्थ्य समस्याओं सहित सेवाओं की एक विस्तारित श्रृंखला के लिए निवारक, प्रोत्साहक, पुनर्वास संबंधी और उपचारात्मक परिचर्या प्रदान करते हैं।

आयुष्मान भारत प्रधानमंत्री - जन आरोग्य योजना (एबी पीएम-जेएवाई) सरकार की एक प्रमुख योजना है जो भारत की जनसंख्या के आर्थिक रूप से कमजोर निचले 40% हिस्से के अंतर्गत आने वाले 55 करोड़ लाभार्थियों अर्थात् 12.37 करोड़ परिवारों को मध्यम और विशिष्ट परिचर्या अस्पताल में भर्ती के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। हाल ही में, इस योजना का विस्तार करके आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना (एबी पीएम-जेएवाई) के तहत 4.5 करोड़ परिवारों के 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को वय वंदना कार्ड के अंतर्गत कवर किया गया है, भले ही उनकी सामाजिक-आर्थिक स्थिति जैसी भी हो।

64,180 करोड़ रुपये के परिव्यय से शुरू किया गया पीएम-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम), देश भर में स्वास्थ्य प्रणालियों और संस्थानों की क्षमताओं को विकसित करने पर केंद्रित है।

(ख): आयुष्मान भारत डिजिटल मिशन (एबीडीएम) का उद्देश्य एक ऑनलाइन प्लेटफॉर्म बनाना है जो स्वास्थ्य पारिस्थितिकी तंत्र के भीतर स्वास्थ्य संबंधी डेटा की अंतर-संचालनीयता को सक्षम करे ताकि प्रत्येक नागरिक का दीर्घकालिक इलेक्ट्रॉनिक स्वास्थ्य रिकॉर्ड बनाया जा सके और नागरिकों के लिए स्वास्थ्य सेवाओं को सुलभ बनाया जा सके।

महाराष्ट्र और मध्य प्रदेश सहित देश भर में सभी कार्यशील एएएम पर उपलब्ध टेलीकंसल्टेशन सेवाएं, लोगों को उनके घरों के समीप विशेषज्ञ सेवाओं तक पहुंच में सक्षम बनाती

हैं, जिससे वास्तविक पहुंच, सेवा प्रदाताओं की कमी संबंधी समस्याओं का समाधान होता है और परिचर्या की निरंतरता को सुविधाजनक बनाया जाता है।

भारत सरकार ने महाराष्ट्र और मध्य प्रदेश सहित देश भर में मातृ, नवजात और बाल स्वास्थ्य परिणामों में सुधार के लिए एनएचएम के तहत विभिन्न पहलें शुरु की हैं। प्रमुख उपाय इस प्रकार हैं:

- **जननी सुरक्षा योजना (जेएसवाई) और जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके):** संस्थागत प्रसव को बढ़ावा देना और जन स्वास्थ्य सुविधा केंद्रों में निःशुल्क, कैशलेस प्रसव (सीज़रियन सहित), निदान, दवाएं, आहार, परिवहन और रक्त आधान प्रदान करना, साथ ही बीमार शिशुओं के लिए भी समान लाभ उपलब्ध कराना है।
- **प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए):** प्रत्येक महीने की 9 तारीख को विशेषज्ञों/चिकित्सा अधिकारियों द्वारा निःशुल्क, सुनिश्चित प्रसव-पूर्व जांच प्रदान करता है, जिसमें उच्च-जोखिम वाली गर्भधारण की पहचान और प्रबंधन पर जोर दिया जाता है।
- **सुरक्षित मातृत्व आश्वासन (सुमन):** गर्भवती महिलाओं और नवजातों को सेवाओं से वंचित करने के प्रति शून्य सहनशीलता के साथ, नि:शुल्क, गरिमापूर्ण, सम्मानजनक और गुणवत्तापूर्ण स्वास्थ्य सेवा सुनिश्चित करता है।
- **प्रसवोत्तर देखभाल पहल:** आशा की सहायता से उच्च-जोखिम वाली प्रसवोत्तर माताओं का शीघ्र पता लगाने, रेफरल और प्रबंधन को सुदृढ़ करना।
- **एनीमिया मुक्त भारत (एएमबी):** जीवनचक्र दृष्टिकोण के माध्यम से बच्चों, किशोरों, प्रजनन आयु की महिलाओं, गर्भवती और स्तनपान कराने वाली महिलाओं में एनीमिया का उपचार करना।
- **पोषण और बाल स्वास्थ्य क्रियाकलाप**: इसमें मदर्स एब्सोल्यूट अफेक्शन (एम ए ए), स्तनपान प्रबंधन केंद्र, विटामिन ए अनुपूरण, गृह आधारित नवजात परिचर्या

(एचबीएनसी)/युवा बच्चों हेतु गृह आधारित परिचर्या कार्यक्रम (एचबीवाईसी) और मिशन पोषण 2.0 शामिल हैं।

(ग): राष्ट्रीय स्वास्थ्य नीति, 2017 के तहत, सरकार ने स्वास्थ्य परिणामों में सुधार के लिए लक्ष्य निर्धारित किए हैं और इन लक्ष्यों को प्राप्त करने की दिशा में महत्वपूर्ण प्रगति की है। राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) महाराष्ट्र सहित पूरे देश में एनीमिया, कुपोषण और अन्य स्वास्थ्य संकेतकों में हुए मुख्य परिवर्तनों का विवरण प्रदान करता है। प्रमुख संकेतकों की राज्य-वार सूची, एनएफएचएस-6 नीचे दिए गए लिंक से प्राप्त की जा सकती है:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/111ff4a13ca36b5cabb7f94aec5bb0ce.pdf

नमूना पंजीकरण प्रणाली (एसआरएस) रिपोर्ट 2024 भारत में एक बड़े पैमाने पर किया जाने वाला जनसांख्यिकीय सर्वेक्षण है जो महाराष्ट्र सहित पूरे देश में प्रजनन दर, मृत्यु दर और जनसंख्या गतिकी के विश्वसनीय वार्षिक अनुमान प्रदान करता है। राज्य-वार विवरण निम्नलिखित लिंक पर देखा जा सकता है:https://censusindia.gov.in/census.website/data/SRSSTAT

MISSION POSHAN 2.0

1088. SHRI C. N. ANNADURAI:

SHRI G. SELVAM:

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

(a) whether the Government has reviewed the implementation of Mission Poshan 2.0 in Tamil Nadu, if so, the details thereof;

(b) the details of the funds allocated/released/utilized under the said Mission

during the last three years in the said State;

(c) whether District Nutrition Committees with certified nutrition experts have been constituted in all the districts of the said State, if so, the details thereof, along with the meetings held and key recommendations made;

(d) whether any best practices/innovative measures have been adopted in the said State for ensuring quality procurement and timely distribution of supplementary nutrition, if so, the details thereof; and

(e) the details of the measures being taken to strengthen monitoring through the Poshan Tracker and improve transparency, efficiency and accountability in nutrition service delivery in the said State?

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

(a) to (e): Under the Mission Saksham Anganwadi and Poshan 2.0, 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, with special provisions for undernourished children. For monitoring and tracking of all activities in the Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators, the Ministry has launched ‘Poshan Tracker’ digital application. It has facilitated near real time data collection for Anganwadi Services. The application has enabled the Ministry and States and UTs to review the implementation of the scheme on

various parameters including health and nutrition status of the children and to make course corrections. The district wise information on nutritional indicators among children (0-5 years) in Tamil Nadu is available on the Poshan Tracker public dashboard at the given link: https://www.poshantracker.in/statistics.

The details of the funds allocated /released/utilized under the said Mission during the last three years for the State of Tamil Nadu are enclosed in the **Statement.**

In all Districts of Tamil Nadu, District Nutrition Committee is constituted under the Chairpersonship of District Collector along with Child Development Project Officers with specialization in Food Science and Nutrition as Members of the Committee. District Programme Officer is Member Secretary. This Committee meets every month and reviews the infrastructure development of Anganwadi Centres (AWCs), enrollment of beneficiaries, quality of food served in the AWCs (both Take Home Ration and Hot cooked meal), supply of food commodities from civil supplies, provision of seeds and seedlings to AWCs for creating kitchen garden, monitoring low birth weight babies through Home based Young Child Care (HBYC) in convergence with Health and Family Welfare Department, screening all children in the age group of 0-6 years by Rashtriya Bal Swasthya Karyakram (RBSK), referral of malnourished children and monitoring of high risk pregnancies etc.

The details of the measures as reported by authorities in Tamil Nadu for ensuring quality procurement and timely distribution of supplementary nutrition

are given below:

- The Sathu Mavu distributed to children for the age group 6 months -2 years strictly comply with the regulatory norms of BIS Standards 11536:2022.
- For ensuring quality procurement and supply, the Sathu Mavu produced by the Weaning Food Manufacturing Women's Development Cooperative Societies and Private Manufacturers are sent to Government certified laboratories for thorough quality testing and distributed to the AWCs only after obtaining the quality certificate.
- To ensure the quality of Sathu Mavu supplied to the Anganwadi centers random samples from each manufacturer are collected from the AWCs directly and sent to the State Food Analysis Laboratories by the District Project Officers for quality verification.
- Timely supply of Sathu Mavu to AWCs is ensured in the way that production of Sathu Mavu is completed on or before 25th of every month and ready for distribution to Anganwadi Centres.
- Sathu Mavu is produced by Weaning food manufacturing Women Development Industrial Cooperative Societies, located across various districts which helps in uplifting the economic status of under privileged women.

The details of measures being taken to strengthen monitoring through Poshan Tracker and improve transparency, efficiency and accountability in nutrition

service delivery in Tamil Nadu are as below:

- Monthly performance review meeting of District Programme Officers is conducted by the Secretary/ Director Cum Mission Director of ICDS based on Poshan Tracker data such as nutritional indicators, status of malnutrition across the districts, infrastructure, supportive supervision, staff position in the application, Facial Recognition System to ensure the distribution of Supplementary Nutrition to all beneficiaries, growth monitoring of children, Aadhaar /APAAR enrollment status and grievance redressal etc.
- District Collectors meeting is periodically conducted by the Chief Secretary to Government to review the implementation of all schemes and ongoing programme which also includes the adequacy of infrastructure in AWCs and the status of SAM/MAM children in the districts.
- Periodical training for hassle free usage of the Poshan Tracker application is being provided to field functionaries.
- Once in 3 months, refresher training is given to all Anganwadi workers related to Poshan Tracker to ensure seamless functioning of the digital application.

STATEMENT

Funds allocated/released/utilized to the State of Tamil Nadu under Mission Saksham Anganwadi and Poshan 2.0 during the last three years

(Rupees in crore)

2023-24		2024-25		2025-26
Funds released	**Fund utilised**	**Funds released**	**Fund utilised**	**Funds released**
880.79	662.4	638.47	632.41	636.6

PORTAL FOR SEXUAL HARASSMENT CASES

1089. DR. THOL THIRUMAAVALAVAN:

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

(a) whether the Government has launched dedicated portal for registering sexual harassment case at work places;

(b) if so, the details thereof;

(c) whether the Government has any data about the number of complaints registered along with the action taken on such complaints; and

(d) if so, the details thereof?

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

(a) to (d): The Ministry of Women and Child Development (MWCD) launched the Sexual Harassment Electronic Box (SHe-Box) Portal (https://shebox.

wcd.gov.in/), as a digital governance initiative on August 29, 2024, for effective implementation of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH Act). The Portal has seen significant onboarding with over 189,600 workplaces having more than 10 employees at both Government and Private sector level.

The POSH Act mandates the Appropriate Government to monitor the implementation of the Act and maintain data on number of cases filed and disposed of under Act. It provides for constitution of Internal Committee (IC) where the number of employees is 10 or more and also mandates for constitution of Local Committee (LC) by the District Officer notified under the Act to deal with the cases of workplaces where the number of employees is less than 10 or when the complaint is against the employer itself.

SHe-Box Portal is not a mechanism for statutory or regulatory oversight; it is only an IT aid to provide a centralized online system to facilitate dissemination of information about the ICs and LCs constituted at various workplaces so that any aggrieved woman may file complaint in a secure and hassle-free manner and track its progress. However, as mandated under the POSH Act, the appropriate Governments are responsible for monitoring the implementation of the Act.

The portal provides options for disposal of complaints in accordance with relevant provisions under the POSH Act including Section 12 to 15 and Rules 7 to 10 under POSH Rules. Details of complaints registered and disposed on

the SHe- Box Portal since its launch on 29th August, 2024 (as on 21.07.2026) are as below:

Workplace/ Sector	No. of Complaints received	No. of Complaints Disposed
Central	223	139
State	157	61
Private	130	8
Total	510	208

JAL MARG VIKAS PROJECT

1090. SHRI RAJIV PRATAP RUDY:

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

(a) the current operational status of the Jal Marg Vikas Project (JMVP) in the country indicating the total volume of cargo transported across operational National Waterways in the country during the last three years, State-wise;

(b) the details of funds allocated and utilised for fairway development, channel marking and automated navigational aids on National Waterway-1 (NW-1) during the said period, year-wise;

(c) whether the Intermodal Terminal at Kalughat in Saran district of Bihar is fully functional and if so, the details thereof including its container handling capacity and cumulative expenditure incurred on its construction;

(d) whether the Government has sanctioned/completed community jetties under JMVP on NW-1 and if so, the details thereof, State-wise including Bihar,

district-wise; and

(e) whether the Government has taken steps to address seasonal draft variations and low Least Available Depth (LAD) on the Ganga river in Bihar and if so, the details thereof?

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

(a): The development of major infrastructure projects under the Jal Marg Vikas Project (JMVP) have been completed. The infrastructure created under JMVP are now operational and regular cargo/passenger transportation is taking place along National Waterway (NW)-1. The details of cargo transported across operational NWs in the country during the last three years (State-wise) is given at **Statement-I.**

(b): The details of funds allocated and utilized for fairway development, Channel stabilization and Navigational Aids on NW-1 in the last three years are as given below;

Year	**2023-24**	**2024-25**	**2025-26 (unaudited)**
Amount (Rs. in Crore)	251.23	203.65	247.45

(c): The construction of Inter Modal Terminal (IMT) Kalughat in Saran district of Bihar is completed. The terminal has been handed over to M/s Summit Alliance Gateway East (India) Private Limited on 31.10.2025 for operation and

maintenance under the Public-Private Partnership (PPP) mode. The terminal has an annual container handling capacity of 77,000 TEUs developed to facilitate transportation of containerized cargo through NW-1. The total expenditure incurred on the construction of the terminal is Rs.87.13 crore.

(d): Yes. Under JMVP, the Government has sanctioned and completed the development of 60 Community Jetties to provide safe and efficient riverine access for hinterland communities and facilitate the movement of local passengers, transportation of trade goods and agricultural produce etc. Out of the 60 Community Jetties, 15 have been developed in Uttar Pradesh, 21 in Bihar, 2 in Jharkhand, and 22 in West Bengal. The State-wise details including Bihar district-wise is given at **Statement-II**.

(e): Yes. The Government has taken several measures to address seasonal draft variations and effectively maintaining the required Least Available Depth (LAD) for safe and efficient navigation of Inland Water Transport (IWT), which include fairway development and river conservancy works consisting of maintenance dredging, river training works, regular hydrographic surveys, channel marking and bank protection measures etc. In Bihar the various fairway development interventions are ongoing along stretches of Farakka–Kahalgaon, Sultanganj–Mahenderpur–Barh, Barh–Digha, Digha–Majhaua and Kalughat Access Channel.

STATEMENT-I

The details of cargo transported across operational NWs in the country during the last three years (Cargo in Million Metric Ton)

National Waterways (NW)	2023-24	2024-25	2025-26
NW-1 (Ganga-Bhagirathi-Hooghly River System (Haldia-Allahabad)) in U.P., Bihar, Jharkhand and West Bengal	12.82	16.38	84.78
NW-2 (Brahmaputra River (Dhubri-Sadiya)) in Assam	0.59	0.90	1.29
NW-3 (West Coast Canal) in Kerala	3.29	3.49	4.04
NW-4 (Krishna Godavari River Systems) in Andhra Pradesh	4.30	10.40	5.71
NW-5 (East Coast Canal And Matai River/Brahmani-Kharsua-Dhamra Rivers/Mahanadi Delta Rivers) in Odisha	0.64	0.38	0.66
NW-8 (Alappuzha-Changanassery Canal) in Kerala	0.04	0.04	0.04
NW-9 (Alappuzha-Kottayam Athirampuzha Canal) in Kerala	0.02	0.03	0.03
NW-14 (Baitarni River) in Odisha	0.00	-	0.03
NW-16 (Barak River) in Assam	0.00	0.18	0.27
NW-23 (Budha Balanga) in Odisha	0.02	0.02	0.02
NW-27 (Cumberjua River) in Goa	-	-	0.36
NW-31 (Dhansiri/Chathe) in Assam			

	0.01	0.00	0.00
NW-44 (Ichamati River) in West Bengal	0.48	0.49	0.49
NW-47 (Jalangi River) in West Bengal	-	-	0.11
NW-48 (Jawai-Luni-Rann of Kutch River) in Gujarat	-	2.40	2.58
NW-53 (Kalyan-Thane-Mumbai Waterway, Vasai Creek And Ulhas River) in Maharashtra	-	2.70	3.23
NW-57 (Kopili River) in Assam	-	-	0.00
NW-64 (Mahanadi River) in Odisha	0.67	0.40	0.47
NW-86 (Rupnarayan River) in West Bengal	0.10	0.14	0.18
NW-94 (Sone River) in Bihar	1.16	0.97	0.05
NW-97 (Sunderbans Waterway) in West Bengal	5.19	5.98	6.36
Sub Total (National Waterways 1,2,3,4,5,16,44,64,86,94,and97)	**29.34**	**44.91**	**110.70**
Maharashtra Waterways		-	
NW-10 (Amba River)	30.17	29.69	31.07
NW-83 (Rajpuri Creek)	0.45	0.27	0.28
NW-85 (Revadanda Creek-Kundalika River System)	0.99	0.82	0.26
NW-91 (Shastri River - Jaigad Creek System)			

	37.05	32.64	34.41
TOTAL Maharashtra Waterways	**68.66**	**63.41**	**66.02**
Goa Waterways		-	
NW-68 (Mandovi River)	2.42	2.84	5.13
NW-111 (Zuari River)	1.10	1.32	1.57
TOTAL Goa Waterways	**3.52**	**4.16**	**6.70**
Gujarat Waterways		-	
NW-73 (Narmada River)	0.06	0.06	0.06
NW-100 (Tapi River)	31.46	33.31	34.75
TOTAL Gujarat Waterways	**31.51**	**33.36**	**34.81**
Grand Total Million Tonnes	**133.03**	**145.84**	**218.24**
Year on Year Traffic Growth(%)	**5.45**	**9.63**	49.64

STATEMENT-II

a) List of Community Jetties in Bihar

S. No.	Jetty Location	District
1	Manihari	Katihar
2	Tintanga	Bhagalpur
3	Kehelgaon	Bhagalpur
4	AguaniGhat	Patna
5	Munger	Munger
6	Sultanganj	Bhagalpur
7	Digha	Patna
8	Khawaspur	Bhojpur

9	KacchiDargah	Patna
10	Mohanpur	Patna
11	RaghopurDiara	Patna
12	NaktaDiara	Patna
13	Nasiriganj	Patna
14	Panapur	Saran
15	Barh	Patna
16	Buxar	Buxar
17	MahuliGhat	Bhojpur
18	Karagola	Katihar
19	Bateswarsthan	Bhagalpur
20	Doriganj	Saran
21	Simariya	Begusarai

b) List of Community Jetties in Uttar Pradesh

S. No.	Jetty Location	District
1	Ramnagar	Varanasi
2	Raj ghat	Varanasi
3	Kaithy	Varanasi
4	Baluaghat	Chaundauli
5	Saidpur	Ghazipur
6	Chochakpur	Ghazipur
7	Zamania	Ghazipur
8	Collector ghat	Ghazipur
9	Ujiyarghat (Bharauli)	Baliya
10	Majhaua	Baliya
11	Ravidasghat	Varanasi
12	Ravidasghat (Shifted from SamneGhat)	Varanasi
13	Saraikota	Ballia

14	Dungurpur	Ghazipur
15	Kanspur	Ballia

c) List of Community Jetties in Jharkhand

S. No.	Jetty Location	District
1	Rajmahal (Manglaghat)	Sahibganj
2	Samdaghat	Sahibganj

d) List of Community Jetties in West Bengal

S. No.	Jetty Location	District
1	Dainhat	PurbaBardhaman
2	Matiary	PurbaBardhaman
3	Sankhai	PurbaBardhaman
4	Sathiati	PurbaBardhaman
5	Agardwip (Ghazipur site)	Nadia
6	Agradip (Agradip site)	Nadia
7	Ghoriapara-1	Nadia
8	Ghoriapara-2	Nadia
9	Talatala	Nadia
10	Fakirdanga	Malda
11	Maniknagar	Malda
12	Maganpara	Nadia
13	Narkelbaria	Nadia
14	Plassey (Palasi)	Nadia
15	Ramnagar (WB)	Nadia
16	Lalbagh Court Ghat	Murshidabad
17	SadarGhat	Murshidabad

18	Berhampore (Gopal Ghat)	Murshidabad
19	Berhampore (Khagra Ghat)	Murshidabad
20	Saptarishi Ghat	Hooghly
21	Majherchar	Hooghly
22	Shantipur Ghat	Nadia

REPATRIATION OF MORTAL REMAINS

1091. SHRI ROBERT BRUCE C.:

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

(a) the Standard Operating Procedure (SOP) and exact timeline followed by Indian Missions to register death cases and process documentation for Indian citizens dying suddenly or unnaturally in foreign jurisdictions;

(b) the number of mortal remains repatriated to India, State-wise including Tamil Nadu, utilizing the Indian Community Welfare Fund (ICWF) over the last three years, including the expenditures incurred theron annually;

(c) whether the Government is cognizant of severe administrative delays faced by grieving families across multi-agency clearings (foreign police, airlines and the domestic eCARe portal), if so, whether a Unified Single-Window Helpdesk will be launched within Embassies to coordinate logistics free of cost; and

(d) the total number of pending death compensation and insurance settlement cases under the Pravasi Bhartiya Bima Yojana (PBBY) currently pursued with foreign employers and the mechanisms ensuring time-bound relief to legal heirs?

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 early transportation of mortal remains of Indian nationals who have died abroad is accorded high priority by the Ministry. There is a well-established mechanism/Standard Operating Procedure (SOP) to coordinate with Indian Missions/Posts abroad to facilitate the transportation of the mortal remains of Indian nationals to their hometowns in India.

The consular wings of Indian Missions/Posts have designated nodal officer/desks for dealing with death cases of Indian nationals abroad and subsequent transportation of their mortal remains to India or local burial/cremation. It involves completion of certain formalities before the local authorities in the foreign countries permit transportation to India. In case the death is not natural, police investigation is to be completed. As soon as the information about the death of an Indian national comes to the knowledge of the concerned Indian Mission/Post abroad, they proactively seek report from the local Foreign Office and other concerned authorities regarding the cause of the death of the Indian national. Our Missions/Posts abroad inform the next of kin of the deceased Indian national, and facilitate the transportation to India or local burial/cremation of mortal remains in accordance with the wishes of the family of the deceased.

Transportation of mortal remains of Indians involves the following steps:

i. Nomination of a person by the family to carry out, on their behalf, the formalities in the foreign country, in case they are unable to come to the foreign country to take over the mortal remain.
ii. Informing the Insurance Company (if any) by the authorized person/employer.
iii. Nomination of a transporter (in consultation with Insurance Company, if any) by the authorized person/employer.
iv. Obtain the copy of the FIR from the Police authorities, if applicable.
v. Complete the formalities relating to embalming, coffin and quarantine of the mortal remains as soon as possible by the transporter.
vi. Procurement of air ticket for transportation of mortal remains by the authorized person/ employer.
vii. The authorized person needs to obtain the documents – FIR, where applicable, Medical Certificate/Death Certificate, Original Passport, Embalming Certificate, Coffin Certificate, Quarantine Certificate, Authority Letter by the family, List of belongings, Air Way Bill (copy or detail information) and provide the original passport to the Embassy/Consulate for cancellation, upon which the Mission/Post issues the “Death Certificate and No Objection Certificate (NOC)”.
viii. Nomination of person by the family who will collect the mortal remains, on their behalf, at the Indian Airport, if required.

Indian Missions/Posts liaise with different authorities in the foreign

country for seeking following documents for transportation of mortal remains:

i. Medical report / death certificate issued from the hospital concerned;
ii. Police report (with English translation, if report is in some other language), in case of accidental or unnatural death;
iii. Consent letter from next of kin of the deceased for local cremation / burial / transportation of mortal remains;
iv. Issuing of NOC by the Mission / Post for transportation or local cremation / burial as required;
v. Clearance and arrangements for embalming of mortal remains from the authorities concerned in the foreign country;
vi. Clearance from local immigration/ customs department.
vii. These procedures differ from country to country depending upon the local regulations.

(b): The number of mortal remains repatriated to India utilizing the Indian Community Welfare Fund (ICWF) over the last three years, including total annual fund expenditures incurred is as follows:

Transportation of Mortal Remains under ICWF			
S. No	**Year**	**No. of Beneficiaries**	**Total Expenditure(INR)**
1	2023	433	9,06,38,615
2	2024	488	11,96,50,424
3	2025	435	11,49,17,649

State-wise data is not available with this Ministry.

(c): Various Ministries of the Government of India coordinate to ensure time-bound transportation of mortal remains. The eCARe Clearance Portal (https://ecare.mohfw.gov.in) of the Ministry of Health and Family Welfare is an online platform for providing clearance within 48 hours for transportation of mortal remains to India. The Portal is aimed at integrating all stakeholders on a single all-in-one interface, including the Consignee, Airport Health Organizations (APHOs) and Airlines. The portal facilitates smooth and timely clearance of documents with automated periodic alerts and live status tracking.

(d): Ministry does not maintain a separate list of pending cases under the Pravasi Bhartiya Bima Yojana (PBBY). Claims submitted by the policyholder, nominee, or legal heir are assessed by the insurance company administering the scheme, which either approves or rejects each claim as per the terms and conditions of the policy, and the insurance company shares a status report with the Ministry.

खाद्य उत्पादों में मिलावट

1092. श्री मनसुखभाई धनजीभाई वसावा:

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

(क) क्या सरकार को इस बात की जानकारी है कि दुग्ध उत्पादों, खाद्य तेलों, सब्जियों, मिठाइयों और अन्य खाद्य पदार्थों में मिलावट के कारण देश में जन-स्वास्थ्य पर प्रतिकूल प्रभाव पड़ रहा है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) विगत तीन वर्षों में प्रत्येक वर्ष और चालू वर्ष के दौरान देश में विभिन्न खाद्य पदार्थों में

राज्य/संघ राज्यक्षेत्र-वार कितने प्रतिशत खाद्य पदार्थों में मिलावट का पता चला है;

(ग) खाद्य सुरक्षा और मानक अधिनियम, 2006 के अंतर्गत ऐसी मिलावट गतिविधियों में संलिप्तता के दोषी पाए गए व्यक्तियों/संस्थाओं के विरुद्ध क्या कार्रवाई की गई है; और

(घ) खाद्य पदार्थों में मिलावट को प्रभावी ढंग से रोकने के लिए सरकार द्वारा क्या सुधारात्मक उपाय/कार्रवाई की गई है/किए जाने का विचार है?

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

(क) से (घ): भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसएआई) को खाद्य पदार्थों के लिए विज्ञान-आधारित मानक निर्धारित करने तथा उनके निर्माण, भंडारण, वितरण, बिक्री और आयात को विनियमित करने का दायित्व सौंपा गया है, ताकि मानव उपभोग के लिए सुरक्षित एवं स्वास्थ्यवर्धक खाद्य पदार्थों की उपलब्धता सुनिश्चित की जा सके। खाद्य सुरक्षा और मानक अधिनियम, 2006 का कार्यान्वयन एवं प्रवर्तन केंद्र और राज्य सरकारों की साझा जिम्मेदारी है।

खाद्य उत्पादों की बिक्री से जुड़े खाद्य व्यवसायों को विनियमित करने के लिए एफएसएसएआई ने खाद्य सुरक्षा और मानक (खाद्य उत्पाद मानक और खाद्य सहयोजक) विनियम, 2011 के अंतर्गत विभिन्न खाद्य उत्पादों के लिए मानक निर्धारित किए हैं। एफएसएसएआई ने खाद्य सुरक्षा और मानक (संदूषक, विषाक्त पदार्थ एवं अवशेष) विनियम, 2011 अधिसूचित किए हैं, जिनमें खाद्य उत्पादों में पाए जाने वाले कीटनाशक अवशेषों, भारी धातुओं, विषैले तत्वों आदि की अधिकतम अनुमेय सीमाएँ निर्धारित की गई हैं।

पिछले तीन वर्षों के दौरान मिलावट के मामलों सहित मानकों के अनुरूप न पाए गए खाद्य उत्पादों के संबंध में राज्य/संघ राज्य क्षेत्रों के खाद्य सुरक्षा प्राधिकरणों द्वारा की गई प्रवर्तन कार्रवाई का विवरण क्रमशः **विवरण–I, II** एवं **III** में संलग्न है।

एफएसएसएआई ने खाद्य पदार्थों में मिलावट पर अंकुश लगाने के लिए निम्नलिखित

उपाय किए हैं:

- एफएसएसएआई ने उपभोक्ताओं में खाद्य मिलावट के प्रति जागरूकता बढ़ाने के लिए "#मिलावट को ना" जैसे विभिन्न अभियान शुरू किए हैं। इन पहलों में विज्ञापन, शैक्षिक सामग्री तथा ऑनलाइन प्लेटफार्मों के माध्यम से जागरूकता का प्रसार करना शामिल है।
- एफएसएसएआई के आधिकारिक यूट्यूब चैनल पर "मिलावट को कैसे रोकें" शीर्षक के अंतर्गत वीडियो, जिनमें दूध एवं दुग्ध उत्पादों, खाद्य तेल आदि सहित विभिन्न खाद्य पदार्थों में मिलावट की पहचान करने के सरल तरीके प्रदर्शित किए गए हैं। ये सूचना, शिक्षा एवं संचार सामग्री क्षेत्रीय भाषाओं में भी उपलब्ध है।
- उपभोक्ताओं और खाद्य व्यवसाय संचालकों (एफबीओ) की शिकायतें एवं सुझाव वेब पोर्टल, मोबाइल ऐप, एफएसएसएआई हेल्पलाइन, राज्य हेल्पलाइन, ट्विटर, फेसबुक आदि विभिन्न माध्यमों से प्राप्त किए जाते हैं। 'खाद्य सुरक्षा संपर्क पोर्टल' पर प्राप्त शिकायतें ऑनलाइन खाद्य सुरक्षा अनुपालन प्रणाली का भाग हैं। उक्त शिकायतों का निपटान संबंधित राज्य खाद्य सुरक्षा प्राधिकरणों द्वारा किया जाता है।
- मोबाइल खाद्य परीक्षण प्रयोगशाला (एमएफटीएल) अथवा 'फूड सेफ्टी ऑन व्हील्स' (एफएसडब्ल्यू) के माध्यम से विशेष रूप से गांवों, कस्बों और दूरदराज के क्षेत्रों में खाद्य परीक्षण, प्रशिक्षण एवं जन-जागरूकता कार्यक्रम की व्यापक पहुंच सुनिश्चित की जाती है। वर्तमान में, 35 राज्यों/संघ राज्य क्षेत्रों में 305 'फूड सेफ्टी ऑन व्हील्स' इकाइयाँ कार्यरत हैं।
- उन्नत एवं उपयोग में सरल 'रैपिड एनालिटिकल फूड टेस्टिंग (रैपिड) किट' पोर्टेबल तथा हाथ में ले जाने योग्य उपकरण हैं। मौके पर ही खाद्य परीक्षण करने के लिए इन किटों हेतु किसी जटिल उपकरण या पारंपरिक अभिकर्मकों की आवश्यकता नहीं होती है।
- 'फूड सेफ्टी मैजिक बॉक्स' खाद्य पदार्थों में मिलावट की पहचान करने में सहायक है। इसमें

विश्वसनीय 'त्वरित स्क्रीनिंग परीक्षण' उपलब्ध हैं, जिनसे सामान्य व्यक्ति भी घर पर आसानी से परीक्षण कर सकता है। इसमें छह खाद्य श्रेणियों के अंतर्गत कुल 107 परीक्षण शामिल हैं, जिनके माध्यम से स्टार्च, यूरिया, डिटर्जेंट, सेल्यूलोज, माल्टोडेक्सट्रिन, सैलिसिलिक अम्ल, ग्लूकोज़ आदि मिलावटी तत्वों की पहचान की जा सकती है।

- 'त्वरित परीक्षण से मिलावट की पहचान (डार्ट)' पुस्तिका में दूध एवं दुग्ध उत्पाद, तेल एवं वसा, चीनी एवं मिष्ठान्न, खाद्यान्न एवं उनके उत्पाद, मसाले एवं अन्य खाद्य श्रेणियों के लिए 50 से अधिक त्वरित परीक्षणों का विवरण दिया गया है, जिनके माध्यम से खाद्य मिलावट की पहचान की जा सकती है।

- देश में खाद्य विनियामक तंत्र को सुदृढ़ बनाने के लिए, एफएसएसएआई ने खाद्य नमूनों के परीक्षण हेतु राष्ट्रीय परीक्षण एवं अंशांकन प्रयोगशाला प्रत्यायन बोर्ड (एनएबीएल) से मान्यता प्राप्त 259 प्रयोगशालाओं तथा अपीलीय नमूनों के विश्लेषण के लिए 24 रेफरल खाद्य प्रयोगशालाओं को अधिसूचित किया है।

<u>विवरण-I</u>

वर्ष 2025-2026 के दौरान मानकों को पूरा न करने वाले खाद्य उत्पादों (मिलावट सहित) के संबंध में राज्य/संघ राज्य क्षेत्र के खाद्य सुरक्षा प्राधिकारियों द्वारा की गई प्रवर्तन कार्रवाई का ब्यौरा

क्र. सं.	**राज्य**	**विश्लेषित नमूनों की संख्या**	**मानकों को पूरा न करने वाले खाद्य नमूनों की संख्या**	**सिविल मामले**	**आपराधिक मामले**
				शास्ति के साथ निपटाए गए	**दोषसिद्धि की संख्या**
1	अंडमान और निकोबार द्वीप समूह	0	0	0	0
2	आंध्र प्रदेश	5,798	429	196	16
3	अरुणाचल प्रदेश	191	10	1	0
4	असम	1,444	117	0	0
5	बिहार	1,850	94	25	0
6	चंडीगढ़	603	53	71	17

7	छत्तीसगढ़	2,065	214	200	2
8	दादरा और नगर हवेली एवं दमन और दीव	151	0	0	0
9	दिल्ली	1,684	109	32	16
10	गोवा	2,492	321	12	0
11	गुजरात	11,903	824	842	65
12	हरियाणा	2,335	723	1,424	116
13	हिमाचल प्रदेश	1,589	321	359	9
14	जम्मू और कश्मीर	6,546	664	1,368	14
15	झारखंड	1,281	356	73	0
16	कर्नाटक	13,349	537	248	33
17	केरल	16,746	1,863	1,026	330
18	लद्दाख	519	26	12	0
19	लक्षद्वीप	0	0	0	0
20	मध्य प्रदेश	12,448	757	1,790	32
21	महाराष्ट्र	7,694	1,335	2,445	8
22	मणिपुर	570	0	1	0
23	मेघालय	388	22	0	0
24	मिजोरम	198	1	0	0
25	नागालैंड	238	13	0	0
26	उड़ीसा	1,110	61	0	0
27	पुदुचेरी	388	84	0	0
28	पंजाब	7,809	1,031	723	25
29	राजस्थान	17,325	4,594	2,695	31
30	सिक्किम	418	7	6	0
31	तमिलनाडु	44,603	3,984	1,359	857
32	तेलंगाना	3,576	398	0	0
33	त्रिपुरा	304	14	0	0
34	प्रदेश	39,519	20,427	14,890	342
35	उत्तराखंड	1,937	224	243	5
36	पश्चिम बंगाल	14,737	410	1,837	0
	कुल	**2,23,808**	**40,023**	**31,878**	**1,918**

वित्त वर्ष 2025–26 के आंकडे अनंतिम हैं और भविष्य में होने वाले प्रयोगशाला परीक्षण और अदालती कार्यवाही के परिणामों के आधार पर इनमें परिवर्तन हो सकता है।

विवरण-II

वर्ष 2024-2025 के दौरान मानकों के अनुरूप न होने वाले खाद्य उत्पादों (मिलावट सहित) के संबंध में राज्य/संघ राज्य क्षेत्र के खाद्य सुरक्षा प्राधिकारियों द्वारा की गई प्रवर्तन कार्रवाई का ब्यौरा					
क्र. सं.	राज्य/संघ राज्य क्षेत्र	विश्लेषित नमूनों की संख्या	मानकों को पूरा न करने वाले खाद्य नमूनों की संख्या	सिविल मामले	आपराधिक मामले
				शास्ति के साथ निपटाए गए	दोषसिद्धि की संख्या
1	अंडमान और निकोबार द्वीप समूह	810	4	0	0
2	आंध्र प्रदेश	5984	514	464	8
3	अरुणाचल प्रदेश	125	9	7	0
4	असम	1705	234	0	0
5	बिहार	2863	124	25	0
6	चंडीगढ़	374	65	116	41
7	छत्तीसगढ़	2069	270	143	6
8	दादरा और नगर हवेली एवं दमन और दीव	56	0	0	0
9	दिल्ली	2624	130	18	16
10	गोवा	1172	74	11	0
11	गुजरात	12387	901	859	91
12	हरियाणा	2233	500	599	59
13	हिमाचल प्रदेश	1587	293	471	0
14	जम्मू और कश्मीर	6955	651	1,239	29
15	झारखंड	364	138	52	0
16	कर्नाटक	9371	662	283	32
17	केरल	10767	1635	1,088	206
18	लद्दाख	417	45	38	0
19	लक्षद्वीप	0	0	0	0

20	मध्य प्रदेश	13920	1635	2,597	22
21	महाराष्ट्र	5403	1250	1,147	0
22	मणिपुर	126	1	2	0
23	मेघालय	388	5	0	0
24	मिजोरम	0	2	0	0
25	नागालैंड	223	11	0	0
26	उड़ीसा	2282	273	27	0
27	पुदुचेरी	173	0	0	0
28	पंजाब	4131	748	333	8
29	राजस्थान	13840	3788	3,114	30
30	सिक्किम	254	0	0	0
31	तमिलनाडु	18071	2240	1,536	492
32	तेलंगाना	3347	324	125	0
33	त्रिपुरा	123	5	0	0
34	प्रदेश	30380	16500	14,920	215
35	उत्तराखंड	1509	140	256	4
36	पश्चिम बंगाल	14502	1217	672	6
	कुल	**170535**	**34388**	**30142**	**1265**

विवरण-III

वर्ष 2023-24 के दौरान मानकों को पूरा न करने वाले खाद्य उत्पादों (मिलावट सहित) के संबंध में राज्य/संघ राज्य क्षेत्र के खाद्य सुरक्षा प्राधिकारियों द्वारा की गई प्रवर्तन कार्रवाई का ब्यौरा

क्र. सं.	**राज्य/संघ राज्य क्षेत्र**	**विश्लेषित नमूनों की संख्या**	**मानकों को पूरा न करने वाले खाद्य नमूनों की संख्या**	**सिविल मामले**	**आपराधिक मामले**
				शास्ति **के साथ** निपटाए गए	**दोषसिद्धि की संख्या**
1	अंडमान और निकोबार द्वीप समूह	0	0	0	0
2	आंध्र प्रदेश	6439	472	646	8

3	अरुणाचल प्रदेश	501	11	2	0
4	असम	1139	125	0	0
5	बिहार	2806	126	79	0
6	चंडीगढ़	311	49	87	52
7	छत्तीसगढ़	1373	167	86	2
8	दादरा और नगर हवेली एवं दमन और दीव	185	0	0	0
9	दिल्ली	3412	150	36	12
10	गोवा	599	16	17	0
11	गुजरात	15841	910	1701	65
12	हरियाणा	3485	856	593	47
13	हिमाचल प्रदेश	1618	401	376	2
14	जम्मू और कश्मीर	9057	750	1612	22
15	झारखंड	384	292	59	0
16	कर्नाटक	5492	286	75	16
17	केरल	10792	1304	854	134
18	लद्दाख	638	11	19	0
19	लक्षद्वीप	0	0	0	0
20	मध्य प्रदेश	13998	2022	1938	46
21	महाराष्ट्र	5087	1174	154	0
22	मणिपुर	168	3	0	0
23	मेघालय	123	7	0	0
24	मिजोरम	0	0	0	0
25	नागालैंड	138	3	3	0
26	उड़ीसा	2003	252	0	0
27	पुदुचेरी	31	0	0	0
28	पंजाब	6041	929	1204	102
29	राजस्थान	18536	3493	2181	12
30	सिक्किम	231	0	0	0
31	तमिलनाडु	18146	2237	2195	478
32	तेलंगाना	6156	973	425	0
33	त्रिपुरा	87	0	0	0
34	प्रदेश	27750	16183	14627	163
35	उत्तराखंड	1998	192	332	0

36	पश्चिम बंगाल	5948	414	285	0
	कुल	**170513**	**33808**	**29586**	**1161**

ADULTERATION IN FOOD ITEMS

1093. SHRI RAJABHAU PARAG PRAKASH WAJE:

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

(a) whether the Government has taken cognizance of the increasing instances reported from various parts of the country, including Maharashtra, where inspections have allegedly detected adulteration and contamination in commonly consumed food items such as milk, edible oils, spices, sweets, temple prasad, beverages and other essential food products, posing a serious threat to public health, if so, the details thereof;

(b) the details of food samples tested and found unsafe or adulterated, prosecutions launched, convictions secured and licences suspended or cancelled under the food safety laws during the last five years, year-wise and State-wise; and

(c) the measures taken by the Government, including stricter quality standards, enhanced surveillance, rapid testing infrastructure, higher penalties, traceability systems and a time-bound national action plan to ensure safe, unadulterated food for every citizen and curb food adulteration across the country?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI

PRATAPRAO GANPATRAO JADHAV):

(a) to (c): Food Safety and Standards Authority of India (FSSAI) is mandated to lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption. The implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

To regulate food businesses engaged in the sale of food products, FSSAI has prescribed standards for various food products under the Food Safety and Standards (Food Products Standards and Food Additives) Regulations, 2011. FSSAI has also notified Food Safety and Standards (Contaminants, Toxins and Residues) Regulations, 2011 which prescribes limits for pesticide residues, heavy metals, toxins, etc. present in food products.

Around 98% of the Food Business Operators (FBOs) fall within the jurisdiction of the State/UT Food Safety Authorities. Accordingly, the enforcement and implementation of the provisions of the FSS Act, 2006 primarily rests with the State/UT Food Safety Authorities within their respective jurisdictions.

For compliance with the set standards, limits, and other statutory requirements under the Act and regulations made thereunder, FSSAI, through its 4 (four) Regional Offices and State/UT food safety authorities conducts

localized/targeted special enforcement and surveillance drives, inspections and sampling activities for various food products including milk and milk products throughout the year. If any deviations from the standards or violations to the Food Safety and Standards Regulation (FSSR) have been observed, the defaulting Food Business Operators (FBOs) have been subjected to regulatory actions, including punitive measures, as stipulated under the FSS Act, 2006 and regulations made thereunder. The number of inspections conducted against the FBOs during the last three years is as below:-

Financial Year	Number of Inspection
2023-24	3,57,072
2024-25	4,01,391
2025-26	5,20,566

Data for the year 2025-26 is provisional.

The number of Licenses suspended and cancelled in last 5 years is as below:-

Financial Year	Total Suspended	Total Cancelled
2025-26	704	4764
2024-25	769	1679
2023-24	791	1505
2022-23	1100	1715
2021-22	1097	1830
Total	**4461**	**11493**

Details of enforcement action taken for all non-conforming foods products (including adulteration) across the country (State wise) including Maharashtra

in the last 5 years is annexed at **Statement-I, II, III, IV** and **V** respectively.

Measures taken to strengthen the laboratory testing, surveillance and consumer awareness regarding food safety standards across the country are as:

- For the safety of the food and food products through testing, FSSAI has notified 259 National Accreditation Board for Testing and Calibration Laboratories (NABL) for analysis of food samples and 24 Referral Food Laboratories for the analysis of appeal samples. These laboratories belong to the States/UTs, various Government Institutions/Departments and private entities. FSSAI provides technical and financial support to the State Food Safety Authorities, to strengthen the food testing infrastructure in States and UTs. FSSAI has also provided assistance under the scheme “Strengthening of Food Testing System in the Country including provision of Mobile Food Testing Labs" (SoFTeL) to various States and UTs.
- To strengthen the laboratory capacity, from 2017 to till date FSSAI has conducted 222 training programmes for its notified food testing laboratories in which 3937 participants have been trained.
- Mobile Food Testing Laboratory (MFTL) or “Food Safety on Wheels” (FSW) ensures the widest outreach for food testing, training and awareness programme, especially in the villages, towns and remote areas. Currently, 305 FSWs are deployed across 35 States/UTs.

- The "Magic Box" is a compact and user-friendly kit containing simple, rapid test methods to detect common food adulterants in seven different food commodities. It aims to identify adulteration in everyday food items such as milk, spices, oils, and grains.
- Detect Adulteration with Rapid Test (DART) book covers 44 tests that can be performed easily at household level with the help of water and simple solutions like tincture of iodine for food products like Milk and Milk Products, Oils and Fats, Sugar and Confectionary, Food Grains and its products, Spices and Condiments etc. These tests also include sensory evaluation tests for establishing authentication of food products. DART book depicts the differences between pure and adulterated food product through pictorial representation.
- Rapid Analytical Food Testing (RAPID) Kits are advanced, easy to use, portable and handheld devices and don't require any sophisticated equipment or conventional reagents to conduct the tests. So far, 88 RAFT kits have been approved. These kits help to reduce the screening time of the food products at the field level and thereby accelerate surveillance as well as monitoring activities.
- The FSSAI also carries out a nation-wide movement 'Eat Right India' with a focus on preventive and promotive healthcare through social and behavioural change through State Food Safety Authorities. Financial

assistance is provided to the States/UTs for spreading consumer awareness.

- FSSAI has launched various campaigns such as “#No To Adulteration” to raise consumer awareness about food adulteration and how to identify adulterated products. These initiatives include advertisements, educational materials, and online platforms to spread awareness.
- Videos “How to Check for Adulteration” on its official YouTube channel, which includes short videos demonstrating methods to detect adulteration in various food items, including milk and milk products, edible oil etc. These Information Education Communication (IEC) materials are available in regional languages too and are showcased at various public events and campaigns.
- Complaints/concerns of consumers and FBO are received through various channels such as Web portal, Mobile App, FSSAI Helpline, State helpline, Twitter, Facebook, etc. Complaints on Food Safety Connect Portal is part of the online Food Safety Compliance System (FoSCoS). Complaints are attended by the respective State food safety authorities and in cases, where the food samples are found non-conforming, penal actions are initiated against the defaulting FBOs as per the provisions of FSS Act, 2006, Rules and Regulations made thereunder.
- FSSAI is also carrying out an awareness campaign,

"#HarLabelKuchKahtaHai", to empower citizens with label literacy for healthier eating and informed choices. This initiative educates consumers on key elements like nutritional information (calories, fats, sugars, protein), ingredient lists, allergen warnings, and date markings.

STATEMENT-I

Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the Year 2025-2026					
S. No.	**State**	**Samples analyzed**	**No. of Samples found Non-Conforming**	**Civil Cases**	**Criminal Cases**
				Decided with Penalty	**No. of Convictions**
1	Andaman And Nicobar Islands	0	0	0	0
2	Andhra Pradesh	5,798	429	196	16
3	Arunachal Pradesh	191	10	1	0
4	Assam	1,444	117	0	0
5	Bihar	1,850	94	25	0
6	Chandigarh	603	53	71	17
7	Chhattisgarh	2,065	214	200	2
8	Dadra and Nagar Haveli and Daman and Diu	151	0	0	0
9	Delhi	1,684	109	32	16
10	Goa	2,492	321	12	0
11	Gujarat	11,903	824	842	65
12	Haryana	2,335	723	1,424	116
13	Himachal Pradesh	1,589	321	359	9
14	Jammu and Kashmir	6,546	664	1,368	14
15	Jharkhand	1,281	356	73	0
16	Karnataka	13,349	537	248	33
17	Kerala	16,746	1,863	1,026	330
18	Ladakh	519	26	12	0

19	Lakshadweep	0	0	0	0
20	Madhya Pradesh	12,448	757	1,790	32
21	Maharashtra	7,694	1,335	2,445	8
22	Manipur	570	0	1	0
23	Meghalaya	388	22	0	0
24	Mizoram	198	1	0	0
25	Nagaland	238	13	0	0
26	Orissa	1,110	61	0	0
27	Puducherry	388	84	0	0
28	Punjab	7,809	1,031	723	25
29	Rajasthan	17,325	4,594	2,695	31
30	Sikkim	418	7	6	0
31	Tamil Nadu	44,603	3,984	1,359	857
32	Telangana	3,576	398	0	0
33	Tripura	304	14	0	0
34	Uttar Pradesh	39,519	20,427	14,890	342
35	Uttarakhand	1,937	224	243	5
36	West Bengal	14,737	410	1,837	0
	Total	**2,23,808**	**40,023**	**31,878**	**1,918**

The data for FY 2025–26 is provisional and subject to revision based on the outcome of further lab testing and court proceedings.

STATEMENT-II

Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the year 2024-2025					
S. No.	**State/UT**	**No. of Samples Analysed**	**No. of Samples found Non-Conforming**	**Civil Cases**	**Criminal Cases**
				Decided with Penalty	**No. of Convictions**
1	Andaman And Nicobar Islands	810	4	0	0
2	Andhra Pradesh	5984	514	464	8
3	Arunachal Pradesh	125	9	7	0
4	Assam	1705	234	0	0
5	Bihar	2863	124	25	0

6	Chandigarh	374	65	116	41
7	Chhattisgarh	2069	270	143	6
8	Dadra and Nagar Haveli and Daman and Diu	56	0	0	0
9	Delhi	2624	130	18	16
10	Goa	1172	74	11	0
11	Gujarat	12387	901	859	91
12	Haryana	2233	500	599	59
13	Himachal Pradesh	1587	293	471	0
14	Jammu and Kashmir	6955	651	1,239	29
15	Jharkhand	364	138	52	0
16	Karnataka	9371	662	283	32
17	Kerala	10767	1635	1,088	206
18	Ladakh	417	45	38	0
19	Lakshadweep	0	0	0	0
20	Madhya Pradesh	13920	1635	2,597	22
21	Maharashtra	5403	1250	1,147	0
22	Manipur	126	1	2	0
23	Meghalaya	388	5	0	0
24	Mizoram	0	2	0	0
25	Nagaland	223	11	0	0
26	Orissa	2282	273	27	0
27	Puducherry	173	0	0	0
28	Punjab	4131	748	333	8
29	Rajasthan	13840	3788	3,114	30
30	Sikkim	254	0	0	0
31	Tamil Nadu	18071	2240	1,536	492
32	Telangana	3347	324	125	0
33	Tripura	123	5	0	0
34	Uttar Pradesh	30380	16500	14,920	215
35	Uttarakhand	1509	140	256	4
36	West Bengal	14502	1217	672	6
	Total	**170535**	**34388**	**30142**	**1265**

STATEMENT-III

Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the year 2023-24					
S. No.	**State/UT**	**No. of Samples Analysed**	**No. of samples found Non-Conforming**	**Civil Cases**	**Criminal Cases**
				Decided with penalty	**No. of Convictions**
1	Andaman And Nicobar Islands	0	0	0	0
2	Andhra Pradesh	6439	472	646	8
3	Arunachal Pradesh	501	11	2	0
4	Assam	1139	125	0	0
5	Bihar	2806	126	79	0
6	Chandigarh	311	49	87	52
7	Chhattisgarh	1373	167	86	2
8	Dadra and Nagar Haveli and Daman and Diu	185	0	0	0
9	Delhi	3412	150	36	12
10	Goa	599	16	17	0
11	Gujarat	15841	910	1701	65
12	Haryana	3485	856	593	47
13	Himachal Pradesh	1618	401	376	2
14	Jammu and Kashmir	9057	750	1612	22
15	Jharkhand	384	292	59	0
16	Karnataka	5492	286	75	16
17	Kerala	10792	1304	854	134
18	Ladakh	638	11	19	0
19	Lakshadweep	0	0	0	0
20	Madhya Pradesh	13998	2022	1938	46
21	Maharashtra	5087	1174	154	0
22	Manipur	168	3	0	0
23	Meghalaya	123	7	0	0
24	Mizoram	0	0	0	0

25	Nagaland	138	3	3	0
26	Orissa	2003	252	0	0
27	Puducherry	31	0	0	0
28	Punjab	6041	929	1204	102
29	Rajasthan	18536	3493	2181	12
30	Sikkim	231	0	0	0
31	Tamil Nadu	18146	2237	2195	478
32	Telangana	6156	973	425	0
33	Tripura	87	0	0	0
34	Uttar Pradesh	27750	16183	14627	163
35	Uttarakhand	1998	192	332	0
36	West Bengal	5948	414	285	0
	Total	**170513**	**33808**	**29586**	**1161**

STATEMENT-IV

Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the year 2022-23

S. No.	Name of State/UT	No. of Samples Analysed	No. of Samples found Non-Conforming	Civil Cases	Criminal Cases
				Convicted with penalty	No. of Conviction
1	Andaman and Nicobar Islands	1200	46	58	0
2	Andhra Pradesh	3607	314	339	12
3	Arunachal Pradesh	258	11	0	0
4	Assam	602	99	0	0
5	Bihar	2935	92	39	0
6	Chandigarh	473	64	27	8
7	Chhattisgarh	1468	96	119	8
8	Dadra Nagar Haveli and Daman and Diu	164	10	13	0
9	Delhi	3133	255	86	10
10	Goa	699	103	11	0
11	Gujarat	14562	978	547	24
12	Haryana	4445	1425	915	35
13	Himachal Pradesh	2720	729	93	1

14	Jammu and Kashmir	13502	1195	1592	15
15	Jharkhand	943	370	44	8
16	Karnataka	3416	322	191	15
17	Kerala	8533	1362	454	33
18	Ladakh	220	6	23	0
19	Lakshadweep	0	0	0	0
20	Madhya Pradesh	12507	2092	1908	71
21	Maharashtra	11077	1340	198	5
22	Manipur	169	4	0	0
23	Meghalaya	409	41	0	0
24	Mizoram	140	0	0	0
25	Nagaland	109	6	0	0
26	Odisha	1368	367	47	0
27	Puducherry	0	0	0	0
28	Punjab	8179	1724	1404	5
29	Rajasthan	13184	3965	2435	4
30	Sikkim	279	0	4	0
31	Tamil Nadu	24188	7924	3714	678
32	Telangana	4809	894	315	0
33	Tripura	31	8	0	0
34	Uttar Pradesh	30140	18108	13148	251
35	Uttarakhand	1839	342	507	5
36	West Bengal	6203	334	233	0
Total		**177511**	**44626**	**28464**	**1188**

STATEMENT-V

Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the year 2021-22

S. No.	Name of State/UT	No. of Samples Analysed	No. of Samples found Non-Conforming	Civil Cases	Criminal Cases
				Convicted with penalty	No. of Conviction
1	Andaman and Nicobar Islands	850	4	5	0
2	Andhra Pradesh	5290	533	484	6

3	Arunachal Pradesh	108	2	0	0
4	Assam	520	67	5	0
5	Bihar	555	17	75	0
6	Chandigarh	388	28	60	1
7	Chhattisgarh	1436	180	90	6
8	Dadra Nagar Haveli and Daman and Diu	234	0	7	0
9	Delhi	1956	218	89	27
10	Goa	200	14	2	0
11	Gujarat	13663	824	668	14
12	Haryana	4235	1182	78	21
13	Himachal Pradesh	1745	308	249	0
14	Jammu and Kashmir	8109	1735	1931	4
15	Jharkhand	175	85	42	8
16	Karnataka	5844	150	125	0
17	Kerala	7855	925	237	10
18	Ladakh	47	19	12	0
19	Lakshadweep	0	0	0	0
20	Madhya Pradesh	16059	2900	2030	72
21	Maharashtra	9580	1454	787	12
22	Manipur	236	3	1	1
23	Meghalaya	70	5	0	0
24	Mizoram	0	0	0	0
25	Nagaland	127	14	0	0
26	Odisha	1168	260	52	0
27	Puducherry	5	2	2	0
28	Punjab	6768	1059	0	8
29	Rajasthan	10386	2891	626	1
30	Sikkim	66	5	0	0
31	Tamil Nadu	16363	3778	2884	360
32	Telangana	3077	353	77	0
33	Tripura	31	0	0	0
34	Uttar Pradesh	21987	13153	8585	118
35	Uttarakhand	2511	560	182	1
36	West Bengal	2701	207	52	1
Total		**144345**	**32935**	**19437**	**671**

DECLINE IN DOMESTIC PRODUCTION OF FERTILISER

1094. SHRI VE. VAITHILINGAM:

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

(a) the factors responsible for the recent decline in domestic fertilizer production, particularly in relation to global supply disruptions, rising input costs, dependence on imported raw materials and other challenges affecting the fertilizer sector;

(b) the measures taken for addressing production constraints, ensuring adequate fertiliser availability, strengthening supply chains and supporting the requirements of the agricultural sector;

(c) the progress made in improving domestic manufacturing capacity, securing availability of critical raw materials and enhancing resilience of the fertilizer production ecosystem in the country;

(d) the support extended by the Government for modernisation of fertilizer plants, technological upgradation and efficient utilisation of available production resources; and

(e) the initiatives proposed for enhancing domestic production capacity, reducing import dependence and ensuring long-term fertilizer security for sustaining agricultural productivity?

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

(a) to (e): As per the information received from fertilizer units, decline in

fertilizer production generally depends on various factors viz. availability of raw materials/feedstocks, volatility in the prices in international markets, technical shutdown. However, through diversification of sources for raw materials and feedstocks, the domestic production has been ensured at the optimum level.

Further, to ensure adequate availability of fertilizers and stabilize supply chains, the Department has undertaken measures to diversify import sources for fertilizers and engaged with Indian Missions to explore additional sources of supply. As a result of the efforts made 25 LMT and 17.7 LMT of Urea has been secured through global tender in April 2026 and June 2026 respectively. These initiatives are aimed at strengthening the fertilizer supply chain, reducing vulnerabilities arising from global market disruptions, and ensuring availability of fertilizers.

Also, following measures are taken by the Government every season for ensuring timely, adequate and uninterrupted supply of fertilizers in the country:

i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise 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. Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The distribution of fertilizers within the State is done by the respective State Government.

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 269.42 LMTPA during 2026-27. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Further, setting up of a new Brownfield Ammonia-Urea Complex named as Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL) with an annual capacity of 12.7 Lakh Metric Tonne of Urea through Joint Venture within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Assam has been approved. These two projects are under execution phase.

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

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24. During 2025-26, 293.30 LMT of Urea was produced in the country.

In addition to this, on 15.07.2026, CCEA approved National Investment

Policy for Urea-2026 for Aatmanirbhar Bharat (NIPU-2026) for making fresh investments in Urea Sector.

The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (PandK) Fertilizers. Under the Scheme, PandK fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics. For Kharif-2026, NBS rates have been approved for Rs. 41,533.81 Cr to ensure availability of PandK fertilizers under the scheme.

To reduce dependence on imported Phosphatic fertilizers and make country self-reliant measures have been taken to encourage domestic production through guidelines 18.01.2024 on reasonableness of MRP, wherein importers/ manufacturers and integrated manufacturers are given reasonable profit of 8%/10% and 12% respectively; based on the requests, the new manufacturing units or increase in manufacturing capacity of existing units have been recognized / taken on record under the NBS Scheme; the number of PandK fertilizers covered under NBS Scheme has increased from 22 grades in 2021 to 28 grades; Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, is being provided since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.

PREVENTIVE HEALTHCARE AND MANAGEMENT OF NON-COMMUNICABLE DISEASES

1095. DR. GUMMA THANUJA RANI:

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

(a) whether the Government has undertaken any assessment of the integration of AYUSH systems with preventive healthcare and the management of non-communicable diseases, particularly in States such as Andhra Pradesh where lifestyle diseases are rising;

(b) if so, the details thereof including institutions, financial support and programmes approved for Andhra Pradesh; and

(c) if not, the reasons therefor?

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

(a) and (b): Public Health being a State Subject, primary responsibility regarding assessment of the integration of Ayush systems with preventive healthcare and the management of non-communicable diseases in States like Andhra Pradesh where lifestyle diseases are rising, lies with respective State Government. As reported by the State Government of Andhra Pradesh, assessment has been undertaken regarding the integration of Ayush systems to combat rising lifestyle diseases and enhance preventive care. Currently, Ayush dispensaries across the State are functioning for managing non-

communicable diseases (NCDs) like hypertension, diabetes, and related lifestyle disorders. Furthermore, at the field level Medical camps are being conducted by all the Ayush Medical officers in the State of Andhra Pradesh, in and around the dispensary located areas about community awareness.

Further, Under the Centrally Sponsored Scheme of National Ayush Mission (NAM), Ministry of Ayush has approved 126 Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] in the State of Andhra Pradesh as per the proposals received through State Annual Action Plan (SAAPs) and as reported by them all are operational. These AAM (Ayush) are providing holistic wellness model to the community based on Ayush principles and practices including Yoga focusing on preventive, promotive, curative, rehabilitative healthcare for different common ailments including Non-Communicable Disease (NCDs) like hypertension and diabetes. In addition to it, dedicated Ayush Public Health Programmes like National Program for Prevention and Management of Osteoarthritis and other Musculoskeletal Disorders, VAYO MITRA: AYUSH Geriatric Healthcare Services, AYURVIDYA: Healthy lifestyle through AYUSH for School Children, AYUSH Mobile Medical Unit, SUPRAJA: AYUSH Maternal and Neo-natal Intervention, KARUNYA: AYUSH Palliative Services, National Programme on AYUSH for Morbidity Management and Disability Prevention (MMDP) of Lymphatic Filariasis (Lymphoedema) have also been approved in the State of Andhra Pradesh to create mass awareness on prevention and management of common ailments including lifestyle disorders based on Ayush

principles and practises. Under NAM, an amount of Rs. 12,257.56 lakhs has been released to state Government of Andhra Pradesh for implementation of different approved activities of SAAPs from year 2014-15 to 2025-26.

(c): Question does not arise.

सरकारी डॉक्टरों द्वारा जेनेरिक दवाओं के नुस्खे

1096. श्री दिनेश चंद्र यादव:

श्री कौशलेन्द्र कुमार:

श्री रामप्रीत मंडल:

श्री गिरिधारी यादव:

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

(क) क्या सरकार ने सभी सरकारी चिकित्सकों को जहां तक संभव हो, जेनेरिक दवाएं लिखने के लिए कोई अनुदेश जारी किए हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या यह भी सच है कि विभिन्न राज्यों में केन्द्र सरकार की स्वास्थ्य योजनाओं (सीजीएचएस) और सरकारी अस्पतालों में वितरित और उपयोग की जा रही अधिकांश दवाएं जेनेरिक दवाएं हैं;

(ग) यदि हां, तो देश भर में जेनेरिक दवाओं की बड़े पैमाने पर आपूर्ति और उपयोग को ध्यान में रखते हुए निर्धारित मानकों के अनुसार उनकी गुणवत्ता, सुरक्षा और परीक्षण सुनिश्चित करने के लिए सरकार द्वारा की गई व्यवस्थाओं का ब्यौरा क्या है; और

(घ) गुणवत्ता परीक्षण, निरीक्षण, नमूना परीक्षण, प्रयोगशाला स्थापना, गुणवत्ता नियंत्रण तंत्र और जेनेरिक दवाओं के मानकों के अनुपालन के संबंध में सरकार द्वारा किए गए प्रावधानों और उठाए गए कदमों का ब्यौरा क्या है?

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

(क) और (ख): स्वास्थ्य सेवा महानिदेशालय ने दिनांक 12.05.2023 के आदेश के तहत यह निर्देश दिया है कि केन्द्रीय सरकारी अस्पतालों, सीजीएचएस स्वास्थ्य केन्द्रों और पॉलीक्लिनिकों के सभी डॉक्टर जेनेरिक दवाएं लिखें। इसके अतिरिक्त, भारतीय आयुर्विज्ञान परिषद् (पेशेवर आचरण, शिष्टाचार और नैतिकता) विनियम, 2002 के खण्ड 1.5 में यह प्रावधान है कि प्रत्येक चिकित्सक को जेनेरिक नामों वाली दवाएं साफ़-साफ़ और अधिमानत: बड़े अक्षरों में लिखनी चाहिए और उन्हें यह सुनिश्चित करना चाहिए कि दवा के नुस्खे और उसका उपयोग सही एवं तर्कसंगत हो।

(ग) और (घ): इसके अतिरिक्त, केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) और स्वास्थ्य और परिवार कल्याण मंत्रालय ने पूरे देश में सुरक्षित, प्रभावकारी और गुणवत्तापूर्ण दवाओं के आयात और निर्माण को सुनिश्चित करने के लिए निम्नलिखित विनियामक उपाय किए हैं:

- केंद्रीय सरकार ने दिनांक 28.12.2023 के सा.का.नि. 922 (अ) के तहत, औषधि नियम 1945 में संशोधन किया है, ताकि भेषज उत्पादों के लिए अच्छी विनिर्माण पद्धतियों और परिसर, संयंत्र तथा उपकरण की आवश्यकताओं से संबंधित उक्त नियमों की अनुसूची 'ड' में संशोधन किया जा सके। सुधार अनुसूची ड, दिनांक 29.06.2024 से 250 करोड़ रुपये से अधिक के टर्नओवर वाले दवा निर्माताओं के लिए और दिनांक 01.01.2026 से 250 करोड़ रुपये से कम के टर्नओवर वाले निर्माताओं के लिए प्रभावी हो गई है।
- औषधि नियम, 1945 में वर्ष 2023 में यह अनिवार्य करने के लिए संशोधन किया गया है कि अनुसूची ज2 में सूचीबद्ध शीर्ष 300 औषधि निर्माण ब्रांडों के निर्माता, प्रमाणीकरण के लिए सॉफ्टवेयर एप्लिकेशन के माध्यम से पठनीय डेटा संग्रहीत करने हेतु, प्राथमिक पैकेजिंग लेबल पर, अथवा जहां जगह अपर्याप्त हो वहां द्वितीयक लेबल पर एक बार कोड या क्यूआर कोड

मुद्रित करें अथवा चिपकाएं। इसी तरह, नियमों में यह आवश्यक करने के लिए भी संशोधन किया गया है कि प्रत्येक सक्रिय भेषज संघटक (थोक औषधि), चाहे वह निर्मित हो या आयातित, उसके पैकेजिंग के प्रत्येक स्तर पर एक क्यूआर कोड अंकित हो, जिसमें ट्रैकिंग और ट्रेसिंग को सुगम बनाने के लिए सॉफ्टवेयर एप्लिकेशन के माध्यम से पठनीय डेटा हो।

- सीडीएससीओ की दवा परीक्षण प्रयोगशालाओं को एकीकृत करने के लिए सितंबर, 2023 से एक ऑनलाइन पोर्टल, सुगम लैब्स मौजूद है। यह गुणवत्ता विनिर्देशों को पूरा करने और प्रयोगशालाओं में परीक्षण की स्थिति को ट्रैक करने के लिए चिकित्सा उत्पादों (औषधियों, टीकों, सौंदर्य प्रसाधनों और चिकित्सा उपकरणों) के परीक्षण के पूरे कार्यप्रवाह को स्वचालित करता है।
- फरवरी, 2024 में, सीडीएससीओ ने केंद्रीय और राज्य औषधि निरीक्षकों द्वारा औषधियों, सौंदर्य प्रसाधनों और चिकित्सा उपकरणों के नमूने लेने के लिए नियामक दिशानिर्देश प्रकाशित किए। ये दिशानिर्देश एक समान दवा नमूना पद्धति के माध्यम से बाजार में उपलब्ध उत्पादों की गुणवत्ता और प्रभावशीलता सुनिश्चित करने के लिए एक संरचित दृष्टिकोण प्रदान करते हैं।
- देश में औषधि निर्माण परिसरों के विनियामक अनुपालन का आकलन करने के लिए, सीडीएससीओ ने राज्य औषधि नियंत्रकों (एसडीसी) के साथ मिलकर दिसंबर, 2022 से 1040 से अधिक परिसरों का जोखिम-आधारित निरीक्षण किया है और निष्कर्षों के आधार पर, राज्य लाइसेंसिंग प्राधिकरणों द्वारा कारण बताओ नोटिस जारी करना, उत्पादन बंद करने का आदेश, निलंबन, लाइसेंस/उत्पाद लाइसेंस रद्द करना, चेतावनी पत्र जैसी 950 से अधिक कार्रवाइयां की गई हैं।

आयुष्मान कार्ड

1097. श्री उज्ज्वल रमण सिंहः

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

(क) क्या यह सच है कि जिन परिवारों में छह से कम सदस्य हैं और 70 वर्ष से अधिक आयु का कोई सदस्य नहीं है, वे आयुष्मान कार्ड के पात्र नहीं हैं;

(ख) यदि हां, तो छह सदस्यों से कम सदस्यों वाले परिवारों के उपचार के लिए क्या व्यवस्था की गई है;

(ग) क्या सरकार का छह से कम सदस्यों वाले परिवारों के लिए आयुष्मान कार्ड बनाने का विचार है; और

(घ) यदि हां, तो इसकी समय-सीमा 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): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) भारत की जनसंख्या के सबसे निचले 40% हिस्से में आने वाले आर्थिक रूप से कमजोर 12 करोड़ परिवारों को प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवरेज मध्यम और विशिष्ट स्तर की अस्पताल में भर्ती के लिए प्रदान करती है। मार्च 2024 में, इस योजना का विस्तार करके इसमें लगभग 37 लाख मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं, आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायकों के परिवारों को शामिल किया गया है।

उपर्युक्त लाभार्थी श्रेणियों के लिए, परिवार के आकार, आयु या लिंग की कोई सीमा नहीं है। लाभार्थी परिवार के सभी पात्र सदस्य, उनकी आयु या लिंग की परवाह किए बिना, इस योजना के अंतर्गत स्वास्थ्य कवरेज के हकदार हैं।

अक्टूबर 2024 में, इस योजना का पुन: विस्तार किया गया जिससे इसमें 70 वर्ष और उससे अधिक आयु के 4.5 करोड़ परिवारों से संबंधित 6 करोड़ वरिष्ठ नागरिकों को शामिल किया जा सके, चाहे उनकी सामाजिक-आर्थिक स्थिति कुछ भी हो।

MANDATORY FRONT-OF-PACKAGE WARNING LABELS

1098. SHRI E. T. MOHAMMED BASHEER:

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

(a) whether the Government proposes to introduce mandatory Front-of-Package (FoP) warning labels on packaged foods containing High in Fat, Sugar and Salt (HFSS) and if so, the details thereof;

(b) whether the Government proposes to prescribe upper limits for sugar, salt and total fat and regulate the advertising and marketing of unhealthy food products particularly those targeted at children; and

(c) if so, the details thereof, along with plan of action of the Government in this regard?

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

(a) to (c): 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 has notified the Food Safety and Standards (Labelling and Display) Regulations, 2020 that mandates the mentioning of nutritional

information on the labels w.r.t salt, sugar and fat for consumer to make informed choices while selecting the food articles. The matter of introducing Front of Pack Nutritional Labelling and rating system is sub-judice in the Hon'ble Supreme Court of India.

FSSAI has also notified the Food Safety and Standards (Safe Food and Balanced Diets for Children in School) Regulations, 2020 outlining the responsibilities of school authorities to ensure the availability of safe and nutritious food on school premises while also promoting balanced diets in and around school campuses. The School Authority shall encourage and promote consumption of a safe and balanced diet in the school canteen or mess or kitchen based on guidance from "Dietary guidelines for Indians school.

REGIONAL AVAILABILITY OF MEDICAL SEATS AND DOCTORS

1099. SHRI SASIKANTH SENTHIL:

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

(a) whether the number of MBBS and postgraduate medical seats has increased across the country during the last three years;

(b) if so, the details of such seats and the increase recorded during the said period, State/UT-wise;

(c) whether the Government has assessed the doctor-population ratio and the shortage of doctors across the country, State-UT-wise, particularly in rural areas and regions with an inadequate availability of healthcare professionals, if

so, the details thereof;

(d) whether disparities exist between States in the availability of medical education capacity and healthcare professionals; and

(e) if so, the details thereof along with the steps taken by the Government to expand medical education and improve the availability of doctors in areas facing shortages?

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

(a) and (b)**:** As informed by the National Medical Commission (NMC), there is an increase in MBBS seats from 1,09,115 in AY 2023-24 to 1,28,976 in AY 2025-26 and an increase in PG seats from 31,185 in AY 2023-24 to 86,360 in AY 2025-26. The State/UT-wise details of MBBS seats for the last three years are at **Statement-I** and the State/UT-wise details of postgraduate seats for the last three years are at **Statement-II**.

(c) to (e): As per the Indian Medical Register (IMR), the total number of registered is 15,35,155 and 7,51,768 registered practitioners in the AYUSH system of medicine as of now. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:778.

The measures undertaken by Government to strengthen the healthcare network and medical education capacity particularly in remote and underserved areas are:

i. CSS for establishment of new medical colleges by upgrading district/ referral hospital with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. Under the Scheme, all the envisaged 157 new medical colleges have been approved of which 139 are currently operational in the country. The fund sharing mechanism between the Centre and State Government is in the ratio of 90:10 for North Eastern and Special Category, and 60:40 for others.

ii. CSS for strengthening/ upgradation of existing State Government/ Central Government medical colleges to increase the number of MBBS (UG) and PG seats, under which support has been provided for increase of 4977 MBBS seats in 83 colleges with an approved cost of Rs. 5972.20 Cr, 4058 PG seats in phase-I in 72 colleges with an approved cost of Rs. 1498.43 Cr and 4000 PG seats in phase-II in 65 colleges with an approved cost of Rs. 4478.25 Cr.

iii. Also, Cabinet in September, 2025 approved Phase-III of (CSS) for “Strengthening and upgradation of existing State Government/Central Government Medical Colleges/Standalone PG Institutes/Government Hospitals” to facilitate increase of 5000 PG seats with an enhanced cost ceiling of Rs. 1.5 Cr per seats and extension of existing CSS for UG Scheme for 5023 MBBS seats with an enhanced cost of Rs. 1.5 Cr per seats. The timeline for implementation of both the Scheme is 2028-2029.

iv. Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved of which 18 are currently operational in various States/UTs in the country till date.

Further, the Government has taken various measures to improve rural healthcare networks and availability of Doctors in the country which include: -

i. The Family Adoption Programme (FAP) has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages, and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron-Folic Acid supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.

ii. Under District Residency Program of National Medical Commission (NMC), second/third year PG students of medical colleges are posted in district hospitals.

iii. Hard area allowance is provided to specialist doctors for serving in rural and remote areas and for their residential quarters.

iv. Under the National Health Mission, states are allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.

v. Honorarium to Gynaecologists/Emergency Obstetric Care (EmoC) trained, Paediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.

vi. Special incentives for doctors and incentive for Auxiliary Nurse Midwife (ANM) for ensuring timely checkup and recording for antenatal care and adolescent reproductive and sexual health.

vii. Non-Monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

viii. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NHM for achieving improvement in health outcomes.

STATEMENT-I

The details of MBBS seats in medical colleges across the country year-wise:

Sl. No.	Name of the State/UT	No. of MBBS Seats in AY 2023-24	No. of MBBS Seats in AY 2024-25	No. of MBBS Seats in AY 2025-26
1.	Andhra Pradesh	6485	6785	7215
2.	Andaman & Nicobar	114	114	114
3.	Arunachal Pradesh	50	100	100
4.	Assam	1550	1650	1975
5.	Bihar	2765	2995	3545
6.	Chandigarh	150	150	150
7.	Chhattisgarh	2005	2455	2455

8.	Dadra & Nagar Haveli	177	177	177
9.	Delhi	1497	1498	1396
10.	Goa	180	200	200
11.	Gujarat	7150	7250	7525
12.	Haryana	2185	2185	2710
13.	Himachal Pradesh	920	920	970
14.	Jammu & Kashmir	1339	1347	1676
15.	Jharkhand	1055	1055	1255
16.	Karnataka	11745	12396	13944
17.	Kerala	4655	4755	5404
18.	Madhya Pradesh	4800	5200	5725
19.	Maharashtra	10845	11846	12824
20.	Manipur	525	525	525
21.	Meghalaya	50	200	200
22.	Mizoram	100	100	100
23.	Nagaland	100	100	100
24.	Odisha	2525	2725	3025
25.	Puducherry	1830	1830	1873
26.	Punjab	1800	1701	1899
27.	Rajasthan	5575	6506	7330
28.	Sikkim	150	150	150
29.	Tamil Nadu	11700	12050	13050
30.	Telangana	8490	9065	9540
31.	Tripura	225	400	450
32.	Uttar Pradesh	9903	12475	13425
33.	Uttarakhand	1150	1350	1450
34.	West Bengal	5325	5501	6499

STATEMENT-II

The details of postgraduate seats in medical colleges across the country year-wise:

Sl. No.	Name of the State/UT	No. of PG Seats in AY 2023-24	No. of PG Seats in AY 2024-25	No. of PG Seats in AY 2025-26
1.	Andaman Nicobar Islands	0	0	13
2.	Andhra Pradesh	3581	3700	4219
3.	Arunachal Pradesh	0	0	23
4.	Assam	741	749	810
5.	Bihar	1237	1385	1623
6.	Chandigarh	587	587	587
7.	Chatttisgarh	591	691	832
8.	D &Nagar Haveli	0	26	46
9.	Delhi	2950	2970	3030
10.	Goa	137	156	159
11.	Gujarat	2923	3191	3900
12.	Haryana	902	904	1123
13.	Himachal Pradesh	358	364	400
14.	Jammu & Kashmir	662	664	815
15.	Jharkhand	264	273	289
16.	Karnataka	6462	7051	8442
17.	Kerala	1949	2095	2263
18.	Madhya Pradesh	2353	2665	3192
19.	Maharashtra	6087	6501	7193
20.	Manipur	258	258	270
21.	Meghalaya	37	37	37
22.	Mizoram	0	0	10
23.	Orissa	1237	1257	1554
24.	Pondicherry	1036	1077	1155

25.	Punjab	796	835	982
26.	Rajasthan	3296	3657	4146
27.	Sikkim	34	34	34
28.	Tamilnadu	5147	5418	6369
29.	Telangana	3122	3406	4019
30.	Tripura	91	97	113
31.	Uttarakhand	1835	1926	2092
32.	Uttar Pradesh	4233	5025	6119
33.	West Bengal	2097	2192	2416

Note: **86360** post graduate seats include **18,085** in DNB, DrNB, FNB and Post MBBS Diploma seats also.

आयुष्मान भारत योजना के अंतर्गत चिकित्सा सुविधाएं

1100. श्री अरुण गोविलः

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

(क) आयुष्मान भारत योजना के अंतर्गत अब तक कुल कितने लोगों को चिकित्सा सुविधाएं प्रदान की गई हैं और कितने अस्पतालों में ये सुविधाएं उपलब्ध हैं;

(ख) क्या सरकार की यह सुविधा केवल छह सदस्यों से कम वाले परिवारों को ही प्रदान करने की कोई योजना है;

(ग) क्या सरकार की परिवार नियोजन नीति का उल्लंघन करने के बावजूद छह या उससे अधिक सदस्यों वाले परिवारों को यह सुविधा प्रदान की जा रही है, यदि हां, तो इसके क्या कारण हैं;

(घ) यदि हां, तो इस उपबंध को कब तक लागू किए जाने की संभावना है;

(ङ) सरकार द्वारा उन अस्पतालों के विरुद्ध क्या कार्रवाई की गई है जो प्रतिपूर्ति का दावा करने के लिए जाली बिल बनाकर इस योजना का दुरुपयोग करते हैं;

(च) विगत तीन वर्षों के दौरान सरकार को सूचित किए गए कुल कितने मामले हैं जिनमें आयुष्मान

भारत योजना के अंतर्गत किए गए व्यय की प्रतिपूर्ति में एक महीने से अधिक का समय लगा; और

(छ) मेरठ संसदीय निर्वाचन क्षेत्र में आयुष्मान भारत योजना के अंतर्गत चिकित्सा उपचार के लिए पंजीकृत अस्पतालों की कुल संख्या कितनी है?

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

(क): दिनांक 30.06.2026 की स्थिति के अनुसार, आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत देशभर में पैनलबद्ध 37,413 अस्पतालों के नेटवर्क के माध्यम से अस्पताल में कुल 12.69 करोड़ भर्ती मामलों को 1.92 लाख करोड़ रुपये की राशि के साथ स्वीकृति प्रदान की गई है।

(ख) से (घ): एबी-पीएमजेएवाई प्रति परिवार प्रति वर्ष ₹5 लाख तक का स्वास्थ्य कवरेज प्रदान करता है, जो अस्पताल में भर्ती होने पर मध्यम और विशिष्ट स्तर की परिचर्या के लिए भारत की आबादी के निचले 40% हिस्से वाले 12 करोड़ आर्थिक रूप से कमजोर परिवारों को उपलब्ध है। मार्च 2024 में, इस योजना का विस्तार करते हुए इसमें लगभग 37 लाख मान्यता प्राप्त सामाजिक स्वास्थ्य कर्मियों (आशा), आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायिकाओं के परिवारों को भी शामिल किया गया है।

उपरोक्त लाभार्थी श्रेणियों के लिए परिवार के आकार, आयु या लिंग संबंधी कोई सीमा नहीं है। लाभार्थी परिवार के सभी पात्र सदस्य, उनकी आयु या लिंग की परवाह किए बिना, इस योजना के अंतर्गत स्वास्थ्य कवरेज पाने के हकदार हैं।

अक्टूबर 2024 में, 4.5 करोड़ परिवारों के 70 वर्ष या उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को उनकी सामाजिक-आर्थिक स्थिति की परवाह किए बिना इसके दायरे में शामिल करने के लिए इस योजना का और विस्तार किया गया है।

(ड़): एबी-पीएमजेएवाई धोखाधड़ी के प्रति शून्य-सहनशीलता दृष्टिकोण पर संचालित होता है।

राष्ट्रीय स्वास्थ्य प्राधिकरण के अंतर्गत राष्ट्रीय एंटी-फ्रॉड यूनिट असामान्य दावों के पैटर्न, जैसे डुप्लिकेट प्रविष्टियाँ, बढ़ा-चढ़ाकर दर्शाई गई प्रक्रियाएँ, या मरीज की पहचान के दुरुपयोग आदि को चिह्नित करने के लिए कृत्रिम बुद्धिमत्ता/मशीन लर्निंग-आधारित स्वचालित ट्रिगर्स का उपयोग करती है।

योजना के दिशा-निर्देशों के उल्लंघन में संलिप्त पाए गए अस्पतालों के विरुद्ध निलंबन, पैनल से निष्कासन, जुर्माना लगाना, एफआईआर दर्ज कराना आदि सहित उपयुक्त कार्रवाई की जाती है।

(च): योजना के अंतर्गत, दावों का निपटान एक नियमित और निर्बाध प्रक्रिया है तथा दावों का निपटान संबंधित राज्य स्वास्थ्य एजेंसियों द्वारा राष्ट्रीय स्वास्थ्य प्राधिकरण द्वारा जारी दावा निर्णय दिशानिर्देशों के अनुसार किया जाता है। इसके अतिरिक्त, दावों के समयबद्ध निपटान के लिए, राज्य के भीतर स्थित अस्पतालों के लिए दावा प्रस्तुत किए जाने की तिथि से 15 दिनों के भीतर तथा पोर्टेबिलिटी दावों (राज्य के बाहर स्थित अस्पतालों) के मामले में दावा प्रस्तुत किए जाने की तिथि से 30 दिनों के भीतर निपटान की अनुमेय समय-सीमा निर्धारित है।

(छ): आयुष्मान भारत–प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत निर्वाचन क्षेत्र-वार आँकड़े संधारित नहीं किए जाते हैं। तथापि, मेरठ लोकसभा निर्वाचन क्षेत्र के अंतर्गत आने वाले जिलों में एबी-पीएमजेएवाई के तहत पैनलबद्ध अस्पतालों का विवरण निम्नानुसार है:

जिला	पैनलबद्ध अस्पतालों की संख्या (दिनांक 20.07.2026 की स्थिति के अनुसार)
मेरठ	177
हापुड़	59

स्वास्थ्य अवसंरचना निधियों का आवंटन

1101. सुश्री इकरा चौधरी:

श्री अजेन्द्र सिंह लोधी:

श्री लालजी वर्माः

श्रीमती रुचि वीराः

श्री नीरज मौर्यः

श्री हरेन्द्र सिंह मलिकः

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

(क) वर्ष 2025-26 के दौरान देश और प्रदेश में आवंटित कुल स्वास्थ्य अवसंरचना निधियों का वास्तविक प्रतिशत कितना है जिसे वास्तव में जिला अस्पतालों और गंभीर परिचर्या ब्लॉकों के निर्माण पर खर्च किया गया था;

(ख) महोबा, बांदा और हमीरपुर जिलों सहित प्रदेश में कितने प्रतिशत और कितने नव-निर्मित अभिघात केन्द्र और गंभीर परिचर्या ब्लॉक हैं जो वर्तमान में निष्क्रिय पड़े हैं अथवा विशेषज्ञ चिकित्सकों और आधुनिक उपकरणों की कमी के कारण पूरी तरह से कार्य नहीं कर रहे हैं;

(ग) क्या महोबा, बांदा और हमीरपुर जिलों सहित ग्रामीण क्षेत्रों में स्वास्थ्य देखभाल संबंधी पर्याप्त अवसंरचना की कमी के कारण गरीब रोगियों को अभी भी उपचार के लिए बड़े शहरों में भेजना पड़ता है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) उक्त चिकित्सा परियोजनाओं के माध्यम से स्थानीय पराचिकित्सकों और शिक्षित युवाओं के लिए तकनीकी रोजगार के नए अवसर सृजित करने के लिए सरकार की क्या ठोस योजना है;

(ङ) केन्द्र सरकार प्रदेश के कैराना संसदीय निर्वाचन क्षेत्र, अभिघात केन्द्रों और गंभीर परिचर्या ब्लॉकों की स्थापना करने के लिए क्या उपाय किए जा रहे हैं और यदि नहीं, तो इसके क्या कारण हैं; और

(च) उक्त राज्य के अम्बेडकर नगर, मुरादाबाद, आंवला और मुजफ्फरनगर संसदीय निर्वाचन क्षेत्रों में अभिघात केन्द्रों और क्रिटिकल केयर ब्लॉकों के निर्माण की वर्तमान स्थिति क्या है?

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

(क) से (च): सभी को समान, किफायती और गुणवत्तापूर्ण स्वास्थ्य परिचर्या सेवाएं उपलब्ध कराने के उद्देश्य से स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) कार्यान्वित कर रहा है। सरकार स्वास्थ्य अवसंरचना को बेहतर बनाने, स्वास्थ्य सुविधा केन्द्रों के लिए पर्याप्त मानव संसाधन उपलब्ध कराने और विशेषकर अल्पसेवित और हाशिए पर रह रहे लोगों के लिए गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता और पहुंच में सुधार हेतु राज्यों/संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करती है। वित्त वर्ष 2025-26 के दौरान एनएचएम के अंतर्गत देश के ग्रामीण एवं शहरी क्षेत्रों में स्वास्थ्य अवसंरचना के विकास हेतु राज्य/संघ राज्य क्षेत्र-वार एसपीआईपी अनुमोदन और व्यय का ब्यौरा **विवरण-I** में दिया गया है।

जन स्वास्थ्य राज्य का विषय है, इसलिए सभी नागरिकों को बुनियादी स्वास्थ्य सेवाएं प्रदान करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकार की होती है। राज्यों द्वारा अपनी कार्यक्रम कार्यान्वयन योजना (पीआईपी) में दिए गए प्रस्तावों के आधार पर, राज्यों/ संघ राज्य क्षेत्रों के समग्र संसाधन और मौजूदा मानदंडों को ध्यान में रखते हुए अनुमोदन प्रदान किए जाते हैं। प्रत्येक राज्य को दिए गए अनुमोदन कार्यवाही अभिलेख (आरओपी) में दर्ज हैं, जो नीचे दिए गए लिंक पर उपलब्ध हैं: https://nhm.gov.in/index1.php?lang=1andlevel=1 andsublinkid =1377andlid=744

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) एक केंद्र प्रायोजित योजना है जिसमें कुछ केंद्रीय क्षेत्र के घटक शामिल हैं और योजना अवधि (2021-22 से 2025-26) के लिए इसका परिव्यय 64,180 करोड़ रुपये है। पीएम-अभिम के अंतर्गत किए गए उपाय प्राथमिक, मध्यम और विशिष्ट सभी स्तरों पर स्वास्थ्य प्रणालियों और संस्थानों की क्षमताओं का विकास करने पर केंद्रित है, ताकि स्वास्थ्य प्रणालियां वर्तमान और भविष्य की वैश्विक

महामारियों/आपदाओं का प्रभावी ढंग से सामना करने के लिए तैयार रहें। वित्त वर्ष 2025-26 के लिए पीएम-एबीएचआईएम के अंतर्गत प्रदेश सहित राज्य/संघ राज्य क्षेत्र-वार केंद्रीय निर्गम और व्यय का ब्यौरा **विवरण-II** में दिया गया है। प्रदेश राज्य के लिए पीएम- एबीएचआईएम के अंतर्गत सीसीबी के अनुमोदन का विवरण नीचे दिया गया है:

राज्य का नाम	**अनुमोदित इकाइयाँ**
प्रदेश	74

इसके अतिरिक्त, एनएचएम के अंतर्गत अवसंरचना संसाधनों का विवरण वित्त वर्ष 2022-23 की भारत की स्वास्थ्य गतिशीलता (अवसंरचना और मानव संसाधन) रिपोर्ट से प्राप्त किया जा सकता है, जिसका लिंक नीचे दिया गया 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

पंद्रहवें वित्त आयोग (एफसी-XV) ने स्थानीय सरकारों के माध्यम से स्वास्थ्य क्षेत्र के विशिष्ट घटकों के लिए अनुदान की सिफारिश की है, जो वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक पांच वर्षों की अवधि में वितरित किए जाएंगे, ताकि जमीनी स्तर पर स्वास्थ्य व्यवस्था को सुदृढ़ किया जा सके और इसके लिए 70,051 करोड़ रुपये की राशि आवंटित की गई है। ये अनुदान भवन रहित उप-स्वास्थ्य केंद्र (एसएचसी), प्राथमिक स्वास्थ्य केंद्र (पीएचसी), सामुदायिक स्वास्थ्य केंद्र (सीएचसी), ग्रामीण पीएचसी और उप-केंद्रों के आयुष्मान आरोग्य मंदिर (एएएम) में रूपातरण, प्राथमिक स्वास्थ्य परिचर्या सुविधा केन्द्रों, ब्लॉक स्तरीय जन स्वास्थ्य इकाइयों और शहरी एएएम के लिए नैदानिक अवसंरचना हेतु सहायता प्रदान करना जैसे निर्दिष्ट घटकों के माध्यम से प्राथमिक परिचर्या को सुदृढ़ करने के लिए हैं। एफसी-XV के तहत वर्ष 2025-

26 की अवार्ड अवधि के लिए राज्य-वार जारी की गई धनराशि और व्यय का ब्यौरा **विवरण-III** में दिया गया है।

विवरण-I

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत वित्त वर्ष 2025-26 के दौरान राज्य/संघ राज्य क्षेत्र-वार एसपीआईपी अनुमोदन और अवसंरचना सुदृढ़ीकरण (ग्रामीण एवं शहरी) पर व्यय

लाख रुपये में

क्र.सं.	**राज्य**	**2025-26**	
		एसपीआईपी अनुमोदन	**व्यय**
1	अंडमान और निकोबार द्वीप समूह	37.00	3.20
2	आंध्र प्रदेश	16,340.55	1,764.63
3	अरुणाचल प्रदेश	2,000.77	2,820.97
4	असम	14,879.54	6,350.12
5	बिहार	7,901.33	14,274.63
6	चंडीगढ़	0.00	0.00
7	छत्तीसगढ़	31,842.98	2,735.17
8	दादरा और नगर हवेली एवं दमन और दीव	3.60	0.00
9	दिल्ली	6,257.50	2,029.79
10	गोवा	39.40	23.96
11	गुजरात	4,351.95	165.13
12	हरियाणा	682.15	608.28
13	हिमाचल प्रदेश	6.00	2.00
14	जम्मू और कश्मीर	600.00	578.47
15	झारखंड	4,057.90	1,381.17
16	कर्नाटक	18,729.15	346.51
17	केरल	3,522.27	5,378.13
18	लक्षद्वीप	0.00	0.00
19	मध्य प्रदेश	52,780.59	22,130.52
20	महाराष्ट्र	61,720.20	22,687.73

21	मणिपुर	4,828.53	1,128.12
22	मेघालय	427.13	903.91
23	मिजोरम	159.29	284.98
24	नागालैंड	9,360.10	1,369.20
25	ओडिशा	41,217.94	1,12,031.40
26	पुदुचेरी	3.48	5.07
27	पंजाब	475.79	237.09
28	राजस्थान	1,25,300.54	38,877.53
29	सिक्किम	1,223.17	269.63
30	तमिलनाडु	35,634.37	34,960.85
31	तेलंगाना	3,816.29	4,194.56
32	त्रिपुरा	3,417.36	3,237.40
33	प्रदेश	1,50,093.34	8,365.55
34	उत्तराखंड	5,922.46	2,493.83
35	पश्चिम बंगाल	22,960.03	4,198.55
36	लद्दाख	1,884.45	710.40

नोट:

1. एसपीआईपी का अनुमोदन और व्यय राज्य/संघ राज्य क्षेत्रों द्वारा प्रस्तुत उपलब्ध वित्तीय प्रबंधन रिपोर्टों के अनुसार हैं और अनंतिम हैं।

2. व्यय में केंद्रीय निर्गम, राज्य निर्गम और वर्ष के प्रारंभ में बकाया राशि के सापेक्ष किया गया व्यय शामिल है।

विवरण-II

वित्त वर्ष 2025-26 के दौरान प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत राज्य/संघ राज्य क्षेत्र-वार केंद्रीय निर्गम और व्यय

करोड़ रुपये में

क्र.सं.	**राज्य/** संघ राज्य क्षेत्र **का नाम**	**2025-26**	
		केंद्रीय निर्गम	**व्यय**
1	अंडमान और निकोबार द्वीप समूह	6.77	2.76
2	आंध्र प्रदेश	59.32	98.86
3	अरुणाचल प्रदेश	0.88	0.98
4	असम	164.17	209.85
5	बिहार	76.85	128.08

6	चंडीगढ़	5.13	8.75
7	छत्तीसगढ़	32.78	55.33
8	दादरा और नगर हवेली एवं दमन और दीव	7.18	1.02
9	दिल्ली	40.85	7.09
10	गोवा	0.61	1.06
11	गुजरात	100.52	167.54
12	हरियाणा	19.19	32.73
13	हिमाचल प्रदेश	93.27	103.63
14	जम्मू और कश्मीर	49.69	89.56
15	झारखंड	89.02	148.37
16	कर्नाटक	199.75	332.91
17	केरल	26.45	44.08
18	लद्दाख	1.03	0.93
19	लक्षद्वीप	0.32	0.29
20	मध्य प्रदेश	130.42	227.36
21	महाराष्ट्र	221.13	368.56
22	मणिपुर	8.77	13.37
23	मेघालय	23.03	25.12
24	मिजोरम	2.05	4.23
25	नागालैंड	3.30	6.57
26	ओडिशा	137.19	228.65
27	पुदुचेरी	9.00	13.76
28	पंजाब	71.66	119.44
29	राजस्थान	189.31	315.51
30	सिक्किम	4.90	5.54
31	तमिलनाडु	172.51	283.44
32	तेलंगाना	151.12	251.87
33	त्रिपुरा	3.57	3.83
34	प्रदेश	211.88	511.46
35	उत्तराखंड	33.88	37.65
36	पश्चिम बंगाल	91.42	152.37

नोट:

1. जारी किए गए उपरोक्त निर्गम केंद्र सरकार के अनुदानों से संबंधित हैं और इनमें राज्य सरकार का अंशदान

शामिल नहीं है।

2. व्यय में केन्द्रीय निर्गम, राज्य निर्गम और वर्ष के प्रारंभ में बकाया राशि के सापेक्ष किया गया व्यय शामिल है। व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत की गई एफएमआर के अनुसार है और अनंतिम है।

विवरण-III

पंद्रहवें वित्त आयोग (एफसी-XVवां) के तहत वर्ष 2025-26 की अवार्ड अवधि के दौरान राज्य/संघ राज्य क्षेत्र-वार जारी निधि और व्यय

करोड़ रुपये में

क्र.सं.	राज्य	अवार्ड अवधि 2025-26	
		जारी निधि	वित्त वर्ष 2025-26 के दौरान राज्य की सूचना के अनुसार उपयोग की गई निधि।
1	आंध्र प्रदेश	567.40	0.00
2	अरुणाचल प्रदेश	15.65	0.00
3	असम	54.24	11.45
4	बिहार	555.00	0.00
5	छत्तीसगढ़	0.00	0.00
6	गोवा	0.00	0.00
7	गुजरात	726.36	0.00
8	हरियाणा	125.69	0.00
9	हिमाचल प्रदेश	112.93	34.97
10	झारखंड	516.70	145.77
11	कर्नाटक	356.16	0.01
12	केरल	647.06	0.00
13	मध्य प्रदेश	778.41	0.00
14	महाराष्ट्र	1,539.71	83.60
15	मणिपुर	0.00	0.00
16	मेघालय	0.00	0.00
17	मिजोरम	0.00	0.00
18	नागालैंड	0.00	0.00
19	ओडिशा	483.04	214.08
20	पंजाब	423.03	0.00

21	राजस्थान	895.12	105.72
22	सिक्किम	12.09	0.00
23	तमिलनाडु	932.93	477.24
24	तेलंगाना	485.53	162.11
25	त्रिपुरा	98.59	23.22
26	प्रदेश	0.00	0.00
27	उत्तराखंड	0.00	0.00
28	पश्चिम बंगाल	859.18	0.00

नोट:

1. उपरोक्त निर्गम दिनांक 31.03.2026 तक अद्यतन हैं और अनंतिम है।
2. व्यय राज्यों द्वारा प्रस्तुत वित्तीय प्रगति रिपोर्ट के अनुसार है और अनंतिम है।

बिहार में नए आंगनवाड़ी केंद्र

1102. श्री सुनील कुमार:

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

(क) क्या यह सच है कि बिहार में नए आंगनवाड़ी केंद्रों के अनुमोदन से संबंधित प्रस्ताव सरकार के पास लंबित है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या यह सच है कि राज्य के समाज कल्याण विभाग ने अनुमोदन हेतु कई सक्षम आंगनवाड़ी केंद्रों के साथ-साथ लगभग 18,000 नए केंद्र खोलने का प्रस्ताव प्रस्तुत किया है, जो अंतिम स्वीकृति की प्रतीक्षा कर रहा है; और

(ग) यदि हां, तो सरकार द्वारा इन नए केंद्रों को कब तक स्वीकृति प्रदान किए जाने की संभावना है?

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

(क) से (ग) : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत, महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (मनरेगा) के साथ तालमेल करके आंगनवाड़ी केंद्र (एडबल्यूसी) एडबल्यूसी भवन के निर्माण का प्रावधान है।

इसके अतिरिक्त, राज्यों/संघ राज्य क्षेत्रों को यह भी सलाह दी गई है कि वे आंगनवाड़ी केंद्र (एडबल्यूसी) भवनों के निर्माण हेतु विभिन्न योजनाओं जैसे सांसद स्थानीय क्षेत्र विकास योजना (एमपीएलएडीएस), ग्रामीण अवसंरचना विकास निधि (आरआईडीएफ), पंचायती राज संस्थाओं के लिए वित्त आयोग अनुदान, अल्पसंख्यक कार्य मंत्रालय के बहु-क्षेत्रीय विकास कार्यक्रम (एमएसडीपी) इत्यादि से उपलब्ध निधियों का उपयोग जारी रखें।

पीएम-जनमन (प्रधानमंत्री जनजाति आदिवासी न्याय महा अभियान) के तहत, पीवीटीजी (विशेष रूप से संवेदनशील जनजातीय समूह) क्षेत्रों में कुल 2,500 आंगनवाड़ी केंद्रों (एडब्ल्यूसी) को स्वीकृति प्रदान की गई है, जिनमें से बिहार राज्य में निर्माण हेतु 59 आंगनवाड़ी केंद्रों (एडब्ल्यूसी) को स्वीकृति दी गई है।

जनजातीय कार्य मंत्रालय (एमओटी) द्वारा शुरू किए गए 'धरती आबा जनजातीय ग्राम उत्कर्ष अभियान' (डीएजेजीयूए) में योजनाओं में तालमेल बैठाने , पहुंच बढ़ाने और लगभग 63,843 गांवों सम्पूर्ण सुविधाएं उपलब्ध कराने पर विशेष ध्यान दिया जाता है। डीएजेजीयूए के तहत, 875 आंगनवाड़ी केंद्रों के निर्माण को मंज़ूरी दी गई है, जिनमें से 45 केंद्र बिहार राज्य में बनाए जाएंगे।

राज्यों/ संघ राज्य क्षेत्रों को सलाह दी गई है वे इसे युक्तिसंगत बनाएं और बस्ती स्तर पर आंगनवाड़ी केंद्रों की उपलब्धता की पुनः समीक्षा करे ताकि जनसंख्या का पर्याप्त कवरेज सुनिश्चित किया जा सके।

राज्यों/ संघ राज्य क्षेत्रों को निर्देश जारी किए गए हैं कि जिन आंगनवाड़ी केंद्रों का संचालन किराये के भवनों में हो रहा है और जहां पर्याप्त अवसंरचना सुविधा उपलब्ध नहीं है, उन्हें निकटवर्ती प्राथमिक विद्यालयों में, जहां स्थान उपलब्ध हो, स्थापित किया जाए। सरकारी प्राथमिक विद्यालयों में आंगनवाड़ी केंद्रों को स्थापित करने के लिए दिशानिर्देश शिक्षा मंत्रालय के साथ संयुक्त रूप से जारी किए गए हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत, बेहतर पोषण तथा प्रारंभिक बाल्यावस्था देखभाल एवं शिक्षा सुविधा प्रदान करने के उद्देश्य से सरकारी भवनों में स्थित दो लाख आंगनवाड़ी केंद्रों को 15वें वित्त आयोग की अवधि में सक्षम आंगनवाड़ी के रूप में बदलने की स्वीकृति दी गई। सक्षम आंगनवाड़ियों को एलईडी स्क्रीन, जल निस्पंदन प्रणाली, पोषण वाटिका, प्रारंभिक बाल्यावस्था देखभाल एवं शिक्षा (ईसीसीई) सामग्री तथा बिल्डिंग ऐज लर्निंग एड (बाला) चित्रों जैसी आधारभूत सुविधाएं प्रदान की जाती हैं। स्वीकृत 2 लाख आंगनवाड़ी केंद्रों में से, बिहार राज्य के लिए 11,529 आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी केंद्रों के रूप में उन्नयन हेतु अनुमोदित किया गया है।

NATIONAL SAMPLE SURVEY

1103. SHRI VIJAY KUMAR HANSDAK:

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

(a) the details of the findings of the recent 80th Round of National Sample Survey on Health and the Economic Survey 2025-26 regarding the overall state of public health, morbidity rates and out-of-pocket expenditure in India;

(b) whether the survey highlights a significant epidemiological shift from infectious diseases towards non-communicable lifestyle illnesses such as diabetes and hypertension and if so, the details thereof along with the steps being taken by the Government to address the issue;

(c) the details of the financial allocation and expansion targets achieved under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and the inclusion of senior citizens under Ayushman Bharat Vaya Vandana

Scheme, in the country, State/UT-wise;

(d) the total number of functional Ayushman Bharat Health and Wellness Centres and Pradhan Mantri Bharatiya Janaushadhi Kendras operationalised across the country to provide affordable medicines; and

(e) the details of the policy measures and digital infrastructure upgrades, including the Ayushman Bharat Digital Mission, to ensure universal, high-quality and affordable healthcare under the "Health for All" roadmap?

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

(a) and (b): The Ministry of Statistics and Programme Implementation (MoSPI) conducted the latest Survey on Household Social Consumption: Health during January 2025 to December 2025 as part of the National Sample Survey (NSS) 80th Round. The report was released on 20.04.2026 and is available on the Ministry's website. The key findings of the survey are enclosed at **Statement-I**.

The findings of the NSS 80th Round are also consistent with the observations made in the Economic Survey 2025-26, prepared annually by the Ministry of Finance, which notes that India is undergoing an epidemiological transition. As per the NSS 80th Round report, the prevalence of reported infectious diseases has declined between 2017-18 and 2025, whereas reported chronic and non-communicable diseases (NCDs) have increased significantly during the same period. Over the past few decades, India has witnessed a substantial decline in mortality from infectious diseases and a rise

in life expectancy at birth from 49.7 years in 1970-75 to 70.6 years in 2020-24.

The Ministry of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs). Under NP-NCD, 770 District NCD Clinics, 233 Cardiac Care Units and 6,410 NCD clinics at Community Health Centres have been set up across the country.

A population-based initiative for the prevention, control and screening of common non communicable diseases (NCDs) i.e. diabetes, hypertension, oral, breast and cervical cancer, has been rolled out across the country. Under the initiative, persons more than 30 years of age are targeted for their screening and management at Ayushman Arogya Mandir.

(c) to (e): Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY), a flagship scheme of the Government of India, was launched on 23rd September 2018 to provide free and cashless healthcare services to economically vulnerable families.

This scheme 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. Additionally, in March 2024,

around 37 lakh families of Accredited Social Health Activists (ASHA), Anganwadi Workers (AWW) and Anganwadi Helpers (AWH) were included under the scheme. In October 2024, the scheme was further expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status. As on 30th June 2026, a total of 44.19 crore Ayushman cards have been created under the scheme, including 1.26 crore Ayushman Vay Vandana Cards for senior citizens aged 70 years and above. The State/UT wise details Ayushman Cards created under AB PM-JAY and Ayushmann Vay Vandana can be accessed at https://dashboard.nha.gov.in/public/card

A total amount of Rs. 39,837.52 crore has been released to States/UTs under AB PM-JAY since its inception. The State/UT wise fund released under the AB PM-JAY is attached as **Statement-II**.

The Ayushman Arogya Mandir (AAM) initiative, erstwhile Ayushman Bharat Health and Wellness Centres program, is first pillar of Ayushman Bharat scheme and a key component for transforming primary healthcare in India to provide comprehensive primary healthcare services to all citizens. As reported by States/UTs on AAM portal, a total of 1,86,298 AAMs have been operationalized in India, till 30.06.2026. Under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), dedicated outlets known as Jan Aushadhi Kendras (JAKs) are opened across the country. Under the scheme, a total of 20,149 Jan Aushadhi Kendras (JAKs) are opened across the country till

30.06.2026.

The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. Under ABDM, common health data standards and registries for health facilities, healthcare professionals, individuals etc. provide for interoperability in health transactions. The digital health ecosystem created by ABDM supports continuity of care across primary, secondary and tertiary healthcare in a seamless manner.

STATEMENT-I

The details of the findings of the survey on Household Social Consumption: Health are as follows:

- The average number of instances of hospitalization (i.e. instances wherein persons received in patient treatment) was 2.9% during the last 365 days preceding the date of the survey. Persons in urban areas (3.2%) reported more hospitalizations than persons in rural areas (2.7%).
- The highest proportion of individuals reporting illness was observed in the age-group 60 years and above (43.9%), followed by those aged 45–59 years (22.5%) and children aged 0–4 years (9.9%).
- About 13.1% persons reported illness (responded as ailing) during the last 15 days preceding the date of survey, where persons in urban areas (14.9%) reported illness slightly more than the persons in rural areas (12.2%).

- Institutional deliveries accounted for nearly all births (about 96.2%) during the last 365-day period. In rural areas, 95.6% of births occurred in institutions, while only 4.4% took place at home. In urban areas, institutional deliveries were higher at 97.8%, with just 2.2% at home.
- Both rural and urban areas showed near-universal access to ante-natal care (98%). Reporting of post-natal care was also strong, at 92% in rural areas and 95% in urban areas.
- Non-communicable diseases (NCDs) such as cardio-vascular (hypertension) and endocrine/metabolic (diabetes) were most frequently reported after the age of 30 years.
- Health insurance coverage across India has increased from 2017-18 (about 14% in rural and about 19% in urban) to 2025 (about 47% in rural and about 44% in urban).
- The estimated average out-of-pocket medical expenditure per hospitalization case (excluding childbirth) during the last 365 days was about ₹34,064 (₹31,484 in rural and ₹38,688 in urban), while the median out-of-pocket medical expenditure was about ₹11,285 (₹10,500 in rural and ₹12,400 in urban).
- In public hospitals, the average expenditure per hospitalization case (excluding childbirth) at all-India level was ₹6,631 while half of the hospitalized cases treated in public hospitals involved spending of ₹1,100

or less.

STATEMENT-II

State and UT wise fund release under AB PM-JAY
(Since inception to till 30th June 2026)

State/UTs	Fund Release (Amount in crore)
Andaman Nicobar Islands	6.72
Andhra Pradesh	3047.11
Arunachal Pradesh	29.76
Assam	1568.99
Bihar	2117.31
Chandigarh	48.22
Chhattisgarh	1845.04
DNH and DD	35.35
Delhi	59.25
Goa	7.93
Gujarat	2548.02
Haryana	793.62
Himachal Pradesh	323.50
Jammu and Kashmir	430.74
Jharkhand	1095.83
Karnataka	3237.67
Kerala	1153.94
Ladakh	11.44
Lakshadweep	0.99
Madhya Pradesh	3812.41
Maharashtra	3281.30
Manipur	190.20
Meghalaya	287.79
Mizoram	168.21
Nagaland	157.57
Puducherry	34.49
Punjab	691.10
Rajasthan	2563.15
Sikkim	26.30
Tamil Nadu	3335.13
Telangana	917.91

Tripura	322.78
Uttar Pradesh	4468.56
Uttarakhand	443.88
Odisha	744.02
West Bengal	31.28

महाराष्ट्र के बार्शी में डाकघर पासपोर्ट सेवा केन्द्र

1104. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकरः

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

(क) क्या सरकार को महाराष्ट्र के सोलापुर जिले के बार्शी में एक नया डाकघर पासपोर्ट सेवा केन्द्र (पीओपीएसके) स्थापित करने की मांग की जानकारी है;

(ख) यदि हां, तो उक्त मांग पर अब तक क्या कार्रवाई की गई है और इसकी वर्तमान स्थिति क्या है;

(ग) क्या सरकार का बार्शी में डाकघर पासपोर्ट सेवा केन्द्र स्थापित करने का विचार है; और

(घ) यदि हां, तो इसे कब तक स्थापित किए जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क): जी हाँ।

(ख) से (घ)**:** पासपोर्ट सेवा केंद्रों (पीएसके)/डाकघर पासपोर्ट सेवा केंद्रों (पीओपीएसके) को खोलना एक सतत प्रक्रिया है और यह वर्तमान पीएसके/पीओपीएसके की उपलब्ध्ता, मौजूदा पीओ/पीएसके/पीओपीएसके से दूरी, किसी विशेष क्षेत्र से पासपोर्ट आवेदनों की बढ़ती मांग सहित विभिन्न कारकों पर निर्भर करता है। विदेश मंत्रालय ने डाक विभाग (डीओपी) के सहयोग से जनवरी 2017 में महाराष्ट्र सहित देश के प्रत्येक लोकसभा निर्वाचन क्षेत्र (एलएससी) के उन प्रधान डाकघरों (एचपीओ)/डाकघरों (पीओ) में सेवा केंद्र खोलने का निर्णय लिया, जहाँ कोई पीएसके या

पीओपीएसके नहीं है और जिन्हें डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) कहा जाता है। इस पहल के तहत, उस्मानाबाद (धाराशिव) लोकसभा निर्वाचन क्षेत्र के अंतर्गत उस्मानाबाद (धाराशिव) में एक पी.ओ.पी.एस.के. पहले से ही कार्यरत है और बार्शी तालुका इसी लोकसभा निर्वाचन क्षेत्र के अंतर्गत आता है।

ESTABLISHMENT OF REGIONAL AYUSH MEDICAL HUBS

1105. SHRI DEVUSINH CHAUHAN:

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

(a) whether the Government has proposed the establishment of Regional AYUSH Medical Hubs during 2026-27 to integrate traditional and modern healthcare and if so, the details thereof;

(b) the steps taken by the Government to strengthen the WHO Global Traditional Medicine Centre at Jamnagar in Gujarat to deepen international research and policy dialogue;

(c) whether any initiatives have been launched by the Government to promote evidence-based Ayurveda research and digital transformation among scholars, such as the PRAYATNA 2026-27 programme and if so, the details thereof; and

(d) the details of the roadmap for upgrading AYUSH pharmacies and Drug Testing Laboratories (DTLs) to meet global certification standards and boost export readiness?

THE MINISTER 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 establishment of regional medical hubs was announced in the Union Budget 2026–27. The Department for Promotion of Industry and Internal Trade (DPIIT), the nodal Department for this initiative, had consulted with various Ministries/Departments, including the Ministry of Ayush. Ministry of Ayush has provided timely technical inputs and suggestions to DPIIT for integration of Ayush systems in the proposed hubs.

(b)**:** Ministry of Ayush is working with the World Health Organization (WHO), including through the WHO Global Traditional Medicine Centre (GTMC), Jamnagar, to promote research, evidence-based practice, capacity building and global cooperation in traditional medicine.

Major initiatives include:

i. Establishment and operationalization of the WHO Global Traditional Medicine Centre (GTMC), Jamnagar, under the Host Country Agreement between the Government of India and WHO.
ii. Organization of the First WHO Global Summit on Traditional Medicine (Gandhinagar, 2023), which culminated in the Gujarat Declaration.
iii. Organization of the Second WHO Global Summit on Traditional Medicine (New Delhi, 2025), resulting in the adoption of the Delhi Declaration and announcement of SMART (Specific, Measurable, Achievable, Relevant and Time-bound) commitments for implementation of the WHO Global Traditional Medicine Strategy 2025–2034.

iv. Development of global traditional medicine research priorities and roadmap, establishment of technical expert networks, advancement of traditional medicine data standards, and launch of the WHO Traditional Medicine Global Library (TMGL).

v. Ongoing development of the GTMC campus at Jamnagar as a global hub for research, innovation, training and international collaboration in traditional medicine.

(c)**:** Ministry of Ayush has developed various digital platforms through Central Council for Research in Ayurvedic Sciences (CCRAS), like Ayur-Prakriti Web Portal, Swasthya Assessment Scale Portal, Admirable Personalities to Transform Ayurveda (APTA) Digital Library (Ayurveda Grantha Samuccaya), Ayush Manuscripts Advanced Repository (AMAR), Showcase of Ayurvedic Historical Imprints (SAHI), E- Medical Heritage Accession (E-Medha), and maintaining information technology applications such as National Ayush Morbidity and Standardized Terminology Electronic Portal (NAMASTE Portal), and Ayush Research Portal.

CCRAS-PRAYATNA is an initiative of CCRAS to cultivate and enhance scientific writing skills among postgraduate (PG) and doctoral (PhD) scholars in the field of Ayurveda. The program is implemented through structured, in-person workshops conducted at the applicant institutes.

The second session of CCRAS-PRAYATNA was conducted during FY 2024–25, and the third session was launched in July 2026.

(d)**:** Ministry of Ayush has implemented a Central Sector Scheme Ayush Oushadhi Gunavatta evam Uttpadan Samvardhan Yojana (AOGUSY). The components of AOGUSY scheme are as follows:

i. Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.
ii. Pharmacovigilance of Ayurveda, Siddha, Unani, and Homoeopathy (ASUandH) drugs including surveillance of misleading advertisements.
iii. Strengthening of Central and State regulatory frameworks including Technical Human Resource and Capacity Building programs for Ayush drugs.
iv. Support for development of standards and accreditation/certification of Ayush products and materials in collaboration with Bureau of Indian Standards (BIS), Quality Control of India (QCI) and other relevant scientific institutions and industrial R & D centres.

Drug Testing Laboratories are recognized under Rule 160 A to J of the Drugs Rules, 1945 for carrying out tests of identity, purity, quality and strength of Ayurveda, Siddha, Sowa-Rigpa and Unani (ASSU) drugs. As on date, 118 private laboratories and 34 Drug Testing Laboratories of State/UTs are functional.

Ayush Export Promotion Council (AYUSHEXCIL), set up by the Ministry of Ayush with support from the Ministry of Commerce, Government of India. It promotes and oversees exports of Ayurveda, Homoeopathy, Siddha, Sowa

Rigpa, and Unani products by addressing trade issues, facilitate capacity building of its members on export procedures, organizing Business to Business meetings and international events, road shows, seminars and workshops on the export of Ayush products, and to safeguard the scientific research in the field of Ayush healthcare.

Further, the Ministry of Ayush promotes the following quality certification initiatives for Ayush products:

i. Ayush Vertical in CDSCO: Strengthens regulatory oversight through joint inspections with State/UT licensing authorities and facilitates issuance of WHO Certificate of Pharmaceutical Product (WHO-CoPP) for eligible Ayush drugs.
ii. QCI Quality Certification Scheme: Provides Ayush Standard Mark and Ayush Premium Mark based on third-party evaluation of compliance with domestic and international quality standards.

Ministry of Ayush launched the Ayush Quality Mark Programme on 19.12.2025 to strengthen quality assurance and enhance the global recognition of Ayush products and services.

CANCER CASES AND CARE FACILITIES IN LADAKH

1106. SHRI MOHMAD HANEEFA:

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

(a) whether the Government is aware of any reported increase in cancer cases

in the Union Territory of Ladakh in recent years, if so, the details of the available data on cancer prevalence, the most commonly diagnosed types of cancer and key trends in the region;

(b) whether there is any evidence or studies linking environmental, lifestyle, dietary or occupational factors unique to Ladakh's high-altitude and cold climate to the rise in cancer cases, if so, the details thereof;

(c) whether the Government plans to undertake a comprehensive population-wide screening and diagnostic programme across Ladakh to ensure early detection and investigate underlying etiologies, considering its small and geographically defined population, if so, the details regarding its scope, strategy, timelines and budgetary allocation; and

(d) the steps taken or proposed to be taken by the Government to strengthen cancer care infrastructure, diagnostic facilities, early detection services and community awareness initiatives in the Union Territory of Ladakh?

THE MINISTER 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 Indian Council of Medical Research (ICMR), in the Union Territory of Ladakh, stomach, lung and esophageal cancers are the most common types of cancer among males, while breast, stomach and esophageal cancers are the most common types among females.

The UT of Ladakh has informed that the total number of diagnosed

cancer cases during the last five years is as follows:

Year	2021-22	2022-23	2023-24	2024-2025	2025-2026
Total Cancer Diagnosed	50	87	173	208	214

(b): As per the Indian Council of Medical Research (ICMR) study published in 2025, states that the socio-economic changes have influenced dietary patterns, leading to greater dietary diversity, but also contributing to the rise of chronic diseases like cancer, cardiovascular diseases, and diabetes. Also the evolution in the traditional diet over the years changed the diet patterns, which is perceived to be the significant contributor to the increase in Non-Communicable Diseases (NCD) in the region as well as shifting from agricultural to non-agricultural activities also seen as a factor impacting disease incidence.

(c) and (d): The Department of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non- Communicable Diseases (NCDs) Under NP-NCD, 770 District NCD Clinics, 233 Cardiac Care Units and 6,410 NCD clinics at Community Health Centres have been set up across the country. In addition,

524 Day Care Cancer Centres (DCCCs) are functional across the country to ensure cancer care accessibility at district hospital level, out of which 02 DCCCs are functional in Ladakh.

A population-based initiative for prevention, control and screening for common NCDs including three common cancers (oral cancer, breast cancer and cervical cancer) has been rolled out in the country including Ladakh under NHM. In this initiative, persons more than 30 years of age are targeted for their screening at Ayushman Arogya Mandir. Prevention, control and screening services are being provided through trained frontline workers [Accredited Social Health Activist (ASHA) and Auxiliary Nurse and Midwife (ANM)].

The programme is being implemented in all the districts of the union Territory. Under National Health Mission (NHM), funds are provided to States and Union Territories for awareness generation activities as per their Programme Implementation Plans (PIPs). In addition, outreach screening camps and IEC/awareness activities, including health melas, are organized to promote cancer prevention, early detection and timely referral.

ESSENTIAL MEDICINES IN CENTRAL GOVERNMENT HOSPITALS

1107. ADV. PRIYA SAROJ:

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

(a) the details of the availability of essential medicines in Central Government hospitals in the country during the last five years, year-wise and State-wise,

particularly in Uttar Pradesh;

(b) whether there are any instances of stock-outs being reported for such medicines, if so, the reasons for shortages of such medicines as identified in the Ministry reviews, if so, the details thereof;

(c) the number of grievances received by the Government regarding the non-availability of medicines and out-of-pocket expenditure incurred by patients across the country, State-wise, particularly in Uttar Pradesh;

(d) the key findings of inspections and monitoring reports regarding procurement and supply chain management of such medicines; and

(e) the corrective measures introduced by the Government relating to procurement, supply and monitoring to ensure the uninterrupted availability of essential medicines in the country?

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

(a) to (e): ‘Public health and Hospitals’ are the state subject. However, under the National Health Mission (NHM), financial and technical 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 (FDSI), Government of India

supports procurement of drugs and strengthening robust systems of procurement, Quality Assurance, Supply chain management and warehousing, Prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines and Establishment of IT enabled platform DVDMS (Drugs and Vaccine Distribution Management System) for monitoring the real status of procurement and availability of essential medicines.

Ministry of Health and Welfare (MoHFW) has recommended facility-type wise Essential Medicines List (EML) to be made available at the public healthcare facilities which includes provision of a variety of free medicines related to diseases. The facility-type wise number of medicines in the EML includes 113 drugs at Sub Health Centre level, 179 at Primary Health Centre level, 301 at Community Health Centre level, 318 at Sub-district Hospital level and 381 drugs at district Hospital level. However, States have the flexibility to add more medicines. Quality of drugs procured must be ensured by States/UTs.

The government has rolled out the Drugs and Vaccine Distribution Management System (DVDMS), an IT-enabled platform to monitor the procurement status and ensure the availability of essential medicines across the public healthcare system in real-time. Government conducts regular review meetings with States/UTs to address operational gaps, ensure maintenance of adequate buffer stocks, and strengthen grievance redressal mechanisms.

The Central Government Hospitals follow the General Financial Rules,

2017 (GFR 2017), Manual for Procurement of Goods and other extant guidelines / instructions issued by the Government of India as amended from time to time for the procurement of medicines.

The quality and uninterrupted supply of medicines in States/UTs is regularly monitored by the Ministry through various review mechanisms, including Common Review Missions (CRMs), Programme Review Meetings, field visits and inspections conducted by Centre and State/UTs authorities.

भारत की जम्मू-कश्मीर संबंधी विदेश नीति

1108. श्री जुगल किशोरः

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

(क) क्या सरकार इस बात से अवगत है कि अंतरराष्ट्रीय सीमा के निकट जम्मू क्षेत्र के स्थानीय नागरिक सीमा पार की गतिविधियों और क्षेत्रीय सुरक्षा से जुड़े विकास कार्यों के कारण सीधे प्रभावित होते हैं;

(ख) यदि हां, तो भारत सरकार द्वारा हाल के वर्षों में विभिन्न द्विपक्षीय और अंतरराष्ट्रीय मंचों पर जम्मू और कश्मीर से संबंधित सीमा पार आतंकवाद और युद्धविराम उल्लंघन के मुद्दों को उठाने के लिए क्या कदम उठाए गए हैं;

(ग) क्या विदेश मंत्रालय ने अंतरराष्ट्रीय समुदाय के समक्ष जम्मू और कश्मीर के संबंध में भारत का दृष्टिकोण प्रभावी ढंग से प्रस्तुत करने और सीमा पार आतंकवाद के खिलाफ वैश्विक सहयोग बढ़ाने के लिए कोई विशेष पहल की है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा जम्मू संसदीय क्षेत्र की सुरक्षा और इसके नागरिकों के हितों पर इसका क्या प्रभाव पड़ा है?

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

(क) से (घ): सरकार अपने निकटतम पड़ोस में हो रहे घटनाक्रमों सहित उन सभी घटनाक्रमों पर कड़ी नज़र रखती है, जिनका हमारे राष्ट्रीय हित पर प्रभाव पड़ सकता है और राष्ट्रीय सुरक्षा की रक्षा तथा सुदृढ़ करने के लिए सरकार सभी आवश्यक कदम उठाती है।

सरकार ने द्विपक्षीय और बहुपक्षीय मंचों पर सीमा पार आतंकवाद सहित आतंकवाद के खतरे से निपटने में अंतर्राष्ट्रीय सहयोग पर अत्यधिक बल दिया है। भारत सभी संबंधित मंचों पर विशेष रूप से संघ राज्य क्षेत्र जम्मू और कश्मीर पर ध्यान केंद्रित करते हुए, सीमा पार आतंकवाद के प्रभाव को लगातार उजागर करता रहा है। इस संबंध में, मंत्रालय ने 31 साझेदार देशों के साथ आतंकवाद-रोधी संयुक्त कार्य समूहों की स्थापना की है और मंत्रालय उन विभिन्न बहुपक्षीय समूहों में भाग लेता है जहाँ ऐसे मुद्दों को नियमित रूप से उठाया जाता है। अप्रैल 2025 में पहलगाम में हुए आतंकवादी हमले के बाद, सीमा पार आतंकवाद के खतरे पर भारत के दृष्टिकोण को प्रस्तुत करने के लिए 7 संसदीय प्रतिनिधिमंडलों ने दुनिया भर के 33 देशों का दौरा किया।

सरकार जम्मू क्षेत्र के सीमावर्ती क्षेत्रों में रहने वाले लोगों सहित सभी भारतीयों की सुरक्षा, कल्याण और विकास सुनिश्चित करने को उच्च प्राथमिकता देती है।

SERVICE CONDITION OF AWWs AND AWHs

1109. SHRI KALI CHARAN MUNDA:

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

(a) whether the Government has received representations for enhancement of service conditions of Anganwadi Workers (AWWs) and Anganwadi Helpers

(AWHs) from various States including Jharkhand, if so, the details thereof;

(b) whether the Government has examined the demand for implementation of gratuity for AWWs and AWHs in compliance with the directions of the Hon'ble Supreme Court, if so, the present status thereof; and

(c) the steps taken by the Government to improve their honorarium, social security benefits and service conditions?

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

(a) to (c): Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are honorary workers drawn from the local community who voluntarily come forward to render their services in the area of child care and development to help the local community for which they are paid honorarium. This honorarium is increased from time to time. From 1st October, 2018, Government of India has enhanced the honorarium of AWWs at Anganwadi centres (AWCs) from Rs.3,000/- to Rs.4,500/- per month and AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the Centre and States and UTs. In addition, States and UTs are also paying additional monetary incentives and top ups to these functionaries from their own resources which vary from State to State. Details of additional top ups provided by States and UTs are at **Statement**.

Besides, performance linked incentive of Rs.500/- per month is provided to AWWs and Rs.250/- per month to AWHs.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient monitoring and delivery of services. Poshan Tracker which is a mobile phone application that has digitized physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously enabling them for real-time monitoring of all activities going on in the Anganwadis.

To incentivize and encourage the AWWs and AWHs, various initiatives have been undertaken including the following:

i. Promotion: Under Mission Saksham Anganwadi and Poshan 2.0, promotional opportunities for AWWs and AWHs have been enhanced. 50% posts of AWWs are to be filled by AWHs with 5 years of experience and 50% posts of Supervisors are to be filled by promotion of AWWs with 5 years of experience subject to fulfilment of other criteria.
ii. Leave: 20 days' annual leave and paid maternity absence of 180 days and paid absence on abortion/ miscarriage once for 45 days.
iii. State Governments and UT Administrations have been requested to encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which is a voluntary and contributory pension scheme for the unorganized sector in the country to ensure old age protection.
iv. Social Security Insurance Schemes: Insurance benefits have been provided to AWWs and AWHs under Pradhan Mantri Jeevan Jyoti Bima

Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death due to any reason) in the age group of 18 to 50 years and under Pradhan Mantri Suraksha Bima Yojana for accidental cover of Rs.2.00 Lakh (accidental death and permanent full disability) /Rs.1.00 Lakh (partial but permanent disability) in the age group of 18-59 years.

v. Retirement date: States and UTs have been requested to adopt a uniform retirement date i.e 30th April of each year with respect to AWWs and AWHs to ensure proper human resource planning.

vi. Annual Healthcare coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all AWWs and AWHs in pursuance to budget announcement in FY 2024-25.

Mission Saksham Anganwadi and Poshan 2.0 is a centrally sponsored scheme and is implemented by the States/UTs. The Central Government is responsible for policy and planning and the State Governments are responsible for day-to-day program implementation and all operational aspects of the scheme. The Government of India releases funds in the prescribed cost-sharing ratio to the States/UTs for implementation of the Scheme.

Since the implementation of the Scheme is done by the State Government/UT Administration therefore, no specific guidelines have been laid by the Government of India with respect to recruitment, retirement benefits, and payment of Gratuity for Anganwadi Workers and Anganwadi Helpers. Gratuity is a benefit only paid by the employer as per the provisions of the

Payment of Gratuity Act, 1972. The States/UTs are the competent authorities to pay the appropriate benefits to the AWWs/AWHs and the primary authorities to decide their service conditions.

STATEMENT

Details of additional top ups as provided by States and UTs:

(In Rs.)

S. No	State/UT	Additional Top-ups paid to AWW	Additional Top-ups paid to AWH
1	Andaman and Nicobar	7,500	5,750
2	Andhra Pradesh	7,000	4,750
3	Arunachal Pradesh	3,000	3,000
4	Assam	3,500	1,750
5	Bihar	4,500	2,250
6	Chandigarh	3,600	1,800
7	Chhattisgarh	5,500	2,750
8	Dadra and Nagar Haveli and Daman and Diu	3,500	1,750
9	Delhi	6,720	3,360
10	Goa	15,000 - 23,000	8,500 - 11,500
11	Gujarat	5,500	3,250
12	Haryana	10,250	5,650
13	Himachal Pradesh	6,000	3,550
14	Jammu and Kashmir	600	300
15	Jharkhand	7,000	3,500
16	Karnataka	8,000	5,250
17	Kerala	8,300	6,800
18	Ladakh	1,300	650
19	Lakshadweep	5,500	4,750
20	Madhya Pradesh	8,500	4,250

21	Maharashtra	8,500	5,250
22	Manipur	1,000	600
23	Meghalaya	3,000	1,000
24	Mizoram	950	725
25	Nagaland	NIL	NIL
26	Odisha	5,500	2,750
27	Puducherry	1,950	2,125
28	Punjab	5,000	2,850
29	Rajasthan	6,061	4,041
30	Sikkim	7,000	4,500
31	Tamil Nadu	9,780	6,270
32	Telangana	9,150	5,550
33	Tripura	5,946-3,500	4,218-2,750
34	Uttar Pradesh	1,500	750
35	Uttarakhand	4,800	3,000
36	West Bengal	4,500	4,550

न्यायिक अवसंरचना के बजटीय प्रावधान

1110. श्री हरीश चन्द्र मीना:

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

(क) न्यायिक अवसंरचना, न्यायालयों के डिजिटलीकरण और मानव संसाधन विकास के लिए केंद्रीय बजट 2026 में कितनी धनराशि आवंटित की गई है;

(ख) क्या विभिन्न न्यायालयों में लंबित मामलों के प्रभावी और त्वरित निपटान के लिए वर्तमान बजटीय प्रावधान पर्याप्त हैं;

(ग) राजस्थान के न्यायालयों, विशेष रूप से टोंक-सवाई माधोपुर संसदीय क्षेत्र में न्यायाधीशों, न्यायिक अधिकारियों और अदालती कर्मचारियों के स्वीकृत एवं रिक्त पदों का ब्यौरा क्या है; और

(घ) टोंक-सवाई माधोपुर संसदीय क्षेत्र के नागरिकों के लिए सुलभ, त्वरित और प्रभावी न्याय सुनिश्चित करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं?

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

(क) और (ख): जिला और अधीनस्थ न्यायालयों के लिए अवसंरचना विक्स प्रसुविधाओं के विकास के लिए केंद्रीय रूप से प्रायोजित स्कीम (सीएसएस) के अधीन, न्यायिक बुनियादी ढांचे के लिए केंद्रीय बजट 2026 में 810 करोड़ रुपये की राशि आवंटित की गई है। इसके अतिरिक्त, आवश्यक प्रशिक्षण और क्षमता निर्माण कार्यक्रमों सहित न्यायालयों के डिजिटलीकरण के लिए कार्यान्वित की जा रही ई- न्यायालय परियोजना चरण-3 के लिए केंद्रीय बजट 2026 में 1200 करोड़ रुपये की राशि आवंटित की गई है। अनुमोदित परिव्यय और धन की उपलब्धता के आधार पर इन स्कीमों के अधीन पर्याप्त बजटीय उपबंध किए गए हैं। तथापि, मामलों का तेजी से निपटान मामले की जटिलता, जांच की गुणवत्ता, सुसंगत साक्ष्यों की उपलब्धता और अधिवक्ताओं द्वारा उनकी प्रस्तुति, न्यायालय प्रक्रियाओं की समय पर डिलीवरी, पार्टियों की सक्रिय भागीदारी, न्यायिक प्रक्रियाएं आदि सहित कई कारकों पर निर्भर करता है।

(ग): राजस्थान उच्च न्यायालय द्वारा प्रदान की गई जानकारी के अनुसार, राजस्थान उच्च न्यायालय में न्यायाधीशों, न्यायिक अधिकारियों और न्यायालय कर्मचारियों के स्वीकृत और रिक्त पदों का विवरण इस प्रकार है:

श्रेणी	स्वीकृत पद संख्या	कार्यरत पद संख्या	रिक्तियां
न्यायाधीश	50	39	11
न्यायिक अधिकारी	1722	1517	205
न्यायालय कर्मचारी	18832	11226	7606

इसके अतिरिक्त, टोंक और सवाई माधोपुर न्यायाधीश के अधीन न्यायिक अधिकारियों और

न्यायालय कर्मचारियों के स्वीकृत और रिक्त पदों का ब्यौरा इस प्रकार है:

श्रेणी	स्वीकृत पद संख्या	कार्यरत पद संख्या	रिक्तियां
टोंक जजशिप			
न्यायिक अधिकारी	30	29	01
न्यायालय कर्मचारी	412	247	165
सवाई माधोपुर जजशिप			
न्यायिक अधिकारी	25	24	01
न्यायालय कर्मचारी	321	194	127

(घ): टोंक-सवाई माधोपुर संसदीय निर्वाचन क्षेत्र सहित पूरे देश में सुलभ, त्वरित और प्रभावी न्याय सुनिश्चित करने के लिए भारत सरकार ने राज्य सरकार और न्यायपालिका के समन्वय में कई उपाय किए हैं। न्यायालय के अवसंरचना को मजबूत करने के लिए केंद्र प्रायोजित स्कीम (सीएसएस) के अधीन वित्तीय सहायता प्रदान की जाती है। मुकदमे से पहले विधिक सलाह प्रदान करने के लिए सामान्य सेवा केंद्रो (सीएससी) के माध्यम से टेली-लॉ सेवाएं उपलब्ध हैं। ई-न्यायालय परियोजना के अधीन, ई-फाइलिंग, ई-पे, वर्चुअल न्यायालय, वीडियो कॉन्फ्रेंसिंग और राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी) जैसी डिजिटल सेवाएं लागू की गई हैं। विधिक सेवा प्राधिकरणों के माध्यम से मुफ्त विधिक सहायता प्रदान की जाती है। विवादों के त्वरित समाधान के लिए लोक अदालतों और मध्यस्थता सहित वैकल्पिक विवाद समाधान (एडीआर) तंत्र को भी बढ़ावा दिया जा रहा है।

छत्तीसगढ़ में सार्वभौमिक टीकाकरण कार्यक्रम

1111. श्री महेश कश्यप:

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

(क) छत्तीसगढ़ में, विशेष रूप से बस्तर संसदीय क्षेत्र में सार्वभौमिक टीकाकरण कार्यक्रम के अंतर्गत अब तक क्या प्रगति हुई है;

(ख) राज्य में जिला-वार टीकाकरण कवरेज और पूर्ण रूप से प्रतिरक्षित बच्चों तथा गर्भवती महिलाओं की संख्या का ब्यौरा, साथ ही हाल ही में इस कार्यक्रम में शामिल किए गए नए टीकों का ब्यौरा क्या है;

(ग) क्या केंद्र सरकार द्वारा कोविड-19 महामारी के दौरान प्राप्त अनुभवों के आधार पर छत्तीसगढ़ में, विशेष रूप से बस्तर संसदीय क्षेत्र के जनजातीय और दूरदराज के क्षेत्रों में महामारी की तैयारी, रोग निगरानी प्रणाली, प्रयोगशाला नेटवर्क, स्वास्थ्य आपातकालीन प्रतिक्रिया तंत्र और स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए कोई विशेष कार्य योजना लागू की गई है; और

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

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

(क): सार्वभौमिक टीकाकरण कार्यक्रम के तहत छत्तीसगढ़ और बस्तर संसदीय क्षेत्र के ज़िलों के लिए एंटीजन-वार कवरेज का ब्यौरा **विवरण**-I में दिया गया है।

(ख): छत्तीसगढ़ राज्य के पूर्ण रूप से प्रतिरक्षित बच्चों और गर्भवती महिलाओं का ज़िले-वार ब्यौरा **विवरण**-II में दिया गया है।

सभी 36 राज्यों और संघ राज्य क्षेत्रों में 14 वर्ष की आयु की अभिनिर्धारित और पात्र लाभार्थी लड़कियों के लिए दिनांक 28 फरवरी 2026 को राष्ट्रव्यापी एचपीवी टीकाकरण अभियान शुरू किया गया। एचपीवी का टीका आयुष्मान आरोग्य मंदिरों-प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), उप-जिला अस्पतालों (एसडीएच)/जिला अस्पतालों (डीएच) और सरकारी मेडिकल कॉलेजों (जीएमसी) सहित नामित सरकारी स्वास्थ्य सुविधा केंद्रों पर नि:शुल्क प्रदान किया जाता है। किशोरियों हेतु विशेष रूप से ग्रामीण, जनजातीय और शहरी

झुग्गी-झोपड़ी वाले क्षेत्रों में टीकाकरण की उच्च दर सुनिश्चित करने के लिए, रेडियो जिंगल्स, पोस्टर, बैनर, मिथकों को तोड़ने वाली डिजिटल सामग्री और सोशल मीडिया प्लेटफॉर्म जैसी आईईसी सामग्री के माध्यम से जागरूकता सजृन को बढ़ावा दिया जाता है।

(ग) और (घ): बस्तर संसदीय निर्वाचन क्षेत्र सहित, छत्तीसगढ़ राज्य में किए गए उपाय नीचे दिए गए हैं:-

- परिचर्या के प्राथमिक और माध्यमिक स्तरों पर जन स्वास्थ्य अवसंरचना को सुदृढ़ करने; उभरती और पुनः उभरती बीमारियों के लिए रोग निगरानी, निदान और अनुसंधान की क्षमता बढ़ाने; और जन स्वास्थ्य आपात स्थितियों के प्रति प्रभावी ढंग से अनुक्रिया करने में सक्षम एक लचीली स्वास्थ्य प्रणाली विकसित करने के लिए वर्ष 2021 में प्रधानमंत्री - आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) की शुरुआत की गई।
- रोग निगरानी गतिविधियों के निर्वहन हेतु सुदृढ़ बनाए गए एकीकृत रोग निगरानी कार्यक्रम (आईडीएसपी) में प्रशिक्षित बहु-विषयक त्वरित प्रतिक्रिया टीमों (आरआरटी) के माध्यम से अनुक्रिया की एक विकेंद्रीकृत प्रणाली निहित है।
- भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने रोगजनकों के प्रयोगशाला आधारित निदान के लिए 160 से अधिक वायरस अनुसंधान और निदान प्रयोगशालाओं (वीआरडीएल) का एक नेटवर्क स्थापित किया।
- राज्यों/संघ राज्य क्षेत्रों में प्रेशर स्विंग एड्सॉर्प्शन (पीएसए) संयंत्र और चिकित्सा गैस पाइपलाइन प्रणालियों की स्थापना के साथ-साथ राज्यों/संघ राज्य क्षेत्रों को ऑक्सीजन सिलेंडर, ऑक्सीजन कंसेंट्रेटर और लिक्विड मेडिकल ऑक्सीजन टैंक उपलब्ध कराए गए हैं।
- वैश्विक महामारी संबंधी तैयारी को सुदृढ़ करने के लिए एकीकृत स्वास्थ्य सूचना मंच (आईएचआईपी), एकीकृत रोग निगरानी कार्यक्रम (आईडीएसपी), स्वास्थ्य प्रबंधन सूचना प्रणाली (एचएमआईएस), आयुष्मान आरोग्य मंदिर (एएएम) पोर्टल और गैर-संचारी रोगों के

लिए राष्ट्रीय कार्यक्रम (एनपी-एनसीडी) पोर्टल कार्यशील हैं। ये पोर्टल प्रकोपों का शीघ्र पता लगाने में सहायता के लिए वास्तविक समय में डेटा संग्रह, डेटा विश्लेषण, डेटा विज़ुअलाइज़ेशन और महामारी संबंधी जानकारी के प्रचार को सुगम बनाते हैं।

विवरण-I

सार्वभौमिक टीकाकरण कार्यक्रम के तहत छत्तीसगढ़ और बस्तर संसदीय क्षेत्र के ज़िलों में एंटीजन-वार कवरेज।

राज्य/जिला	हेपटाइटस बी-0	बीसीजी	पेंटा -3	ओपीवी-0	ओपीवी -3	रोटा-3	पीसावी-बूस्टर	आईपावा-3	एमआर-1	एमआर -2	एफआईसी	डीपीटी बूस्टर -2	टीडी-10	टीडी-16	गर्भवती महिलाएँ टीडी-2+
छत्तीसगढ	94.6	77.7	87.4	75.1	87.1	87.1	89.8	89.4	90.4	87.8	91.0	77.0	71.0	63.2	77.0
कोंडागांव	99.2	103.3	107.2	107.5	107.6	104.8	108.9	107.8	107.9	107.2	108.4	101.7	96.9	92.3	98.2
नारायणपुर	98.9	121.8	117.3	113.1	117.3	117.3	118.4	118.4	118.4	111.1	118.4	121.0	112.4	106.4	111.1
बस्तर	87.3	115.6	111.1	113.3	111.1	111.1	116.5	116.8	116.9	112.0	116.4	95.6	84.5	69.7	104.5
दंतेवाड़ा	99.0	95.5	101.0	95.4	100.5	100.8	99.7	99.6	99.3	99.5	98.5	83.9	75.7	66.2	93.2
बीजापुर	94.8	118.5	126.9	113.5	126.9	126.9	130.8	131.0	131.0	125.3	130.5	113.2	102.2	90.8	132.1
सुकमा	93.8	118.4	127.2	114.9	127.9	126.2	133.7	134.2	134.0	124.4	136.4	108.8	101.9	89.6	139.0

स्रोत: दिनांक **25** जून **2026** तक की स्थिति के अनुसार एचआईएमएस

विवरण-II

वित्त वर्ष 2025-26 के लिए छत्तीसगढ़ में पूर्ण टीकाकरण कवरेज (एफसी) और गर्भवती महिलाओं का टीडी-2 कवरेज

जिला का नाम	2025-26		
	एफआईसी (%)	एफआईसी (सं.)	गर्भवती महिलाएँ टीडी-2
बालोद	81.3	12349	11441
बलौदाबाज़ार-भाटापारा	54.8	22148	21723
बलरामपुर-रामानुजगंज	101.6	20997	23053
बस्तर	116.4	20482	20879
बेमेतरा	83.4	17643	15946
बीजापुर	130.5	7221	8300
बिलासपुर	99.6	51677	46772
दक्षिण बस्तर दंतेवाड़ा	98.5	6742	7243
धमतरी	81.6	13154	12005
दुर्ग	103.4	34590	31459
गरियाबंद	78.0	11934	11642
गौरेला-पेंड्रा-मरवाही	109.9	9621	8233
जांजगीर-चांपा	116.4	24232	22443
जशपुर	94.6	17686	16087
कबीरधाम	56.7	18390	19367
बस्तर कांकेर	85.8	12913	13254
खैरागढ़-छुईखदान-गंडई	74.9	7307	7247
कोंडागांव	108.4	13187	13565
कोरबा	99.8	27833	28194
कोरिया	108.6	6154	6255
महासमुंद	85.2	20938	18078

मनेन्द्रगढ़-चिरमिरी-भरतपुर (एमसीबी)	103.8	7291	7919
मोहला-मनपुर-अंबागढ़ चौकी	81.7	5437	5546
मुंगेली	108.8	25217	21051
नारायणपुर	118.4	3457	3684
रायगढ़	95.1	23163	20755
रायपुर	81.2	53275	55861
राजनांदगांव	71.7	15836	15828
सक्ती	88.4	13095	11490
सारंगढ़-बिलाईगढ़	84.6	11748	10901
सुकमा	136.4	7340	8495
सूरजपुर	104.6	22681	22224
सरगुजा	113.3	25655	21648

स्रोत: **दिनांक 25 जून 2026 तक की स्थिति के अनुसार एचआईएमएस**

STANDARD OF FOREIGN MEDICAL GRADUATE EXAMINATION

1112. SHRIMATI SANJNA JATAV:

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

(a) whether the Government is aware of the fact that Foreign Medical Graduate Examination (FMGE) exams are meant for the students who have done their MBBS from a foreign soil to get themselves registered in India and such exam is a mandatory screening/ exam, if so, the details thereof;

(b) whether it is a fact that despite being a screening/exam for MBBS graduates, the National Board of Examinations in Medical Sciences (NBEMS) has maintained the standard of FMGE paper of NEET PG level which is least

required for screening and in the latest FMGE exam held in June 2026, even questions of United States Medical Licensing Examination (USMLE) style pattern appeared, thus putting the students under huge mental pressure, if so, the details thereof;

(c) whether the Government is contemplating to request the concerned NBEMS to check their standard of paper and to lower the qualifying exam marks to 125 rather than 150 marks for this exam of June 2026 in view of the overall pass percentage for the NBEMS June 2026, exam being just 12 per cent; and

(d) if so, the details thereof?

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

(a) to (d): The Foreign Medical Graduate Examination (FMGE) is conducted by the National Board of Examinations in Medical Sciences (NBEMS) in accordance with the provisions of the Screening Test Regulations for Foreign Medical Graduates (FMGs) seeking provisional or permanent registration with the National Medical Commission (NMC) or the respective State Medical Councils (SMCs).

As informed by NBEMS, the questions for FMGE are developed through structured Question Banking and Item Writing workshops followed by Validation Workshops by a different group of subject experts. Each question is reviewed for content accuracy, relevance to the approved syllabus, reliability

and validity. The overall process ensures that the examination maintains the expected standards of MBBS graduate and assesses the knowledge and competence required for safe medical practice in the Indian healthcare system. The FMGE is conducted strictly in accordance with the notified regulations and prescribed qualifying criteria.

QUALITY HEALTHCARE INFRASTRUCTURE IN NORTH WEST DELHI

1113. 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 University of Delhi 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 and whether it has been approved; and

(c) the timeline for releasing funds and commencing 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 (c): 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.

आंगनवाड़ी के माध्यम से कौशल विकास

1114. श्री ज्ञानेश्वर पाटील:

श्रीमती कलाबेन मोहनभाई देलकर:

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

(क) मिशन पोषण 2.0 और सक्षम आंगनवाड़ी के अंतर्गत मध्य प्रदेश और दादरा और नगर हवेली सहित राज्य-वार पोषण, स्वास्थ्य निगरानी और प्रारंभिक बाल्यावस्था देखभाल और शिक्षा (ईसीसीई) को सुदृढ़ करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;

(ख) पिछले तीन वर्षों से अब तक मध्य प्रदेश राज्य और दादरा और नगर हवेली में सरकार द्वारा किए गए आंगनवाड़ी केंद्रों के आधुनिकीकरण (डिजिटल निगरानी और स्मार्ट अवसंरचना) का ब्यौरा क्या है;

(ग) क्या सरकार का मध्य प्रदेश और दादरा और नगर हवेली में आंगनवाड़ियों और स्वयं सहायता समूहों (एसएचजी) के माध्यम से महिलाओं के लिए कौशल विकास और उद्यमिता कार्यक्रम शुरू करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) सरकार का इसे कब तक लागू करने का विचार है?

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

(क): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 सम्पूर्ण देश में स्थित लगभग 14 लाख आंगनवाड़ी केंद्रों (एडब्ल्यूसी) के नेटवर्क के माध्यम से पात्र लाभार्थियों को एकीकृत तरीके से सेवाओं का निम्नलिखित पैकेज प्रदान करता है:

i. अनुपूरक पोषण।
ii. विद्यालय पूर्व अनौपचारिक शिक्षा।
iii. पोषण और स्वास्थ्य शिक्षा।
iv. टीकाकरण।
v. स्वास्थ्य जांच।
vi. रेफरल सेवाएं।

छह सेवाओं में से तीन अर्थात टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं स्वास्थ्य से संबंधित हैं और ये राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं।

मिशन पोषण 2.0 के तहत कुपोषण को कम करने और बच्चों के स्वास्थ्य, कल्याण और रोग प्रतिरोधक क्षमता में सुधार के लिए एक नई कार्यनीति अपनाई गई है। इसमें सामुदायिक जुटाव, आउटरीच, व्यवहार परिवर्तन और प्रचार-प्रसार जैसे दृष्टिकोण शामिल हैं। इसमें आयुष पद्धतियों के माध्यम से मातृ पोषण, शिशु एवं छोटे बच्चों के आहार मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएएम) के उपचार और कल्याण पर ध्यान केंद्रित किया जाता है

ताकि दुबलापन, बौनापन, रक्ताल्पता और अल्प वजन की व्याप्तता को कम किया जा सके।

राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 की अनुसूची-II में दिए गए पोषण संबंधी मानदंडों के अनुसार, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं, बच्चों (6 माह से 6 वर्ष तक, और किशोरियों (आकांक्षी जिलों तथा पूर्वोत्तर क्षेत्र) को अनुपूरक पोषण दिया जाता है। इन मानदंडों में जनवरी 2023 में संशोधन किया गया था। संशोधित मानदंड अनुपूरक पोषण की मात्रा और गुणवत्ता दोनों ही मामलों में अधिक व्यापक और संतुलित हैं। यह आहार विविधता के सिद्धांतों पर आधारित है जिनमें गुणवत्ता वाले प्रोटीन, लाभकारी वसा और सूक्ष्म पोषक तत्वों (कैल्शियम, जिंक, आयरन, आहार फोलेट, विटामिन ए, विटामिन बी 6 और विटामिन बी -12) का प्रावधान है। एसएएम बच्चों को अतिरिक्त अनुपूरक पोषण प्रदान किया जाता है।

इस मिशन के तहत, आंगनवाड़ी प्रणाली के माध्यम से दी जाने वाली प्रारंभिक बाल्यावस्था देखरेख और शिक्षा (ईसीसीई) की गुणवत्ता में सुधार हेतु मई 2023 में पोषण भी पढ़ाई भी (पीबीपीबी) पहल शुरू की गई थी। पीबीपीबी का उद्देश्य आंगनवाड़ी केंद्रों को उच्च गुणवत्ता वाले बुनियादी ढांचे, खेल उपकरण और सुप्रशिक्षित आंगनवाड़ी कार्यकर्त्रियों से सुसज्जित करना है। पीबीपीबी के तहत प्रशिक्षण के पहले दौर में लगभग 11.44 आंगनवाड़ी कार्यकर्त्रियों को ईसीसीई शिक्षाशास्त्र और पोषण संबंधी सेवाओं की प्रदायगी के संबंध में प्रशिक्षित किया गया है। पीबीपीबी के अंतर्गत, आंगनवाड़ी केंद्रों में पर्याप्त पीएसई किट उपलब्ध कराने हेतु विद्यालय पूर्व शिक्षा किटों के लिए धनराशि को बढ़ाकर 3,000 रुपए प्रति आंगनवाड़ी केन्द्र प्रति वर्ष कर दिया गया है। ईसीसीई की गुणवत्ता में सुधार के लिए मार्च 2024 में नवचेतना - 3 वर्ष तक की आयु के बच्चों के लिए राष्ट्रीय प्रारंभिक बाल्यावस्था उत्प्रेरण फ्रेमवर्क और आधारशिला - 3 से 6 वर्ष की आयु के बच्चों के लिए राष्ट्रीय ईसीसीई पाठ्यक्रम शुरू किया गया था। नवचेतना ढांचा दायी देखरेख के माध्यम से बच्चों के समग्र प्रारंभिक उत्प्रेरण के लिए देखभालकर्ताओं और आंगनवाड़ी कार्यकर्त्रियों को समर्थ बनाता है। आधारशिला सभी शिक्षण क्षेत्रों को शामिल करने वाली खेल-आधारित

गतिविधियों को प्राथमिकता देकर आंगनवाड़ी केंद्रों में प्रदान की जाने वाली प्रारंभिक बाल्यावस्था शिक्षा की गुणवत्ता में सुधार करती है।

सरकार ने, दिल्ली तथा दादरा और नागर हवेली को छोड़कर पूरे देश में 2,00,000 आंगनवाड़ी केंद्रों को 'सक्षम आंगनवाड़ी केंद्रों' में उन्नयन करने को स्वीकृति दी है ताकि लाभार्थियों को बेहतर पोषण मिल सके और ईसीसीई सेवाओं पर ज़्यादा ध्यान दिया जा सके। मध्य प्रदेश में, 2022-23, 2023-24 और 2024-25 के दौरान सक्षम आंगनवाड़ियों के तौर पर उन्नयन करने के लिए स्वीकृत किए गए आंगनवाड़ी केंद्रों की संख्या इस प्रकार है:

2022-23	2023-24	2024-25
2,220	9,486	12,956

(ख): आंगनवाड़ी केंद्रों में पोषण प्रदायगी सहायता प्रणालियों को मजबूत करने और पारदर्शिता लाने के लिए सूचना प्रौद्योगिकी का लाभ उठाने हेतु, सरकार ने 'पोषण ट्रैकर' ई-गवर्नेंस पोर्टल शुरू किया, जो मध्य प्रदेश तथा दादरा और नागर हवेली सहित देश की सभी आंगनवाड़ी कार्यकर्त्रियों के लिए उपलब्ध है। पोषण ट्रैकर से मिशन के तत्समय (रियल टाईम) डेटा को एकत्र किया जा सकता है। सभी आंगनवाड़ी कार्यकर्त्रियों को सुचारू और निर्बाध डेटा प्रविष्टि सुनिश्चित करने के लिए इंटरनेट कनेक्टिविटी के साथ स्मार्ट फोन प्रदान किए गए हैं। पोषण ट्रैकर में निर्धारित संकेतकों पर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निगरानी और ट्रैकिंग की सुविधा है। बच्चों में बौनापन, दुबलापन, अल्प वजन की निरंतर पहचान के लिए पोषण ट्रैकर आधारित एप्लीकेशंस का लाभ उठाया जा रहा है।

पंजीकृत बच्चों की शारीरिक वृद्धि निगरानी के लिए प्रत्येक आंगनवाड़ी केंद्र में विकास निगरानी उपकरणों (जीएमडी) की व्यवस्था भी की गई है।

इसके अलावा, अंतिम लाभार्थी तक सेवा प्रदायगी का पता लगाने के लिए पोषण ट्रैकर का उपयोग करके टेक-होम राशन (टीएचआर) की प्रदायगी हेतु चेहरे की पहचान प्रणाली (एफआरएस)

विकसित की गई है ताकि यह सुनिश्चित किया जा सके कि लाभ पोषण ट्रैकर पर पंजीकृत इच्छित और पहचाने गए लाभार्थी को ही मिल रहा है। सभी लाभार्थियों को टीएचआर की निर्बाध प्रदायगी सुनिश्चित करने के लिए पोषण ट्रैकर में नॉमिनी मॉड्यूल शुरू किया गया है।

आंगनवाड़ी केंद्रों में ईसीसीई प्रदायगी के लिए पोषण ट्रैकर का भी उपयोग किया जा रहा है। गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और 0-3 वर्ष की आयु के बच्चों के संबंध में गृह दौरे को प्रभावी ढंग से पूरा करने में आंगनवाड़ी कार्यकर्त्रियों की सहायता के लिए 09.04.2026 को पोषण ट्रैकर के साथ एकीकृत संशोधित होम विजिट शेड्यूलर (एचवीएस) नामक एक एप्लिकेशन शुरू किया गया है। एचवीएस आंगनवाड़ी कार्यकर्त्रियों के लिए गृह दौरा करने की योजना बनाता है, पोषण और स्वास्थ्य पर सुव्यवस्थित परामर्श-सुझाव प्रदान करता है और स्वास्थ्य तथा प्रारंभिक बाल्यावस्था उत्प्रेरण (ईसीएस) गतिविधियों पर ऑडियो-वीडियो सामग्री प्रदान करता है। इस उद्देश्य के लिए, नवचेतना से जुड़ी 140 गतिविधियों पर 14 वीडियो को संशोधित एचवीएस के साथ एकीकृत किया गया है। यह 0-3 वर्ष की आयु के बच्चों के विकास के लक्ष्यों की निगरानी और रिकॉर्डिंग में भी आंगनवाड़ी कार्यकर्त्रियों की सहायता करता है। इसके अलावा, आंगनवाड़ी केंद्रों में 3-6 वर्ष की आयु के बच्चों के लिए ईसीसीई प्रदायगी के लिए 'आधारशिला' पर आधारित 249 से अधिक वीडियो, 190 वॉयस नोट्स और 130 से अधिक विशिष्ट ईसीसीई गतिविधि पीडीएफ के रूप में पोषण ट्रैकर के माध्यम से आंगनवाड़ी कार्यकर्ताओं को दैनिक शिक्षण संकेत दिए जाते हैं।

(ग) और (घ): वर्तमान में, महिला एवं बाल विकास मंत्रालय आंगनवाड़ी और स्वयं-सहायता समूहों के माध्यम से महिलाओं के लिए कौशल विकास और उद्यमिता कार्यक्रमों का प्रस्ताव नहीं करता है।

हिमाचल प्रदेश में पासपोर्ट सेवा केंद्र

1115. डॉ. राजीव भारद्वाजः

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

(क) वर्तमान में हिमाचल प्रदेश में कार्यरत पासपोर्ट सेवा केंद्रों (पीएसके) की जिला-वार संख्या कितनी है; और

(ख) क्या हिमाचल प्रदेश सरकार से चंबा जिले में पासपोर्ट सेवा केंद्र खोलने का कोई प्रस्ताव प्राप्त हुआ है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क): वर्तमान में, हिमाचल प्रदेश में क्षेत्रीय पासपोर्ट कार्यालय (आरपीओ) शिमला के अंतर्गत 01 पासपोर्ट सेवा केंद्र (पीएसके) और 06 डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) कार्यरत हैं। इसका विवरण निम्नानुसार है:

क्र. सं.	***आर.पी.ओ. का नाम***	***लोकसभा निर्वाचन क्षेत्र***	***पी.एस.के. / पी.ओ.पी.एस.के. का नाम***	***शहर का नाम***
1	आर.पी.ओ. शिमला	शिमला	पी.एस.के. शिमला	शिमला
2		हमीरपुर	पी.ओ.पी.एस.के. हमीरपुर	हमीरपुर
3		हमीरपुर	पी.ओ.पी.एस.के. ऊना	ऊना
4		कांगड़ा	पी.ओ.पी.एस.के. कांगड़ा	कांगड़ा
5		कांगड़ा	पी.ओ.पी.एस.के. पालमपुर	पालमपुर
6		मंडी	पी.ओ.पी.एस.के. कुल्लू	कुल्लू
7		मंडी	पी.ओ.पी.एस.के. मंडी	मंडी

(ख): मंत्रालय को चंबा जिले में पीएसके खोलने के लिए हिमाचल प्रदेश राज्य सरकार से कोई प्रस्ताव प्राप्त नहीं हुआ है। पासपोर्ट कार्यालयों (पीओ)/पासपोर्ट सेवा केंद्रों (पीएसके)/डाकघर पासपोर्ट सेवा केंद्रों (पीओपीएसके) को खोलना एक सतत प्रक्रिया है और यह वर्तमान पीएसके/पीओपीएसके की उपलब्धता, 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 सहयोग से जनवरी 2017 में हिमाचल प्रदेश सहित देश के प्रत्येक लोकसभा निर्वाचन क्षेत्र (एलएससी) के उन प्रधान डाकघरों (एचपीओ)/डाकघरों (पीओ) में सेवा केंद्र खोलने का निर्णय लिया, जहाँ कोई पीएसके या पीओपीएसके नहीं है और जिन्हें डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) कहा जाता है। इस पहल के तहत, हिमाचल प्रदेश के सभी 04 लोकसभा निर्वाचन क्षेत्रों में या तो पीएसके या पीओपीएसके के दायरे में आते है।

REVISION OF INCENTIVE OF ASHA WORKERS

1116. SHRI N. K. PREMACHANDRAN:

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

(a) whether the Mission Steering Group in its meeting held on 4th March 2025 approved the revision of the incentive of ASHA workers, if so, the details thereof;

(b) whether the decision of the Mission Steering Group regarding the revision of incentive of ASHA workers has been implemented, if so, the details thereof and if not, the reasons therefor;

(c) whether the Government proposes to implement the revision of task/activity based incentive of ASHA workers as recommended by the Mission Steering Group on 4th March, 2025 from Rs. 2000 to Rs. 3500, if so, the details thereof;

(d) whether the Government has examined the reason for delay in disbursing the revised rate of task/activity based incentive increased by the Mission Steering Group, if so, the details thereof; and

(e) whether the Government proposes to expedite the release of funds to the Government of Kerala for disbursing the amount as per the decision, if so, the details thereof?

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

(a) to (e): The primary responsibility of strengthening public healthcare system, including support for ASHA workers lies with the respective State/UT Governments, as Health is a State subject. Under National Health Mission (NHM), the Ministry of Health and Family Welfare provides the technical and financial support to the States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope.

ASHAs receive incentive for routine and recurring activities. Additionally, they are provided performance-based incentives for a varied set of activities under various National Health Programmes. Incentives under ASHA program are revised regularly based on national priority and requests from State/UTs. Further new activities are also included periodically. The details of these ASHA incentives under NHM are available on the following Uniform Resources Locator (URL):

https://nhm.gov.in/New-Update-2025-26/ASHA-incentive/ASHA%20Incentives.pdf

ASHAs also receive incentives over and above provided under NHM from their respective State Budget to supplement the amount received under NHM.

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

In the year 2018, the ASHA benefit package was introduced acknowledging significant contribution and commitment of ASHAs. Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit Rs. 2.00 Lakh in case of death of the insured (annual premium contributed by GOI). Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; Rs. 1.00 lakh for partial disability (annual premium contributed by GOI).

In addition, Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of ₹3,000/- pm after age of 60 years (50% contribution of premium by GOI and 50% by beneficiaries) is also available for ASHA workers. ASHAs across the States/UTs have been enrolled in all the above-mentioned Social Security Schemes as per the defined eligibility norms. Also, a health care annual coverage of ₹5 Lakhs under Ayushman Bharat

Pradhan Mantri Jan Arogya Yojana (AB- PMJAY) has been extended to all ASHAs workers and their families.

Recently, MoHFW has undertaken revision/addition of programme-specific incentives given to ASHAs based on the decision of the Mission Steering Group (MSG) meeting held on 4th March, 2025. Under Lymphatic Filariasis, the incentive for Drug Administrators (ASHAs) involved in Mass Drug Administration (MDA) has been revised from ₹600 for 3 days to ₹3,000 for 15 days for a village with an approximate population of 1,000 or around 250 households.

Under Family Planning, ASHA incentives have been revised to promote healthy timing and spacing of pregnancies for the wellbeing of mother and child. The incentive for escorting/facilitating a beneficiary for PPIUCD/PAIUCD insertion has been enhanced from ₹150 to ₹300 per case. Similarly, the incentive for the 4th dose of Injectable Contraceptive MPA has been increased from ₹100 to ₹200 per dose. The incentive for distribution of the Nayi Pehal Kit has also been revised from ₹100 to ₹200 per kit, while the incentive for mobilization of Saas Bahu Sammelan has been enhanced from ₹100 to ₹200 per meeting.

Under Comprehensive Abortion Care, an ASHA transportation incentive has been introduced for accompanying women for availing safe and legal abortion services (by Surgical Method/Medical Methods of Abortion) at a public health facility. A transportation incentive of ₹200 is provided for accompanying

a woman undergoing abortion by Surgical Method (conducted in the OT) at a public health facility. In case of abortion by Medical Methods of Abortion (MMA), a transportation incentive of ₹400 is provided, covering the mandatory two visits at the rate of ₹200 per visit. The MMA drugs are administered during the first visit, while follow-up is carried out during the second visit.

Under National Health Programmes, financial remuneration provided to community health workers is revised from time to time in accordance with evolving programmatic needs. Such revisions take into account expansion of service delivery responsibilities, introduction of new health interventions, changes in disease burden, and the increased role of frontline workers in implementation, outreach, and community-level service delivery. These revisions are undertaken to ensure effective programme implementation while recognising the critical contribution of community health workers.

The details of Central release to the State of Kerala for last 3 years under National Health Mission are as under:

Rs. In Crore

S. No.	**Financial Year**	**Central Releases**
1.	2023-24	189.15
2.	2024-25	1351.78
3.	2025-26	813.16

Note: *The above release relate to Central Govt. Grants and do not include State share contribution.*

The details of Expenditure under ASHA incentives (including ASHA Certification and ASHA benefit package) by the State of Kerala under National

Health Mission are as under:

Rs. In lakhs

S. No.	Financial Year	Expenditure
1.	2023-24	6819.57
2.	2024-25	8533.51
3.	2025-26	8364.52

Note: *Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.*

IMPLEMENTATION OF AB-PMJAY IN PUNE

1117. DR. AMOL RAMSING KOLHE:

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

(a) whether the Government has reviewed the implementation of the Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Pune District, Maharashtra and the extent of coverage achieved among eligible beneficiaries, if so, the details thereof;

(b) the number of Ayushman cards issued, hospital admissions, claims submitted and claims settled in Pune during the last three years and the current year;

(c) the details of public and private hospitals empanelled under AB-PMJAY in Pune and the steps taken by the Government to expand the empanelled hospital network and improve access to cashless treatment;

(d) whether any awareness campaigns and outreach programmes have been undertaken by the Government to increase enrollment and utilization of the

scheme among eligible beneficiaries in Pune; and

(e) the measures being taken by the Government to ensure timely claim settlement, seamless digital authorisation and uninterrupted cashless treatment under AB-PMJAY in Pune district?

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

(a): National Health Authority (NHA) regularly conducts review meetings with State Health Agencies to monitor the implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), review key performance indicators, identify implementation challenges, and ensure effective implementation of the scheme. As on 30.06.2026, a total of 22.15 lakh Ayushman cards have been created in the Pune district.

(b): During 01.04.2023 to 30.06.2026 a total of 18.30 lakh Ayushman cards have been issued whereas the number of hospital admissions were 3.34 lakh and claims settled were 2.43 lakh in Pune district.

(c): As on 30.06.2026, a total of 353 hospitals are empanelled in Pune district, comprising 181 government hospitals and 172 private hospitals. The details of the empanelled hospitals can be accessed at: https://hem.nha.gov.in/search

Under AB-PMJAY, hospital empanelment is a continuous process and is undertaken by the implementing State/UT based on the requirements and availability of healthcare providers meeting the criteria within a given State/UT

as per empanelment guidelines of National Health Authority (NHA). As on 30.06.2026, a total of 37,413 hospitals have been empanelled under the scheme across the country, including 17,265 private hospitals. Further, to enhance the participation of healthcare providers, particularly in rural and underserved areas, NHA regularly reviews the status of hospital empanelment with State Health Agencies (SHA), conducts sensitization meetings with hospitals and healthcare provider networks, and engages with concerned stakeholders to facilitate the empanelment of eligible hospitals under the scheme.

(d): NHA and SHAs have undertaken several measures in districts including Pune to improve Ayushman card saturation, such as “Aapke Dwar Ayushman” campaign, door-to-door mobilisation by frontline workers, and support through Common Service Centres etc.

The scheme has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries. This includes advertisement over various media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging, telecast of beneficiary testimonials etc.

(e): Under the scheme, settlement of claims is a regular and uninterrupted process and claims are settled by respective SHAs as per claim adjudication guidelines issued by NHA. Further, for timely settlement of claims, the permissible turnaround time is within 15 days of claim submission for intra-

state hospitals (hospitals located within the State) and within 30 days of claim submission in case of portability claims (hospitals located outside the State).

The scheme is implemented through a robust end-to-end digital platform that enables timely and efficient delivery of healthcare services. Further, Aadhaar-based authentication is mandatory at the time of availing treatment to enable transparent, secure, and digital authorization of healthcare services.

SHORTAGE OF FERTILIZERS IN UTTAR PRADESH

1118. SHRI ANAND BHADAURIA:

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

(a) whether the Government is aware of the widespread acute shortage of fertilizers, particularly Urea, DAP, and NPK, being faced by farmers across the country;

(b) if so, the details thereof along with the reasons for such acute shortage, State-wise and fertilizer-wise;

(c) the quantum of fertilizers available to meet the demands thereof during the kharif season, State-wise and fertilizer-wise; and

(d) the measures taken by the Government to address the distress of farmers who are unable to get timely and adequate supplies of fertilizers, leading to delayed sowing and potential yield losses across the country, State-wise particularly in Uttar Pradesh?

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF

CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA):

(a) to (d): Following measures are taken by the Government every season for ensuring adequate and timely availability of fertilizers to the farmers 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 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. Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The distribution of fertilizers within the State at district/ block level is done by the concerned State Government.

In view of above, the availability of all the fertilizers viz. Urea, DAP, MOP and NPKS, has remained adequate across the States, including the State of Uttar Pradesh, during the ongoing Kharif 2026 season. The information regarding

requirement, availability, sales and closing stock of these fertilizers in the States during the period 01.04.2026 to 21.07.2026 is placed at **Statement**.

Further, State government of Uttar Pradesh has informed that no shortage of fertilizers has been observed in the State during the ongoing Kharif season and adequate quantities of all major fertilizers are being supplied continuously to farmers across the State.

STATEMENT

STATE WISE REQUIREMENT, AVAILABILITY and SALES OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.2026 TO 21.07.2026)																
fig. in LMT																
		UREA				DAP				MOP				NPKS			
S.No	State	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	3.38	6.45	2.56	3.88	0.70	1.58	0.76	0.82	0.36	0.71	0.30	0.41	1.91	6.48	2.53	3.96
3	Arunachal Pradesh	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	1.28	2.13	1.60	0.54	0.19	0.41	0.24	0.17	0.14	0.42	0.19	0.23	0.13	0.28	0.09	0.19
5	Bihar	4.20	7.66	3.07	4.59	1.47	2.26	0.83	1.42	0.77	0.80	0.12	0.69	1.76	3.22	0.67	2.55
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	5.67	7.33	4.93	2.40	2.42	1.97	1.36	0.61	0.61	0.82	0.50	0.32	1.93	2.29	1.54	0.76
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.02	0.09	0.08	0.01	0.00	0.03	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.02	0.02	0.01	0.00
12	Gujarat	5.79	8.21	5.42	2.79	2.47	2.21	1.56	0.65	0.29	0.41	0.20	0.21	3.34	4.19	2.23	1.96
13	Haryana	6.05	9.52	7.31	2.21	1.25	1.61	1.17	0.44	0.39	0.38	0.13	0.25	0.30	0.42	0.16	0.26
14	Himachal Pradesh	0.16	0.39	0.25	0.14	0.01	0.03	0.00	0.03	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	Jammu and kashmir	0.58	1.15	0.76	0.39	0.17	0.29	0.19	0.10	0.08	0.15	0.10	0.04	0.01	0.06	0.02	0.04
16	Jharkhand	1.37	2.08	0.96	1.12	0.42	0.38	0.22	0.16	0.04	0.06	0.01	0.05	0.52	0.59	0.25	0.34
17	Karnataka	6.19	8.48	4.51	3.98	2.65	3.11	2.27	0.83	1.27	1.59	0.76	0.84	7.26	12.10	6.76	5.35
18	Kerala	0.31	0.64	0.39	0.26	0.06	0.18	0.09	0.09	0.21	0.43	0.28	0.15	0.49	0.57	0.32	0.25
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	9.84	14.42	8.97	5.45	3.01	3.13	2.13	1.00	0.77	0.58	0.27	0.31	4.26	6.69	3.54	3.16
21	Maharashtra	9.73	14.08	8.63	5.45	3.30	3.61	2.55	1.06	0.82	1.80	0.83	0.96	11.20	21.23	11.49	9.73
22	Manipur	0.10	0.18	0.11	0.07	0.02	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.01	0.02	0.00	0.01
23	Meghalaya	0.02	0.01	0.01	0.00	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.02	0.01	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	2.73	4.17	1.67	2.49	1.22	1.53	0.80	0.73	0.55	0.76	0.21	0.55	1.68	2.12	0.81	1.32
27	Puducherry	0.04	0.05	0.04	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.02	0.05	0.03	0.02
28	Punjab	11.69	15.01	11.77	3.24	1.50	2.33	1.31	1.02	0.57	0.64	0.21	0.43	0.48	0.50	0.18	0.32
29	Rajasthan	5.93	10.61	6.73	3.87	2.85	2.60	1.85	0.75	0.04	0.14	0.04	0.10	0.67	1.38	0.65	0.73

30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	2.57	4.49	2.89	1.60	0.75	1.02	0.56	0.46	0.58	0.70	0.40	0.31	2.59	3.80	1.97	1.83
32	Telangana	7.02	7.51	3.93	3.58	1.97	1.71	1.43	0.28	0.54	0.53	0.13	0.40	6.85	7.46	4.02	3.44
33	Tripura	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	Uttarakhand	0.68	0.95	0.69	0.25	0.14	0.30	0.14	0.15	0.04	0.05	0.01	0.05	0.11	0.04	0.02	0.02
35	Uttar Pradesh	23.38	33.66	17.36	16.30	4.92	8.63	3.45	5.17	1.42	1.37	0.23	1.14	1.95	6.26	1.28	4.98
36	West Bengal	3.26	7.30	3.26	4.04	0.79	1.33	0.55	0.79	0.76	1.51	0.39	1.12	1.97	5.67	1.75	3.92
	All India	112.09	166.78	97.98	68.79	32.35	40.29	23.52	16.77	10.29	13.91	5.32	8.61	49.58	85.56	40.39	45.17

Primary Indicator of comfortable availability: Availability > Requirement Secondary Indicator of comfortable availability: Availability > Sales	

POOR HEALTHCARE FACILITY AT BITRA ISLAND

1119. SHRI HAMDULLAH SAYEED:

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

(a) whether the Government is aware that the existing First Aid Centre at Bitra Island, Lakshadweep, is inadequate to meet the healthcare needs of the Island's residents due to the absence of a full-fledged Primary Health Centre (PHC), if so, the details thereof;

(b) whether the Government has received any proposal from the Lakshadweep Administration for the upgradation of the First Aid Centre at Bitra into a full-fledged PHC with adequate medical personnel, essential medicines, diagnostic facilities and emergency care services to ensure better healthcare delivery for the residents of the Island; and

(c) if so, the details and the current status of the proposal, along with the timeline 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 (c): As per the Health Dynamics of India (Infrastructure and Human Resources) 2023-24, the Union Territory of Lakshadweep has 4 Primary Health Centres (PHCs) in position.

Health being a state subject, the primary responsibility to strengthen

healthcare facilities in the State/UTs lies with the respective State/UTs. Under the National Health Mission (NHM), the Government of India provides need based technical and financial support to the States/UTs, including the UT of Lakshadweep, based on the proposals made by the States/UTs in their Programme Implementation Plans (PIP) within their overall resource envelop duly approved by the National Programme Coordination Committee (NPCC).

The UT Administration of Lakshadweep has not submitted any proposal for upgradation of the existing First Aid Centre at the Bitra Island to the level of a Primary Health Centre in their Programme Implementation Plan (PIP) for 2026-27.

RESERVATION LAW IN THE NINTH SCHEDULE OF THE CONSTITUTION

1120. SHRI E. TUKARAM:

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

(a) whether the Union Government has received any request from the Government of Karnataka to include the State's reservation law providing 56 per cent reservation for Scheduled Castes, Scheduled Tribes and Other Backward Classes in the Ninth Schedule of the Constitution;

(b) if so, the details of the request and the present status of its examination;

(c) whether the Union Government proposes to introduce a Constitution Amendment Bill to include the said law in the Ninth Schedule of the Constitution,

keeping in view the request of the Government of Karnataka; and

(d) if so, the likely timeline for introducing the Bill 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) and (b): The Central Government had received a reference from the Government of Karnataka for inclusion of the Karnataka Scheduled Castes and Scheduled Tribes (Reservation of Seats in Educational Institutions and of Appointments or Posts in the Services under the State) Act, 2022 in the Ninth Schedule of the Constitution. The Act, forming part of the State's reservation framework, provides for 56 per cent reservation for Scheduled Castes, Scheduled Tribes and Other Backward Classes. The said Act, passed by the Karnataka State Legislature, has been challenged before the Hon'ble High Court of Karnataka and matter is *sub-judice*. In view of the same, it was decided that the request for the inclusion of the said Act in the Ninth Schedule to the Constitution may not presently be appropriate;

(c) and (d): Presently, no such proposal is under consideration.

POSHAN TRACKER APP

1121. SHRIMATI PRIYANKA GANDHI VADRA:

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

(a) whether the Government has taken cognisance of reports of eligible pregnant women and lactating mothers and children being denied Take Home Ration (THR) under Saksham Anganwadi and POSHAN-2.0 due to errors in Facial Recognition system (FRS), Aadhaar e-KYC and OTP failures in the POSHAN Tracker App, if so, the details thereof;

(b) the details of eligible beneficiaries who have not received THR since FRS and OTP verification were mandated in July 2025, along with the reasons for such failures, State/UT-wise;

(c) whether the Government is aware of the challenges faced by Anganwadi workers (AWWs) due to the additional digital tasks mandated under POSHAN Tracker App, if so, the details thereof and the action taken to address the same; and

(d) whether measures are being taken to provide training and support to AWWs to enable the effective use of the POSHAN Tracker App, if so, the details thereof?

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

(a) to (d): Under Mission Saksham Anganwadi and Poshan 2.0, the ‘Poshan Tracker’ digital application has been rolled out as an ICT based governance tool for monitoring and tracking of all activities in the Anganwadi Centres (AWCs),

Anganwadi Workers (AWWs) and beneficiaries on defined indicators. It has facilitated monitoring and tracking of near real time activities at nearly 14 lakh AWCs in the whole country.

To address network-related issues such as low or no internet connectivity in some areas while conducting e-KYC and Face matching under Facial Recognition System, (FRS) on Poshan Tracker for Take-Home Ration (THR) distribution, the application provides functionality to conduct face matching in offline mode. OTP for e-KYC and Aadhar face matching has to be taken ONCE in entire life cycle of the beneficiary. It creates ease of living for the beneficiaries to avail the Anganwadi services even when network or server issues are present. For further ease of receiving benefits of THR, Nominee Module has been introduced in the application for Pregnant Women, Lactating Mothers, and Adolescent Girls. If due to any reason, the registered beneficiary is unable to visit the Anganwadi Centre to receive their THR through FRS, she can nominate a person on her behalf to receive her THR.

As per Poshan Tracker data, e-KYC and face matching of the beneficiaries for THR distribution in the country has substantially increased in past one year from 70.82% in July 2025 to 97.87% in June 2026. State and UT wise details of e-KYC and Face matching (as of June 2026) is placed at **Statement**.

Due to digital reporting on Poshan Tracker rather manual data entry in 11

physical registers, workload and operational challenges of Anganwadi Workers (AWWs) have substantially been reduced. Reporting of daily activities like-opening of AWCs, daily attendance of children, distribution of THR and Hot Cooked Meal (HCM), activities conducted at AWC (Pre-school education, Personal Hygiene sessions) etc. are also available in offline mode, independent of network availability. This has become possible as the Poshan Tracker application has been specifically designed to allow data entry in offline mode and the data can get synced within 5 days of entry. The frontline functionaries i.e. Anganwadi Workers, Block Coordinators and Supervisors are equipped with smartphones to enter the data of services at Anganwadi Centres and programme monitoring in the field. All AWWs are also provided funds for internet connectivity charges.

The Ministry of Women and Child Development (MoWCD) provides continuous training and handholding support to AWWs for effective use of the Poshan Tracker application through the following mechanisms:

- Learning videos and awareness documents: In the Resource section of the Poshan Tracker application, learning videos and awareness documents are available for AWWs which can be accessed by them at any point of time for effective delivery of their routine tasks.
- Under the Poshan Bhi Padhai Bhi (PBPB) initiative, the MoWCD is imparting training to all the officials and field functionaries in the States and UTs

through a cascading model of training, wherein Master Trainers (District Officers, Block Coordinators and Supervisors) are trained and the master trainers further train all Anganwadi Workers in the field. Training is imparted on different modules of Poshan Tracker, viz. Facial Recognition System (FRS), Geo-Tagging, Home Visit Scheduler etc. Block and District coordinators provide on-ground handholding support to AWWs and supervisors for effective usage of the Poshan Tracker Application and resolution of technical glitches.

- Daily Virtual Classroom Sessions: virtual classroom (VC) sessions are conducted every day from 3 pm to 4 pm, which AWWs may join to raise operational queries and receive real-time clarifications on use of the application.
- Helpline and Ticket-based Support: AWWs may raise a ticket through the application or call the Poshan Helpline (1515) for any Poshan Tracker related assistance. The call centre operates from 9:00 AM to 6:00 PM and provides support in 17 languages. Tickets raised are resolved on a day-to-day basis.
- Training on release of New Versions: Further, whenever new applications are launched on Poshan Tracker, field level trainings/ workshops are conducted for AWWs regarding queries/doubts/use of application by Digital India Corporation (DIC), National e-Governance Division (NeGD).

STATEMENT

State and UT wise details of e-KYC and Face matching for THR distribution (as of June 2026)

Sr. No	State / UT	Total Active Eligible Beneficiaries	e-KYC and Face Matching (%)	
1	Andhra Pradesh	15,79,848	15,73,826	99.62
2	Arunachal Pradesh	39,987	29,985	74.99
3	Assam	14,64,565	13,99,032	95.53
4	Bihar	58,05,885	56,93,889	98.07
5	Chhattisgarh	12,37,182	12,25,659	99.07
6	Goa	32,154	32,046	99.66
7	Gujarat	20,75,155	19,68,244	94.85
8	Haryana	7,94,000	7,67,361	96.64
9	Himachal Pradesh	2,67,541	2,67,261	99.90
10	Jharkhand	14,27,157	13,94,629	97.72
11	Karnataka	23,14,434	23,12,930	99.94
12	Kerala	7,61,139	6,91,948	90.91
13	Madhya Pradesh	34,14,903	32,83,405	96.15
14	Maharashtra	27,89,386	27,66,599	99.18
15	Manipur	1,36,072	1,25,632	92.33
16	Meghalaya	1,90,733	1,77,346	92.98
17	Mizoram	62,247	61,683	99.09
18	Nagaland	59,404	52,821	88.92
19	Odisha	19,26,861	19,06,092	98.92
20	Punjab	7,32,133	6,95,758	95.03
21	Rajasthan	23,78,043	23,56,289	99.09
22	Sikkim	13,722	10,777	78.54
23	Tamil Nadu	15,51,931	15,24,962	98.26
24	Telangana	10,85,170	10,78,515	99.39
25	Tripura	1,53,820	1,51,720	98.63
26	Uttar Pradesh	99,91,059	98,34,824	98.44
27	Uttarakhand	4,73,100	4,51,742	95.49
28	West Bengal	40,08,617	38,31,439	95.58

29	Andaman and Nicobar Islands	7,308	7,146	97.78
30	Dadra and Nagar Haveli - Daman and Diu	17,367	17,293	99.57
31	Delhi	4,53,477	4,52,478	99.78
32	JandK	4,38,600	4,31,159	98.30
33	Ladakh	9,616	9,443	98.20
34	Lakshadweep	2,985	2,983	99.93
35	Puducherry	29,971	28,994	96.74
36	Chandigarh	22,974	22,974	100.00
India		4,37,32,621	4,28,00,299	

USE OF DIABETES DRUG OZEMPIC

1122. SHRIMATI KANIMOZHI KARUNANIDHI:

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

(a) whether the Government is aware of the growing use of certain GLP-1 class drugs, such as Ozempic, which are approved for the treatment of diabetes, being increasingly used off-label or without proper medical oversight, and the concerns raised regarding potential misuse for non-diabetic purposes, if so, the details thereof; and

(b) whether the Government proposes to strengthen monitoring, prescription guidelines, public awareness and vigilance mechanisms to prevent harm arising from inappropriate use of such medications and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY

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

(a): Drugs such as Ozempic, are required to comply with safety, quality and efficacy requirements under the New Drugs and Clinical Trials Rules, 2019 prior to approval for manufacture/import or marketing. Such approvals are granted by the Central Drugs Standard Control Organisation (CDSCO) based on evaluation of clinical data and other scientific evidence generated under the provisions of said rules.

CDSCO has approved GLP-1 receptor agonist drugs in India strictly for the indications of Type 2 Diabetes Mellitus (T2DM) in adults and chronic weight management in adults with specified medical conditions.

In view of the potential misuse by non-diabetes individuals, the prescription and use of such drugs have been restricted exclusively to endocrinologists and internal medicine/ specialists. Initiation and continuation of therapy are required to be undertaken only under the strict supervision and monitoring of the treating specialist physician. This regulatory safeguard is intended to prevent inappropriate use and to ensure that these drugs are administered strictly under qualified medical supervision, thereby mitigating risks associated with misuse and unsafe consumption.

In addition, CDSCO has issued an Advisory dated 10.03.2026 to all concerned stakeholders, emphasizing strict compliance with the provisions of

the Drugs and Cosmetics Act, 1940 and Rules made thereunder, and directing that manufacture, sale, and distribution strictly conform to approved indications and conditions of permission.

(b): CDSCO has issued an advisory dated 27.03.2026 directing State/UT Drugs Controllers to ensure strict adherence to the conditions of approval and the warnings specified on the approved product labels for GLP-1 based weight loss drugs. It further emphasizes that the manufacture/import, distribution, wholesale and retail sale and dispensing of such drugs shall take place only through authorized channels and strictly in accordance with the approved indications and labelling.

The advisory also directs the State/UT Drugs Controllers to initiate appropriate regulatory action in cases involving diversion of products, leakage into unauthorized supply channels, promotional practices influencing the supply chain, or any non-compliance with the conditions of approval. In addition, they have been advised to undertake active monitoring of print, electronic, digital, social media and outdoor advertising platforms to detect non-compliant advertisements or surrogate promotional activities relating to these drugs.

Wherever violations are detected, appropriate action initiated under the provisions of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, the Drugs and Cosmetics Act, 1940 and the Rules made thereunder against the manufacturers, importers, marketers or any other entities.

Following steps has been taken by National Coordination Centre-Pharmacovigilance Programme of India (NCC-PvPI), Indian Pharmacopoeia Commission (IPC), to strengthen monitoring, public awareness to prevent harm arising from inappropriate use of GLP-1 receptor agonists

- NCC-PvPI organized a meeting with representatives from Marketing Authorisation Holders (MAHs) and Adverse Drug Reaction Monitoring Centers (AMCs) on 20th May, 2026 and 22nd March, 2026, respectively, to sensitize the stakeholders about the safety of Semaglutide (Ozempic) and other GLP-1 receptor agonists and reporting of suspected Adverse Drug Reactions (ADRs) to the PvPI.
- All AMCs under PvPI across the country have been sensitized through emails and posters to closely monitor and report ADRs associated with semaglutide and other GLP-1 receptor agonists.
- Awareness posters have also been posted on IPC social media handles to encourage healthcare professionals and the public to report ADRs associated with GLP-1 receptor agonists including Semaglutide.

ADMISSION IN MEDICAL COLLEGES

1123. SHRI AGA SYED RUHULLAH MEHDI:

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

(a) the total number of Indian students who took admission in medical colleges to Pakistan before the issuance of the National Medical Commission advisory dated 28 April, 2022 and whose cases are pending for security clearance from the Ministry of Home Affairs;

(b) the details of the average and maximum time taken by the Government for processing such security clearances;

(c) whether the Government has prescribed any timeline for disposal of these applications and if not, the reasons therefor; and

(d) the steps taken by the Government to ensure that students who were admitted prior to thepolicy change are not deprived of the opportunity to appear in the licensing examination solely on account of the prolonged pendency of security verification?

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

(a) to (d): The information regarding admission of Indian Students in medical colleges to Pakistan prior to the issuance of National Medical Commission (NMC) advisory dated 28th April, 2022 is not maintained by NMC. However, NMC seeks security clearance from Ministry of Home Affairs (MHA) in respect of

such students who were admitted in medical colleges in Pakistan prior to 13.04.2022, from time to time.

As informed by the MHA, the security clearance is issued based on inputs received from the security agencies. Subsequently, the NMC, upon receipt of the security clearance from the MHA, processes the applications expeditiously for issue of Eligibility Certificate (EC).

IMPLEMENTATION OF POSHAN

1124. SHRI SACHITHANANTHAM R.:

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

(a) whether despite the implementation of POSHAN Abhiyaan and other nutrition interventions, the National Family Health survey (NFHS-5) and subsequent Government data continue to show that over one-third of children under five are stunted and anaemia among women and children remains very high;

(b) if so, the details thereof;

(c) whether the Government has undertaken assessment of the reasons for these persistent outcomes along with the corrective measures proposed to achieve the nutrition targets; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD

DEVELOPMENT (SHRIMATI SAVITRI THAKUR):

(a) to (d): Malnutrition is a complex and multi-dimensional issue, affected mainly by a number of generic factors including poverty, inadequate food consumption due to access and availability issues, poor maternal infant and child feeding and care practices, poor sanitary and environmental conditions, etc. 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. The issue is being addressed under the Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) by establishing cross cutting convergence amongst more than 18 Ministries/Departments.

Further, various rounds of the National Family Health Survey (NFHS) conducted by Ministry of Health and Family Welfare (MoHFW) have shown improvement in malnutrition indicators in children across the country. Details of these indicators for children since NFHS-1 to NFHS-6 are given below:

NFHS Survey	**Stunting %**
NFHS-1 (1992-93)	52
NFHS-2 (1998-99)	45.5
NFHS-3 (2005-06)	48.0
NFHS-4 (2015-16)	38.4
NFHS-5 (2019-21)	35.5
NFHS-6 (2023-24)	29.3
Poshan Tracker Data of children measured in Anganwadi (June 2026)	29.30

Under 4 years

Under 3 years

Under 5 years

MoHFW also keeps record of data of children and women suffering from anaemia. As per NFHS-5 (2019-21) the prevalence of anaemia is 67.1 percent in children aged 6-59 months and the prevalence of anaemia in women aged 15-49 years is 57 percent.

As a whole of Government approach, high priority has been accorded to the issues of malnutrition in the country. Ministry of Women and Child Development (MoWCD), Ministry of Health and Family Welfare (MoHFW), Department of Food and Public Distribution (DFPD) and Department of School Education and Literacy (DoSE & L) are continuously undertaking targeted interventions to improve the health and nutritional status of children in the country.

Mission Poshan 2.0 is a Centrally Sponsored Scheme under the Ministry of Women and Child Development (MoWCD) to address the challenges of malnutrition in the country. The responsibility for implementation of various activities lies with the States and UTs. Regular reviews are done by Ministry utilising the ‘Poshan Tracker’ digital application. It has facilitated monitoring and tracking of near real time activities at nearly 14 lakh AWCs in the country. The details are available at the link of Poshan Tracker Public Dashboard:

https://www.poshantracker.in/statistics. Also, review meetings of states and UTs are being done regularly through video conferencing.

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.

Under Mission Poshan 2.0, various measures have taken by the MoWCD to improve nutritional outcomes:

- Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. Additional Nutrition is also provided to Severely Acute Malnourished (SAM) children in form of Take-Home Ration (THR).
- One of the major activities undertaken is Community Mobilization and Awareness Advocacy in the form of Jan Andolans (Poshan Pakhwada and Poshan Maah-annually celebrated in the months of September and March-April, respectively) to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change.
- The ‘Poshan Tracker’ application has been rolled out as an important governance tool, facilitating dynamic identification of stunting, wasting, underweight prevalence among children.

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

The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM). This includes interventions to address nutrition concerns among adolescent girls, pregnant women, lactating mothers and children under 5 years, across the country. Details are placed below:

- **Anemia Mukt Bharat (AMB)** addresses the high prevalence of anemia through the 7X7X7 strategy covering seven beneficiary age groups and seven interventions through robust institutional mechanisms.
- **Nutrition Rehabilitation centers (NRCs)** to provide in-patient medical and nutritional care to children under 5 years suffering from Moderate and Severe Acute Malnourishment with medical complications.
- **Mothers' Absolute Affection (MAA)** Programme to improve breastfeeding coverage.
- **Lactation Management Centres** to ensure availability of safe, pasteurized Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.

- Under **National Deworming Day (NDD)** albendazole tablets are administered to reduce the Soil Transmitted Helminth (STH) infestation.
- **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and childcare including nutrition.

AYUSH VISA

1125. DR. LATA WANKHEDE:

SHRIMATI SHAMBHAVI:

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

(a) whether the Government has recently observed a significant increase in international patients utilising the specialised "AYUSH Visa" category, if so, the details thereof;

(b) whether this dedicated visa stream has successfully positioned India as a global hub for authentic and standardised traditional medicine, particularly in Madhya Pradesh, if so, the details thereof;

(c) whether the Government has partnered with the Ministry of Tourism to establish "AYUSH Wellness Hubs" at all major international airports, if so, the details thereof;

(d) whether the recent accreditation of fifty AYUSH hospitals by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) has

enhanced the global credibility of Indian traditional medicine, if so, the details thereof;

(e) whether the Government is providing specialised fiscal incentives to private healthcare providers for developing world-class AYUSH treatment centres in the country, if so, the details thereof; and

(f) whether there is a roadmap to double the foreign exchange earnings from AYUSH-based medical value travel by 2027 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 introduced the Ayush Visa on 27 July 2023 to facilitate international visitors seeking Ayush-based treatment. The Ayush Visa (M-3) and Ayush Attendant Visa (M-4) are distinct sub-categories under the Medical Visa, enabling foreign nationals and their attendants to avail Ayush treatment in India. Details of the Ayush visa obtained are provided in **Statement**.

(b): The Government has undertaken various initiatives to promote the Ayush Visa through social media, the official website and other outreach platforms across the country, including Madhya Pradesh. The Medical and Ayush Visa Portal, administered by the Ministry of Home Affairs (MHA), facilitates registration of eligible Ayush hospitals and issuance of invitation letters for foreign patients. The Ministry of Ayush issued letters dated 20.05.2024 and

22.12.2025 to all States/UTs, including Madhya Pradesh, and other stakeholders for registration on the Portal. Further, the Standard Operating Procedures (SOPs) issued by MHA were circulated to all concerned stakeholders for effective implementation of the Ayush Visa.

(c): At present, no proposal for establishment of Ayush Wellness Hubs at all major international airports is under consideration in Ministry of Ayush.

(d): National Accreditation Board for Hospitals and Healthcare Providers (NABH) a constituent board of the Quality Council of India (QCI), is accredited by the International Society for Quality in Health Care (ISQua), a globally recognized organization that evaluates and accredits healthcare accreditation bodies. ISQua accreditation signifies that NABH's standards, assessment processes, and accreditation methodology are aligned with internationally accepted benchmarks for quality and patient safety in healthcare.

(e): Ministry of Ayush does not provide any dedicated fiscal incentives exclusively to private healthcare providers for establishing world-class Ayush treatment centres.

(f): The Government has adopted various measures to promote Ayush-based Medical Value Travel (MVT) and strengthen India's position as a global destination for traditional medicine and wellness. These include the National Strategy and Roadmap for Medical and Wellness Tourism, introduction of the Ayush Visa (M-3) and Ayush Attendant Visa (M-4), implementation of the

Central Sector Scheme for Promotion of International Cooperation for Ayush, promotion of NABH-accredited Ayush hospitals and wellness centres, launch of the Ayush Quality Mark, operationalisation of Standard Treatment Guidelines (STGs), international academic collaborations and scholarships, establishment of the Ayurveda Training Accreditation Board (ATAB) and Yoga Certification Board (YCB), collaboration with the India Tourism Development Corporation (ITDC), and organisation of Ayush-based Medical Value Travel Summits. However, the Ministry has not fixed any specific target to double the foreign exchange earnings from Ayush-based Medical Value Travel by 2027.

STATEMENT

Details of the Ayush visa obtained

e-Visa	**2024**	**2025**	**2026 (till 30.06.2026)**
Ayush Visa	1106	2306	1211
Ayush Attendant Visa	116	511	464
Total	**1222**	**2817**	**1675**

Regular visa	**2024**	**2025**	**2026 (till 30.06.2026)**
Ayush Visa	88	110	132
Ayush Attendant Visa	44	75	94
Total	**132**	**185**	**226**

ANGANWADI SERVICES IN HINGOLI

1126. SHRI NAGESH BAPURAO AASHTIKAR PATIL:

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

(a) whether the Government is aware that several villages in the tribal and rural areas of Hingoli Parliamentary Constituency are facing shortages of Anganwadi infrastructure, inadequate nutrition supply, vacancies of Anganwadi Workers (AWWs) and Helpers (AWHs) and insufficient facilities for pregnant women, lactating mothers and children, if so, the details thereof;

(b) the details of Anganwadi Centres (AWCs) sanctioned, operational and under construction in Hingoli district during the last five years, along with the number of vacant posts of AWWs, AWHs and Supervisors;

(c) whether the Government has conducted any assessment regarding malnutrition, anemia, school readiness and maternal and child health indicators in Hingoli district and if so, the findings thereof; and

(d) whether the Government proposes to establish additional AWCs, provide modern infrastructure, improve nutrition supply under Saksham Anganwadi and POSHAN-2.0 and fill all vacant posts in the district?

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

(a) to (d): Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services i.e Supplementary Nutrition (SNP), Pre-school Non-formal Education,

Nutrition and Health Education, Immunization, Health Check-up, and Referral Services are provided to the eligible beneficiaries through Anganwadi Centres. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) and Public Health Infrastructure. These services are provided to the eligible registered beneficiaries i.e children up to the age of 6 years, Pregnant Women and Lactating Mothers across the country and Adolescent Girls in the age group of 14 to 18 years in Aspirational Districts of States and all districts of North Eastern Region through the platform of Anganwadi Centre. The district wise number of Anganwadi Centres (AWCs) is available at the link: https://www.poshantracker.in/statistics.

Under Mission Saksham Anganwadi and Poshan 2.0, various steps have been undertaken to improve the infrastructure facilities at Anganwadi Centres (AWCs). During 15th Finance Commission cycle, 40,000 Anganwadi Centres have been sanctioned for construction in convergence with MGNREGS.

Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

Directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available. Guidelines for Co-locating Anganwadi Centres within Government Primary Schools have been issued jointly with Ministry of Education.

Under PM-JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan), a total of 2,500 Anganwadi Centres (AWCs) have been sanctioned for construction in PVTG (Particularly Vulnerable Tribal Groups) areas out of which 178 AWCs has been sanctioned for establishment and construction in the state of Maharashtra including 20 AWCs in Hingoli Parliamentary Constituency.

Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJGUA) launched by the Ministry of Tribal Affairs (MoTA) focusses on convergence, outreach and saturation in approximately, 63,843 villages. Under DAGJUA, 875 AWCs have been sanctioned for establishment and construction.

Also, in order to improve the infrastructure facilities at AWCs, funds @Rs.17,000/- for providing drinking water facilities and @Rs.36,000/- for construction of toilets are provided to States and UTs.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The implementation of the scheme falls under the ambit of State Governments and UTs administration. The matter regarding vacancies and infrastructure is regularly taken up with them through sustained engagements

and video conferences so as to ensure uninterrupted delivery of services to the beneficiaries.

Hingoli Parliamentary Constituency have 3 Districts namely Hingoli, Nanded and Yavatmal. As per Poshan Tracker data of June 2026, the district wise details of vacant posts at AWW, AWH and Supervisor level is as below:

District	Supervisor	AWW	AWH
Hingoli	3	18	94
Yavatmal	1	60	280
Nanded	1	142	430

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.

A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and has found its relevance to be satisfactory

for tackling malnutrition in the country. NITI Aayog has also got conducted outcome-based evaluation of Mission Saksham Anganwadi and Poshan 2.0 in 2025. Evidence from institutional assessments and household surveys indicated that in its current form, Mission Poshan 2.0 represents the Government's latest effort to holistically combat malnutrition and promote child development, by building on past programs with a converged and strengthened approach. Further, digitalization has had a multi-dimensional impact on nutrition monitoring, Early Childhood Care and Education (ECCE), beneficiary authentication, and service delivery efficiency. Nationwide awareness campaigns, such as Poshan Maah and Poshan Pakhwada, have enhanced community participation in nutrition-related initiatives, fostering improved knowledge and behavioural changes toward maternal and child nutrition.

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

The Poshan Tracker App has enabled the Ministry and States and UTs to review the implementation of the scheme on various parameters including

health and nutrition status of the children and to make course corrections.

PROGRESS OF AB-PMJAY IN DEWAS

1127. SHRI MAHENDRA SINGH SOLANKY:

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

(a) whether the Government has assessed the progress of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the Dewas Parliamentary Constituency of Madhya Pradesh including the number of eligible beneficiaries, Ayushman Cards issued and cashless hospital admissions during the last three years, if so, the details thereof;

(b) the steps taken by the Government to strengthen healthcare delivery in the Constituency through the operationalisation and upgradation of Ayushman Arogya Mandirs including the availability of doctors, diagnostic facilities and essential medicines;

(c) the progress made in implementing the Ayushman Bharat Digital Mission in the Constituency including the number of Ayushman Bharat Health Accounts (ABHA) created, integration with hospitals and health facilities and measures taken by the Government to improve digital health services in rural areas; and

(d) whether the Government has assessed the impact of these initiatives in reducing out-of-pocket healthcare expenditure and advancing Universal Health Coverage in the Dewas Parliamentary Constituency 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 Health Authority regularly conducts review meetings with State Health Agencies to monitor the implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), review key performance indicators, identify implementation challenges, and ensure effective implementation of the scheme.

The constituency-wise data is not captured under AB-PMJAY, however, the details of the progress of the scheme in the districts covered under the Dewas Lok Sabha Parliamentary Constituency during the last three years (FY 2023-24 to FY 2025-26) are as under:

District	No. of Ayushman cards created to eligible beneficiaries (in lakh)	No. of hospital admissions (in lakh)
Sehore	2.39	1.39
Agar Malwa	0.50	0.34
Shajapur	1.16	0.73
Dewas	1.48	1.17

(b): Through 1.86 lakh Ayushman Arogya Mandirs in the country, including 265 AAMs in Dewas district, 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.

The AAMs incrementally provide 12 package of primary health care services across the country, encompassing reproductive and child care services, communicable diseases, non-communicable diseases, palliative care and elderly care, care for common mental disorders, neurological conditions (epilepsy, dementia) and substance use disorders management (tobacco, alcohol, drugs), oral health, ENT care, and basic emergency care. Government of India also initiated Ayushman Arogya Shivir, a monthly fixed day outreach programme to create awareness among people at both SHCs and PHCs.

(c): The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. While creating Ayushman Bharat Health Account (ABHA) IDs and Health Facility Registry (HFR) records, only district-level details are captured. The progress of various indicators under ABDM for the Sehore, Agar Malwa, Shajapur and Dewas districts under the Dewas Parliamentary Constituency of Madhya Pradesh as on 20.07.2026 are as under:

Indicators	Sehore	Agar Malwa	Shajapur	Dewas
ABHA Created	12,12,156	3,75,864	7,41,299	11,91,397
ABHA Linked Health Records	9,23,462	1,41,954	1,89,555	5,91,688
Verified Health Facilities on HFR	997	119	239	362
Verified Healthcare Professionals on Healthcare Professional Registry (HPR)	549	37	175	195
Health Facilities using ABDM-enabled software	323	69	152	286

ABDM supports the creation of a digital health ecosystem that enables continuity of care across primary, secondary, and tertiary healthcare in a seamless manner. It aids availability of health care services particularly in remote and rural areas through various technology interventions like telemedicine, etc.

(d): As on 20.07.2026, a total of 6.05 lakh hospital admissions, amounting to Rs.1,157.28 crore, have been authorized under AB-PMJAY in the four districts under the Dewas Lok Sabha Parliamentary Constituency i.e, Sehore. Agar Malwa, Shajapur, and Dewas, thereby providing cashless treatment to eligible beneficiaries.

By providing eligible beneficiary families with cashless access to secondary and tertiary healthcare services at empanelled hospitals, the scheme has significantly reduced the financial burden associated with hospitalization and provided protection against catastrophic health expenditure.

PRESCRIBED FORMULATIONS IN DRUGS/MEDICINES

1128. SHRI T. R. BAALU:

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

(a) whether the Central Drugs Standards Control Organisation has recently declared that 53 drugs/medicines used by people on a daily basis are unfit for consumption as they do not confirm to the prescribed quality standards formulations, if so, the details thereof; and

(b) the action taken by the Government against the errant drug manufacturers?

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

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

STRENGTHENING OF GOVERNMENT HOSPITALS IN PUNJAB

1129. DR. DHARAMVIRA GANDHI:

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

(a) whether the Union Government is taking steps to strengthen Government hospitals in Punjab on a priority basis and to ensure strict regulation and transparency in the charges levied by private healthcare institutions, if so, the details thereof; and

(b) the details of the measures taken by the Government to regulate charges levied by private healthcare institutions and strengthen Government hospitals in Punjab?

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

(a) and (b): Public Health and hospitals fall under the State list and therefore, the primary responsibility of strengthening public healthcare system is with the State/UT. However, under the National Health Mission, the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including State of Punjab to strengthen the public healthcare system including strengthening of Government hospitals 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.

To ensure availability of essential drugs and reduce the Out-of-Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under National Health Mission. This includes financial support to States/UTs for 113 drugs at Sub Health Centre level, 179 at Primary Health Centre level, 301 at Community Health Centre level, 318 at Sub District Hospital level and 381 drugs at district Hospitals.

This Ministry supports 'Free Diagnostics Service Initiative' programme under NHM with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community, which in turn reduces the Out-of-Pocket Expenditure (OOPE). Diagnostics services are provided free of cost at all levels of public health facilities (14 tests at Sub Centers, 63 at Primary Health Centers, 97 at Community Health Centres, 111 test at Sub District Hospitals and 134 tests at District Hospitals).

The Government of India, enacted 'The Clinical Establishments (Registration and Regulation) Act, 2010' (CE Act) and notified 'The Clinical Establishments (Central Government) Rules, 2012' thereunder to provide for registration and regulation of Government as well as private clinical establishments belonging to recognized systems of medicine i.e. Allopathy, Yoga, Naturopathy, Ayurveda, Homoeopathy, Siddha and Unani System of medicines, or any other system of medicine as may be recognised by the Central Government (except those of

Armed Forces). The State Governments and Union Territories Administration which have adopted the CE Act are primarily responsible for regulating their hospitals including private hospitals as per provisions of the CE Act and Rules thereunder to ensure the provision of affordable and quality healthcare to patients. As per the CE Act, all the clinical establishments (Government and private) are required to fulfil the conditions of minimum standards of facilities and services and inter-alia, display of rates charged by them at a conspicuous place. The CE 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.

बांग्लादेश और चीन के रिश्तों का भारत पर असर

1130. श्री कौशलेन्द्र कुमारः

श्रीमती कृष्णा देवी शिवशंकर पटेलः

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

(क) क्या सरकार इस आशंका से अवगत है कि बांग्लादेश और चीन के बीच बढ़ते संबंधों का भारत पर प्रतिकूल प्रभाव पड़ सकता है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ख) क्या सरकार इस बात से अवगत है कि बांग्लादेश ने तीस्ता नदी परियोजना चीन को सौंप दी है और चीन-बांग्लादेश-म्यांमार आर्थिक गलियारा परियोजना भी चीन को दी जा रही है, यदि हां, तो ऐसी स्थिति में भारत के आर्थिक और रणनीतिक हितों की रक्षा करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं?

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

(क) और (ख): सरकार अपने निकटतम पड़ोस में हो रहे उन सभी घटनाक्रमों पर लगातार नज़र रखती है जिनका भारत के हितों पर प्रभाव पड़ता है और उनकी रक्षा के लिए सभी आवश्यक कदम उठाती है।

हमारे ऐतिहासिक और घनिष्ठ सांस्कृतिक संबंधों को देखते हुए, भारत पारस्परिक हितों को आगे बढ़ाने के उद्देश्य से बांग्लादेश के साथ लगातार सहभागिता बनाए हुए है। बांग्लादेश के साथ भारत के संबंध अन्य देशों के साथ उसके संबंधों से स्वतंत्र हैं।

भारत ने तीस्ता नदी व्यापक प्रबंधन एवं पुनर्निर्माण परियोजना के संदर्भों तथा प्रस्तावित चीन-म्यांमार-बांग्लादेश आर्थिक गलियारे की रिपोर्टों को संज्ञान में लिया है। सरकार तीस्ता मुद्दे और बांग्लादेश के साथ व्यापारिक एवं आर्थिक संबंधों पर अपना समग्र दृष्टिकोण तय करते समय सभी संबंधित घटनाक्रमों पर विचार करेगी।

EXPANDING DIGITAL JUSTICE AND LEGAL SERVICES IN ODISHA

1131. SHRI SUKANTA KUMAR PANIGRAHI:

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

(a) the Budget Estimates, Revised Estimates and actual expenditure during the last three years under the e-Courts Mission Mode Project, Tele-Law Programme, NALSA and Gram Nyayalaya Scheme;

(b) the details of funds sanctioned, released and utilised, State/UT-wise, including Odisha;

(c) the status of e-Courts, virtual courts, Tele-Law beneficiaries, legal aid clinics, ADR/Mediation Centres and Gram Nyayalayas, district-wise, including Kandhamal, Boudh, Nayagarh and Ganjam; and

(d) whether the Government proposes additional judicial infrastructure, virtual courts, digital legal literacy programmes and legal aid facilities in these tribal and aspirational districts, if so, the estimated expenditure and implementation timeline district-wise and if not, the reasons therefor and the timeline by which these districts are likely to be covered under future phases?

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 Budget Estimates, Revised Estimates and actual expenditure during the last three years under the e-Courts Mission Mode Project, Tele-Law Programme, National Legal Services Authority **(**NALSA) and Gram Nyayalaya Scheme, across the country including the state of Odisha are at **Statement-I.**

(b): The State/UT-wise details of funds sanctioned, released and utilized under e-Courts Mission Mode Project Phase III, NALSA and Gram Nyayalaya is at **Statement-II.**

(c): As per the information provided by the eCommittee, Supreme Court of India, in the State of Odisha, 16 ADR Centres have been constructed and are functioning in 16 districts including the districts of Ganjam and Kandhamal. For the remaining

14 districts including the districts of Boudh and Nayagarh, Mediation Centres are functioning in the office of the District Legal Services Authority.

For online adjudication of traffic challans, 31 virtual courts (asynchronous courts) have been set up across the country, including 1 in Odisha.

The status of courts under the e-Courts project, Tele-Law, legal aid clinics, and Gram Nyayalayas, district-wise, in Odisha including the districts of Kandhamal, Boudh, Nayagarh and Ganjam is at **Statement-III.**

(d): Adequate budgetary provisions are made for additional judicial infrastructure, virtual courts, digital literacy programmes and legal aid facilities across the country including in all tribal and aspirational districts in Odisha, based on approved outlay and availability of funds. Financial assistance is provided under the Centrally Sponsored Scheme (CSS) for strengthening court infrastructure. Tele-Law services are available through Common Service Centres (CSCs) to provide pre-litigation legal advice. Under the eCourts Project, digital services such as e-Filing, e-Pay, Virtual Courts, video conferencing and the National Judicial Data Grid (NJDG) have been implemented. Free legal aid is extended through the Legal Services Authorities. Alternative Dispute Resolution (ADR) mechanisms, including Lok Adalats and mediation, are also being promoted for expeditious resolution of disputes.

STATEMENT- I

(i) Funds released to all the High Courts under eCourts Project Phase III:

(Rs in Crore)

Financial year	Budget Allocated		Actual Expenditure
	Budget Estimate	Revised Estimate	
2023-24	0.01	825.00	768.25
2024-25	1500.00	1200.00	1029.11
2025-26	1500.00	1200.00	717.45
TOTAL	**3000.01**	**3225.00**	**2514.81**

(ii) Funds released to NALSA:

(Rs in Crore)

Financial year	Budget Allocated		Actual Expenditure
	Budget Estimate	Revised Estimate	
2023-24	200.00	200.00	200.00
2024-25	200.00	200.00	200.00
2025-26	200.00	220.00	220.00
TOTAL	**600.00**	**620.00**	**620.00**

(iii) Funds released for Gram Nyayalayas:

(Rs in Crore)

Financial year	Budget Allocated		Actual Expenditure
	Budget Estimate	Revised Estimate	
2023-24	10.00	10.00	0.80
2024-25	2.00	10.00	10.00
2025-26	2.00	2.00	2.00
TOTAL	**14.00**	**22.00**	**12.80**

(iv) Funds released under DISHA 2.0 (Tele-Law Programme):

(Rs in Crore)

Financial Year	Budget Allocated		Actual Expenditure
	Budget Estimate	Revised Estimate	
2023-24	40.00	48.00	46.36
2024-25	48.00	35.00	23.10
2025-26	48.00	20.00	17.04
TOTAL	**136.00**	**103.00**	**86.5**

STATEMENT- II

(i) eCourts Project Phase III:

(Rs in Crore)

S No.	High Courts	Total Released	Total Expenditure
1	Allahabad	336.58	263.55
2	Andhra Pradesh	133.58	74.98
3	Bombay	339.56	240.83
4	Calcutta	87.14	53.02
5	Chhattisgarh	105.41	89.67
6	Delhi	126.14	75.33
7 (i)	Gauhati (Arunachal Pradesh)	19.72	14.02
7 (ii)	Gauhati (Assam)	66.09	63.78
7 (iii)	Gauhati (Mizoram)	17.18	11.45
7 (iv)	Gauhati (Nagaland)	13.38	8.74
8	Gujarat	161.59	139.01
9	Himachal Pradesh	22.97	19.81
10	Jammu and Kashmir	63.21	34.38
11	Jharkhand	63.15	44.73
12	Karnataka	190.54	134.35
13	Kerala	137.07	61.8
14	Madhya Pradesh	193.05	146.43

15	Madras	315.48	251.29
16	Manipur	23.11	21
17	Meghalaya	19.12	15.53
18	Orissa	91.45	74.56
19	Patna	246.34	124.45
20	Punjab And Haryana	62.01	60.58
21	Rajasthan	174.79	101.08
22	Sikkim	17.82	15.52
23	Telangana	89.73	63.77
24	Tripura	25.49	10.22
25	Uttarakhand	69.23	63.4
Total		**3210.94**	**2277.27**

(As on 20.07.2026)

Note: In addition to the funds released to High Courts, Rs. 186.08 crore have been released to NIC/NICSI for providing technical support, Rs 54.79 crore to BSNL for WAN (Wide Area Network) connectivity, Rs 12.49 crore to eCommittee, SCI under Change Management, Rs 0.28 crore to IIT Madras for development of e-Learning platform, Rs. 7.66 crore to CPWD for setting up of Centre of Excellence for eCourts at NIC Pune, Rs. 9.10 crore to C-DAC for the design and development of Judicial Digital Preservation System (JDPS) for the Judiciary and Rs 2.25 crore for miscellaneous expenditure (salary, office expenses, publicity, etc).

(ii) Gram Nyayalayas:

(Rs in Crore)

Amount released to States under Gram Nyayalayas Scheme		
Sl. No.	**State**	**Total Amount released since 2009-10 till 15.07.2026**
1	Madhya Pradesh	24.56
2	Rajasthan	12.40
3	Karnataka	0.25
4	Odisha	5.24
5	Maharashtra	7.17

6	Jharkhand	0.75
7	Goa	0.25
8	Punjab	0.25
9	Haryana	0.25
10	Uttar Pradesh	24.66
11	Kerala	8.28
12	Andhra Pradesh	4.36
13	Telangana	6.93
Total		**95.40**

(iii) NALSA:

Amount of funds allocated to the state legal services authorities including supreme court legal services committee and mediation and conciliation project committee during the financial year 2025-26.

(Rs in Crore)

S. No.	Name of SLSA	2025-26	
		LAP (Legal Aid to Poor)	**LADCS (Legal Aid Defence Counsel System)**
1	Andhra Pradesh	3.35	5.13
2	Arunachal Pradesh	8.3	2.13
3	Assam	4.1	23.46
4	Bihar	7.75	10.57
5	Chhattisgarh	0.8	10
6	Goa	0.81	1.37
7	Gujarat	19.05	15.08
8	Haryana	7.15	6.79
9	Himachal Pradesh	2.75	3.61
10	Jammu and Kashmir	7.4	8.15

S. No.	Name of SLSA	2025-26	
		LAP (Legal Aid to Poor)	**LADCS (Legal Aid Defence Counsel System)**
11	Jharkhand	13.25	9.75
12	Karnataka	9.3	16.38
13	Kerala	13.2	6.99
14	Madhya Pradesh	1	15.45
15	Maharashtra	3.5	20.09
16	Manipur	6.7	2.09
17	Meghalaya	4.07	5.68
18	Mizoram	7.9	3.61
19	Nagaland	3.8	1.98
20	Odisha	4.4	5.75
21	Punjab	10.25	11.04
22	Rajasthan	8.75	13.27
23	Sikkim	1.25	1.15
24	Tamil Nadu	1.3	19.1
25	Telangana	0.6	11.8
26	Tripura	4.5	5
27	Uttar Pradesh	10.35	16.5
28	Uttarakhand	10.4	3.23
29	West Bengal	13.13	4.36
30	Andaman and Nicobar Islands	0.27	0.05
31	Chandigarh UT	0.21	0.6
32	Dadra and Nagar Haveli UT	0	0.07
33	Daman and Diu UT	0	0.1
34	Delhi UT	15.25	6.5
35	Lakshadweep UT	0.2	0
36	Puducherry UT	0.8	0.41
37	Ladakh UT	0.83	0.22
38	Supreme Court LSC	3.5	0

S. No.	Name of SLSA	2025-26	
		LAP (Legal Aid to Poor)	**LADCS (Legal Aid Defence Counsel System)**
39	Mediation and Conciliation Project Committee (MCPC)	0.6	0
	TOTAL	**210.77**	**267.44**

STATEMENT- III

(i) eCourts Project Phase III:

Sl. No.	Name of Districts across the State of Odisha	Total Number of Court Rooms	Number of Courts covered under e-Courts project with having virtual facilities	New Courtrooms created subsequently
1	Angul	30	30	-
2	Balasore	47	42	5
3	Bargarh	25	25	-
4	Bhadrak	24	23	1
5	Bolangir	36	34	2
6	Boudh	15	14	1
7	Cuttack	64	63	1
8	Deogarh	12	12	-
9	Dhenkanal	25	25	-
10	Gajapati	15	15	-
11	Ganjam	62	61	1
12	Jagatsinghpur	21	21	-
13	Jajpur	25	23	2
14	Jharsuguda	16	15	1
15	Kalahandi	29	29	-
16	Kandhamal	22	22	-

17	Kendrapara	22	21	1
18	Keonjhar	29	28	1
19	Khurda	52	52	-
20	Koraput	28	28	-
21	Malkangiri	13	13	-
22	Mayurbhanj	34	33	1
23	Nabarangpur	18	17	1
24	Nayagarh	27	26	1
25	Nuapada	15	14	1
26	Puri	34	31	3
27	Rayagada	22	22	-
28	Sambalpur	31	31	-
29	Sonepur	17	15	2
30	Sundargarh	35	32	3
TOTAL		**845**	**817**	**28**

(Source: eCommittee, Supreme Court of India)

(ii) Tele-Law (SLSA- Odisha State Legal Services Authority):

As on 30.06.2026, more than 1.13 Crore pre-litigation advice has been provided to the beneficiaries under Tele-Law.

The status of the Tele-Law Programme in Odisha, including Boudh, Ganjam, Kandhamal and Nayagarh districts, as on 30.06.2026, is as under:

Coverage Area	No. of CSCs Covered	Calls Registered	Advice Given
Overall – Odisha	**6,797**	**4,15,564**	**4,10,303**
Boudh District	69	5,106	5,023
Ganjam District	503	4,200	3,727
Kandhamal District	171	12,485	12,360
Nayagarh District	194	6,830	6,680

(iii) Legal Aid Clinics:

As per the NALSA Regulation, 2011, Legal Aid Clinics have been established and functional in Jails, Villages, Juveniles Justice Boards (JJBs), Law Colleges/Universities, One Stop Centres etc.

Name of the District	**Number Aid Clinics functional**
Angul	13
Balangir	12
Balasore	9
Bargarh	18
Bhadrak	8
Boudh	5
Cuttack	18
Deogarh	9
Dhenkanal	12
Gajapati	12
Ganjam	16
Jagatsinghpur	8
Jajpur	8
Jharsuguda	6
Kalahandi	19
Kendrapara	8
Keonjhar	11
Khurda	13
Koraput	13
Malkangiri	7
Mayurbhanj	13
Nabarangpur	11
Nayagarh	14
Nuapada	9
Phulbani	8
Puri	8
Rayagada	14

Sambalpur	11
Sonepur	5
Sundargarh	14
TOTAL	**332**

(Source: eCommittee, Supreme Court of India)

(iv) Gram Nyayalayas:

As on 17.02.2026, a total of 24 Gram Nyayalayas have been made operational in the State of Odisha. The district-wise details of operational Gram Nyayalayas in Odisha are given below:

Sr. No	Name of Gram Nyayalaya	Districts
1	Odagaon	Nayagarh
2	Bhograi	Balasore
3	Dunguripali	Subarnapur
4	Kashinagar	Gajapati
5	Raghunathpur	Jagatsinghapur
6	Sukinda	Jajpur
7	Dhamnagar	Bhadrak
8	Sanakhemundi	Ganjam
9	Junagarh	Kalahandi
10	Ghasipura	Kendujhar
11	Similiguda	Koraput
12	Kolnara	Rayagada
13	Lakhanpur	Jharsuguda
14	Atabira	Bargarh
15	Tangi	Khordha
16	Komna	Nuapada
17	Raighar	Nabarangapur
18	Brahmagiri	Puri

19	Korukunda at Malkangiri	Malkangiri
20	Puri Sadar	Puri
21	Rajnagar	Kendrapara
22	Bolangir Sadar	Balangir
23	Bisra	Sundergarh
24	Charichhak	Boudh

उर्वरक सब्सिडी का आवंटन

1132. श्रीमती रुचि वीरा:

श्री उत्कर्ष वर्मा मधुर:

श्री हरेन्द्र सिंह मलिक:

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

(क) क्या सरकार को कृषि के मुख्य मौसम के दौरान उत्तर प्रदेश के मुरादाबाद, मुजफ्फरनगर, बिजनौर और लखीमपुर खीरी जिलों सहित देश में एनपीके, डीएपी और यूरिया सहित उर्वरकों की कमी और कालाबाजारी के संबंध में गन्ना किसानों से प्राप्त शिकायतों की जानकारी है और यदि हां, तो उत्तर प्रदेश के उक्त जिलों सहित जिला-वार बफर स्टॉक की वर्तमान स्थिति का ब्यौरा क्या है;

(ख) पिछले दो वर्षों के दौरान वर्ष-वार, उक्त जिलों में आवंटित उर्वरकों की कुल मात्रा कितनी है और वास्तविक मांग का ब्यौरा क्या है;

(ग) क्या सरकार का प्रस्ताव आदान लागत को कम करने के लिए उर्वरक सब्सिडी का लाभ सीधे किसानों के बैंक खातों में अंतरित करने की प्रक्रिया को सरल और अधिक पारदर्शी बनाने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार का प्रस्ताव नैनो यूरिया और नैनो डीएपी को बढ़ावा देने के लिए स्थानीय सहकारी समितियों के माध्यम से अतिरिक्त सब्सिडी/प्रशिक्षण/सब्सिडी वाले किट प्रदान करने का है और यदि

हां, तो तत्संबंधी ब्यौरा क्या है और उक्त जिलों में इनका उपयोग करने वाले किसानों का प्रतिशत कितना है;

(ड) क्या सरकार का प्रस्ताव उक्त जिलों में उर्वरक वितरण केंद्रों की संख्या बढ़ाने और एक पारदर्शी डिजिटल निगरानी प्रणाली शुरू करने का है और यदि हां, तो जिला-वार तत्संबंधी ब्यौरा क्या है; और

(च) क्या उत्तर प्रदेश के लखीमपुर खीरी जिले में रासायनिक उर्वरकों के अत्यधिक उपयोग से भूजल और मृदा स्वास्थ्य की रक्षा के लिए कोई जागरूकता अभियान चलाया जा रहा है?

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

(क) और (ख): उत्तर प्रदेश राज्य में चालू खरीफ 2026 मौसम के दौरान यूरिया, डीएपी, एमओपी और एनपीकेएस उर्वरकों की उपलब्धता पर्याप्त है। दिनांक 21.07.2026 की स्थिति के अनुसार राज्य में उक्त उर्वरकों की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक के संबंध में विवरण नीचे दिया गया है:

उत्तर प्रदेश

वर्तमान खरीफ मौसम 2026 (01.04.26 से 21.07.26 तक) के दौरान उर्वरकों की उपलब्धता

आंकड़े एलएमटी में

क्र.सं.	**उत्पाद**	**मांग**	**उपलब्धता**	**डीबीटी बिक्री**	**21.07.26 को अंतिम स्टॉक**
1	यूरिया	23.38	33.66	17.36	16.30
2	डीएपी	4.92	8.63	3.45	5.17
3	एमओपी	1.42	1.37	0.23	1.14
4	एनपीकेएस	1.95	6.26	1.28	4.98

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता
2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

हालाँकि, राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

इसके अलावा, कृषि एवं किसान कल्याण विभाग (डीए एंड एफडब्ल्यू) राज्य सरकार के साथ परामर्श करके उर्वरकों की कालाबाजारी, जमाखोरी, घटिया उर्वरक पाए जाने और विपथन के मामलों के खिलाफ राज्य सरकार द्वारा की गई प्रवर्तन कार्रवाई की साप्ताहिक आधार पर नियमित रूप से निगरानी कर रहा है। उत्तर प्रदेश राज्य में, अप्रैल 2026 से जुलाई 2026 (17.07.2026 तक) तक, 9,687 छापे मारे गए हैं, चूककर्ताओं के खिलाफ 1,083 कारण बताओ नोटिस जारी किए गए हैं, 548 लाइसेंस निलंबित/रद्द किए गए हैं और 38 एफआईआर दर्ज की गई हैं।

इसके अलावा, उत्तर प्रदेश सरकार ने यह भी बताया कि राज्य किसानों के हितों की रक्षा करने और उर्वरकों से संबंधित सभी मुद्दों का समाधान करने के लिए पूरी तरह से प्रतिबद्ध है, जिसमें कालाबाजारी, अतिमूल्य निर्धारण, टैगिंग और अन्य अनियमितताओं को निरंतर निगरानी और प्रवर्तन उपायों के माध्यम से संबोधित करना शामिल है। यूरिया, डीएपी और एनपीके कॉम्प्लेक्स की पर्याप्त मात्रा वर्तमान में उत्तर प्रदेश के सभी जिलों में उपलब्ध है, जिसमें मुरादाबाद, मुजफ्फरनगर, बिजनौर और लखीमपुर खीरी शामिल हैं।

इसका ब्यौरा निम्नानुसार है:-

मात्रा एमटी में

		2024-25		2025-26	
क्र.सं.	**जिला**	**आवंटन**	**बिक्री**	**आवंटन**	**बिक्री**
1	मुरादाबाद	1,94,365	1,61,300	1,82,979	1,61,596
2	मुजफ्फरनगर	1,56,282	1,45,552	1,59,448	1,48,110
3	बिजनौर	2,10,764	1,82,471	2,04,352	1,77,082
4	लखीमपुर खीरी	3,22,001	3,36,385	3,47,270	3,39,878

(ग): उर्वरकों में डीबीटी प्रणाली के तहत, प्रत्येक खुदरा दुकान पर स्थापित पीओएस उपकरणों के माध्यम से आधार प्रमाणीकरण के आधार पर लाभार्थियों को की गई वास्तविक बिक्री पर उर्वरक

कंपनियों को विभिन्न उर्वरक ग्रेडों पर 100% सब्सिडी जारी की जाती है।

आज की स्थिति के अनुसार, चूंकि पहचाने गए किसानों का डेटाबेस संतृप्त नहीं है, इसलिए अभी तक प्रत्यक्ष नकद अंतरण की परिकल्पना नहीं की गई है।

(घ): देश भर के किसानों के बीच नैनो उर्वरकों के उपयोग को बढ़ावा देने के लिए, निम्नलिखित उपाय किए गए हैं:

i. नैनो यूरिया के उपयोग को जागरूकता शिविरों, वेबिनार, फील्ड प्रदर्शन, किसान सम्मेलनों और क्षेत्रीय भाषाओं में फिल्मों आदि जैसी विभिन्न गतिविधियों के माध्यम से बढ़ावा दिया जाता है।
ii. नैनो यूरिया और नैनो डीएपी संबंधित कंपनियों द्वारा प्रधानमंत्री किसान समृद्धि केंद्रों (पीएमकेएसके) पर उपलब्ध कराए जाते हैं।
iii. नैनो यूरिया जैसे नैनो उर्वरकों के अनुप्रयोग और उपयोग में आसानी हेतु इनके पर्णीय अनुप्रयोग के लिए, 'किसान ड्रोन' जैसे अभिनव छिड़काव विकल्पों और खुदरा बिंदुओं पर बैटरी चालित स्प्रेयरों के वितरण जैसी पहल की जाती हैं। इस उद्देश्य के लिए, ग्राम स्तरीय उद्यमियों के माध्यम से पायलट प्रशिक्षण और किराए पर छिड़काव (कस्टम हायरिंग स्प्रेइंग) सेवाओं को सक्रिय रूप से बढ़ावा दिया जाता है।
iv. उर्वरक कंपनियों ने प्रमुख कृषि राज्यों में नैनो उर्वरकों को अपनाने के लिए व्यापक जागरूकता और प्रचार गतिविधियां शुरू की हैं। इनमें किसानों की बैठकें, फसल सेमिनार, फील्ड प्रदर्शन, फील्ड दिवस और उत्पाद उपयोग, पोषकतत्व की दक्षता, लागत लाभ और फसल प्रदर्शन पर किसानों को शिक्षित करने के लिए संस्थागत परीक्षण शामिल हैं।
v. उर्वरक कंपनियों ने नैनो उर्वरकों के सही उपयोग को बढ़ावा देने के लिए प्रसार कार्यकर्ताओं, खुदरा विक्रेताओं और अन्य हितधारकों के लिए अनुसंधान, फील्ड परीक्षण और प्रशिक्षण कार्यक्रम आयोजित करने के लिए आईसीएआर संस्थानों, कृषि विज्ञान केंद्रों (केवीके), राज्य कृषि

विश्वविद्यालयों और राज्य कृषि विभागों के साथ भी भागीदारी की है।

vi. जागरूकता को और बढ़ाने के लिए, कंपनियों ने टेलीविजन अभियान, किसान मेलों, कृषि प्रदर्शनियों, भित्ति चित्रों, होर्डिंग, डीलर प्रदर्शन, मोबाइल अभियान, मुद्रित साहित्य और डिजिटल प्लेटफॉर्म जैसे यूट्यूब और फेसबुक का उपयोग किया है। किसान गोष्ठियों, विकसित भारत संकल्प यात्रा गतिविधियों और ग्राम-स्तरीय अभियानों सहित विशेष जनसंपर्क कार्यक्रम भी आयोजित किए गए हैं।

vii. इफको और कोरोमंडल इंटरनेशनल लिमिटेड (सीआईएल) जैसे उत्पादकों ने सूचित किया है कि बातचीत और प्रशंसापत्रों के माध्यम से किसानों की प्रतिक्रिया एकत्र की गई है।

पनियों के अनुसार, किसानों ने आम तौर पर नैनो उर्वरकों के साथ सकारात्मक अनुभव की सूचना दी है और उनका उपयोग जारी रखने की इच्छा दिखाई है।

प्रोत्साहन के संबंध में, गुजरात और राजस्थान राज्य नैनो यूरिया और नैनो डीएपी पर 50% सब्सिडी प्रदान करते हैं, जबकि उत्तराखंड ने केंद्रीय और राज्य स्कीमों के तहत प्रदर्शनों में उनके उपयोग को अनिवार्य बना दिया है।

(ङ): आईएफएमएस उर्वरक आवंटन, प्रेषण और आपूर्ति स्थिति की ऑनलाइन निगरानी के माध्यम से संचलन नियंत्रण आदेश के कार्यान्वयन और निगरानी के साथ एकीकृत है। उर्वरक विभाग द्वारा अनुमोदित राज्य-वार और माह-वार आपूर्ति योजनाओं को आईएफएमएस में अपलोड किया जाता है और उर्वरक कंपनियों को तदनुसार प्रेषण करना आवश्यक है। यह प्रणाली कंपनी के एसएपी/ईआरपी सिस्टम के साथ एकीकरण के माध्यम से संचलन और प्रेषण विवरण का संग्रहण करती है और उत्तर प्रदेश के मुरादाबाद, मुजफ्फरनगर, बिजनौर और लखीमपुर खीरी जिलों सहित अखिल भारतीय स्तर पर उर्वरक की उपलब्धता और आपूर्ति की स्थिति की निरंतर निगरानी प्रदान करती है।

(च): भारतीय कृषि अनुसंधान परिषद (आईसीएआर) ने रासायनिक उर्वरकों के अत्यधिक उपयोग से

मिट्टी के स्वास्थ्य की रक्षा के लिए लखीमपुर खीरी सहित 721 जिलों में संतुलित उर्वरक पर एक राष्ट्रव्यापी जागरूकता अभियान चलाया है। यह अभियान किसान प्रशिक्षण, प्रदर्शन, क्षमता-निर्माण कार्यक्रमों और जागरूकता गतिविधियों के माध्यम से मृदा परीक्षण आधारित संतुलित उर्वरक और एकीकृत पोषक तत्व प्रबंधन (आईएनएम) को बढ़ावा देता है। मिट्टी के स्वास्थ्य को बनाए रखने और पोषक तत्वों के उपयोग की दक्षता में सुधार के लिए किसानों को जैविक खाद, जैव उर्वरक, हरित खाद और अन्य संधारणीय पोषक तत्व प्रबंधन प्रथाओं के साथ रासायनिक उर्वरकों के विवेकपूर्ण उपयोग को अपनाने के लिए प्रोत्साहित किया गया।

इसके अलावा, सरकार मृदा स्वास्थ्य और उर्वरता स्कीम के माध्यम से उर्वरक के विवेकपूर्ण उपयोग को बढ़ावा देती है। यह स्कीम सभी कृषि जोतों के लिए मृदा स्वास्थ्य कार्ड (एसएचसी) प्रदान करने, उत्पादकता और मिट्टी की उर्वरता में सुधार के लिए संतुलित और एकीकृत पोषक तत्व प्रबंधन को बढ़ावा देने के लिए 2014-15 से कार्यान्वित की जा रही है।

मिट्टी के नमूनों को मानक प्रक्रियाओं के अनुसार संसाधित किया जाता है और पीएच, विद्युत चालकता, कार्बनिक कार्बन, उपलब्ध नाइट्रोजन, फास्फोरस, पोटेशियम, सल्फर और सूक्ष्म पोषक तत्वों (जिंक, कॉपर, आयरन, मैंगनीज और बोरॉन) जैसे मापदंडों के लिए विश्लेषण किया जाता है।

राज्य मृदा प्रयोगशालाओं के अलावा, स्कूल मृदा स्वास्थ्य कार्यक्रम के तहत देश में 1020 स्कूल लघु मृदा प्रयोगशालाएं भी स्थापित की गई हैं। देश भर में मृदा स्वास्थ्य कार्ड सिफारिशों पर 93781 किसान प्रशिक्षण, 6.80 लाख प्रदर्शन, 7425 किसान मेले/अभियान आयोजित किए गए हैं। स्कीम में सूक्ष्म पोषक तत्वों के प्रचार और वितरण के तहत 1351166 हेक्टेयर क्षेत्र भी शामिल है। वर्ष 2014-15 से अब तक उत्तर प्रदेश में 4.09 करोड़ मृदा स्वास्थ्य कार्ड तैयार किए गए हैं या वितरित किए गए हैं।

पिछले 03 वर्षों में उत्तर प्रदेश के लखीमपुर जिले में जारी/सृजित किए गए मृदा स्वास्थ्य कार्ड

(एसएचसी) निम्नानुसार हैं:

					अंकों में
जिला	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**कुल**
लखीमपुर	9000	15000	28800	200	**53000**

ANGANWADI INFRASTRUCTURE IN TELANGANA

1133. SHRI KONDA VISHWESHWAR REDDY:

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

(a) the number of Anganwadi Centres (AWCs) sanctioned, operational and upgraded under Mission Saksham Anganwadi and POSHAN 2.0 in Telangana, district-wise during the last three years;

(b) the details of funds allocated, released and utilised under the Scheme in Telangana during the said period;

(c) whether the Government has identified AWCs in Telangana lacking basic infrastructure such as permanent buildings, drinking water, toilets, electricity and kitchen facilities and if so, the district-wise details thereof; and

(d) the steps taken by the Government to strengthen Anganwadi infrastructure and improve nutritional outcomes for children, pregnant women and lactating mothers in Telangana, along with the timeline for completion of the pending works?

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

(a): The district wise number of Anganwadi Centres (AWCs) is available at the link: https://www.poshantracker.in/statistics.

The district wise year wise number of AWCs sanctioned for upgradation as Saksham Anaganwadi Centres in the State of Telangana is placed at **Statement.**

(b): The details of funds released and utilised during the last three years to the State of Telangana under Mission Saksham Anganwadi and Poshan 2.0 is as below:

(in Rs. Crore)

2023-24		**2024-25**		**2025-26**
Funds released	**Fund utilised**	**Funds released**	**Fund utilised**	**Funds released**
507.87	522.99	430.76	419.75	209.2

Includes funds utilised from previous year balances.

(c): The district wise details of infrastructure in Anganwadi Centres is available at the link: https://www.poshantracker.in/statistics.

(d): Under Mission Saksham Anganwadi and Poshan 2.0, various steps have been undertaken to improve the infrastructure facilities at Anganwadi Centres (AWCs). During 15th Finance Commission cycle, 40,000 Anganwadi Centres have been sanctioned for construction in convergence with MGNREGS.

Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure

Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

Directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available. Guidelines for Co-locating Anganwadi Centres within Government Primary Schools have been issued jointly with Ministry of Education.

Various other initiatives have been undertaken for construction of AWCs under PM JANMAN and Dharti Aaba Janjatiya Gram Utkarsh Abhiyan for the targeted development of tribal population and VVP (Vibrant Village Programme) - Phase I, focusing on Northern border areas.

Also, in order to improve the infrastructure facilities at AWCs, funds @Rs.17,000/- for providing drinking water facilities and @Rs.36,000/- for construction of toilets are provided to States and UTs.

Under Mission Saksham Anganwadi and Poshan 2.0, a new strategy has been developed for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence

of wasting, stunting, anaemia and being underweight.

The Poshan Tracker App has enabled the Ministry and States and UTs to review the implementation of the scheme on various parameters including health and nutrition status of the children and to make course corrections.

STATEMENT

District wise number of AWCs approved for upgradation as Saksham Anganwadi Centres in the State of Telangana

District	FY			Total
	2022-23	2023-24	2024-25	
Jayashankar Bhupalapally	50	0	0	50
Bhadradri Kothagudem/Khammam	350	115	44	509
Komarambheem Asifabad	100	5	0	105
Adilabad	0	24	5	29
Bayyaram	0	47	0	47
Hanumakonda	0	61	4	65
Hyderabad	0	9	1	10
Jagityal	0	89	18	107
Jangaon	0	226	52	278
Jogulamba Gadwal	0	13	2	15
Kamareddy	0	208	18	226
Karimnagar	0	257	108	365
Mahabubnagar	0	116	14	130
Medak	0	92	38	130
Medchal Malkajgiri	0	754	194	948
Mulugu	0	17	0	17
Nagarkurnool	0	42	9	51
Nalgonda	0	122	34	156
Narayanpet	0	203	29	232
Peddapally	0	46	20	66

Rajanna Siricilla	0	146	25	171
Rangareddy	0	140	36	176
Sangareddy	0	218	80	298
Siddipet	0	180	58	238
Suryapet	0	145	35	180
Vikarabad	0	84	6	90
Wanaparthy	0	112	41	153
Warangal	0	46	8	54
Yadadri Bhuvanagiri	0	12	6	18
Mahabubabad	0	0	3	3
Mancherial	0	0	2	2
Nirmal	0	0	9	9
Nizamabad	0	0	80	80

दिल्ली एम्स में डॉक्टरों की कमी

1134. श्री रामप्रीत मंडलः

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

(क) क्या डॉ. आर.पी. सेंटर, एम्स, नई दिल्ली में ग्लूकोमा क्लिनिक वर्तमान में केवल एक या दो डॉक्टरों के साथ काम कर रहा है और अधिकांश अन्य वरिष्ठ ग्लूकोमा विशेषज्ञ अपने पदों से इस्तीफा दे चुके हैं;

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

(ग) क्या सरकार का प्रस्ताव उक्त केंद्र में जल्द से जल्द वरिष्ठ डॉक्टरों की भर्ती करने का 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): एम्स, नई दिल्ली के डॉ. राजेंद्र प्रसाद नेत्र विज्ञान केंद्र में स्थित ग्लूकोमा क्लिनिक वर्तमान में सात संकाय सदस्यों के साथ कार्यशील है, जिनमें दो प्रोफेसर, एक अतिरिक्त प्रोफेसर, चार सहायक प्रोफेसर और 30 रेजिडेंट डॉक्टर शामिल हैं।

AWCS IN HASSAN

1135. SHRI SHREYAS M. PATEL:

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

(a) the number of Anganwadi Centres (AWCs) functioning in Hassan district in Karnataka;

(b) whether a number of AWCs do not have permanent buildings, if so, the details thereof and the reasons therefor indicating the number of AWCs operating from Government-owned buildings, rented premises, school buildings, community buildings, other temporary structures in Hassan district, taluka-wise;

(c) the details of funds sanctioned, released and utilized for the construction, repair, renovation and upgradation of AWC buildings in Hassan district during the last five years;

(d) whether the Government has received proposals from the Government of Karnataka for construction of new AWC buildings in the district, if so, the details thereof and the present status of each proposal; and

(e) whether the Government proposes to sanction additional funds for construction of permanent Anganwadi Centre buildings and improve their basic

infrastructure, including toilets, drinking water, kitchens, electricity, boundary walls and play facilities in Hassan district, if so, the details and expected timeline for such sanction?

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

(a) to (e): As per Poshan Tracker, a total of 2,523 AWCs are functioning in Hassan district in Karnataka.

Project-wise details of AWCs operating from Government-owned buildings, rented premises, school buildings, community buildings, other temporary structures are at **Statement.**

Under Mission Saksham Anganwadi and Poshan 2.0, Anganwadi Centres are constructed in convergence with MGNREGS. A total of 4768 Anganwadi Centres have been approved for construction for the State of Karnataka under MGNREGS and an amount of Rs. 486.34 lakh has been released for the same.

Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

Under Mission Poshan 2.0, 2 lakh AWCs located in Government buildings

have been approved for upgradation into Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education. Saksham Anganwadis are provided with better infrastructure such as LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BALA) paintings. A total of 701 AWCs have been approved for upgradation in Hassan district of Karnataka.

STATEMENT

Project-wise details of AWCs

S. No	Project Name	Total number of AWCs	AWCs in Govt. Owned Building	AWCs in Rented Building	Other government building			
					Panchayat	Community building	Any other govt owned building	Total
1	Alur	178	137	12	0	12	17	29
2	Arakalagud	280	243	11	2	9	15	26
3	Arsikere	448	325	55	4	13	51	68
4	Belur	301	212	18	3	26	42	71
5	Channarayapatna	394	291	31	1	12	59	72
6	Hassan	406	294	27	3	30	52	85
7	Holenarasipura	260	211	26	3	5	15	23
8	Sakaleshpur	256	196	20	0	20	20	40
	Total	2523	1909	200	16	127	271	414

झारखंड के दुमका में आयुष सेवाओं का विस्तार

1136. श्री नलिन सोरेन:

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

(क) क्या सरकार ने पिछले पांच वर्षों के दौरान दुमका संसदीय निर्वाचन क्षेत्र में आयुर्वेद, योग, यूनानी, सिद्ध और होम्योपैथी (आयुष) सेवाओं के विस्तार के लिए किसी नई परियोजना या आयुष स्वास्थ्य और कल्याण केंद्रों को मंजूरी दी है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और वर्तमान स्थिति, संख्या, स्थान और स्वीकृत तथा व्यय की गई राशि का ब्यौरा क्या है;

(ग) इन संस्थानों में डॉक्टरों, फार्मासिस्टों, योग प्रशिक्षकों और अन्य पैरामेडिकल स्टाफ के स्वीकृत, भरे गए और रिक्त पदों का ब्यौरा क्या है; और

(घ) क्या सरकार दुमका संसदीय निर्वाचन क्षेत्र में, जहां एक बड़ी जनजातीय आबादी है, आयुष अस्पतालों, एकीकृत आयुष स्वास्थ्य केंद्रों के विस्तार, औषधीय पौधों की खेती, योग और प्राकृतिक चिकित्सा सेवाओं के लिए तथा स्थानीय युवाओं के लिए प्रशिक्षण और रोजगार के अवसरों को बढ़ाने के लिए किसी विशेष योजना के कार्यान्वयन पर विचार कर रही है?

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

(क) और (ख): राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से झारखंड राज्य सरकार से प्राप्त प्रस्तावों के अनुसार, पिछले पांच वर्षों के दौरान दुमका संसदीय निर्वाचन क्षेत्र में 52 इकाइयों सहित राज्य में 745 आयुष स्वास्थ्य एवं कल्याण केंद्रों को अनुमोदित किया गया है जिनका नाम बदलकर अब आयुष्मान आरोग्य मंदिर (आयुष) कर दिया गया है। राज्य द्वारा दी गई सूचना के अनुसार, सभी एएएम (आयुष) कार्यशील हैं

और जिला-वार ब्यौरा **विवरण** पर दिया गया है। इसके अतिरिक्त, राष्ट्रीय आयुष मिशन (एनएएम) के तहत, दुमका संसदीय निर्वाचन क्षेत्र सहित झारखंड के विभिन्न जिलों में एसएएपी की विभिन्न अनुमोदित गतिविधियों के कार्यान्वयन के लिए पिछले पांच वर्षों के दौरान राज्य सरकार को केंद्रीय हिस्से के रूप में कुल 16176.659 लाख रुपये की राशि जारी की गई है और जैसा कि राज्य द्वारा रिपोर्ट किया गया है, पूरी धनराशि का उपयोग कर लिया गया है।

(ग): जन स्वास्थ्य राज्य का विषय है, इसलिए दुमका संसदीय निर्वाचन क्षेत्र सहित झारखंड के एएएम (आयुष) में चिकित्सकों, फार्मासिस्टों, योग अनुदेशकों और अन्य पैरामेडिकल स्टाफ के पदों को स्वीकृत/भरने की प्राथमिक जिम्मेदारी राज्य सरकार की है। इसके अलावा, राज्य द्वारा दी गई सूचना के अनुसार, दुमका संसदीय निर्वाचन क्षेत्र के एएएम (आयुष) में 37 आयुष सामुदायिक स्वास्थ्य अधिकारी (एसीएचओ) और 13 योग अनुदेशक हैं।

(घ): मंत्रालय दुमका संसदीय निर्वाचन क्षेत्र सहित झारखंड में एनएएम के माध्यम से आयुष पद्धति के विकास और संवर्धन के लिए एनएएम दिशानिदेर्शों के मौजूदा प्रावधानों के अंतर्गत, एसएएपी के माध्यम से प्रस्ताव प्रस्तुत किए जाने के शर्त पर विभिन्न कार्यकलापों के अन्तर्गत वित्तीय सहायता प्रदान कर राज्य सरकार के प्रयासों को समर्थन दे रहा है। झारखंड राज्य सरकार द्वारा प्रस्तुत प्रस्तावों के अनुसार, आयुष मंत्रालय ने दुमका में 10 बिस्तरों वाले एकीकृत आयुष अस्पताल की स्थापना को मंजूरी दे दी है।

विवरण

झारखंड में एएएम (आयुष) का ज़िले-वार ब्यौरा

क्र.सं.	जिले का नाम	आयुष्मान आरोग्य मंदिर (आयुष) की संख्या
1	बोकारो	38
2	चतरा	31
3	देवगढ़	35
4	धनबाद	27

5	दुमका	19
6	पूर्वी सिंहभूम	30
7	गढ़वा	48
8	गिरिडीह	25
9	गोड्डा	36
10	गुमला	35
11	हजारीबाग	36
12	जामताड़ा	36
13	खूंटी	28
14	कोडरमा	34
15	लातेहार	33
16	लोहरदगा	26
17	पाकुर	22
18	पलामू	42
19	रामगढ़	28
20	रांची	20
21	साहिबगंज	19
22	सरायकेला-खरसावां	33
23	सिमडेगा	30
24	पश्चिम सिंहभूम	34
	कुल	**745**

केंद्र प्रायोजित योजनाएं

1137. श्री तारिक अनवर:

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

(क) बिहार के सीमांचल क्षेत्र में, विशेष रूप से कटिहार, किशनगंज, पूर्णिया और अररिया जिलों में मंत्रालय की केंद्र प्रायोजित योजनाओं के तहत जिला-वार लाभार्थियों, स्वीकृत निधि/कवरेज का ब्यौरा क्या है;

(ख) वर्ष 2023-24 से आज की तारीख तक सक्षम आंगनवाड़ी और पोषण 2.0 मिशन, प्रधानमंत्री मातृ वंदना योजना और सखी वन स्टॉप सेंटर के तहत उक्त जिलों में स्थापित सुविधाओं के साथ-साथ स्वीकृत परियोजनाओं, जारी केंद्रीय सहायता और शामिल किए गए लाभार्थियों का ब्यौरा क्या है; और

(ग) क्या सरकार का प्रस्ताव सीमांचल क्षेत्र की सामाजिक-आर्थिक स्थितियों को देखते हुए उक्त योजनाओं का विस्तार करने, अतिरिक्त केंद्रीय सहायता प्रदान करने और नई परियोजनाओं को मंजूरी देने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): मंत्रालय की योजनाओं के तहत ज़िलेवार लाभार्थियों का विवरण नहीं रखा जाता है। बिहार में मंत्रालय की योजनाओं के अंतर्गत शामिल लाभार्थियों का ब्यौरा **विवरण-I में** दिया गया है।

मंत्रालय की योजनाओं के अंतर्गत, योजना के कार्यान्वयन हेतु राज्यों और संघ राज्य क्षेत्रों को निधियां जारी की जाती है तथा यह निधियां सीधे निर्वाचन क्षेत्रों/जिलों को नहीं जारी की जाती हैं। वित्तीय वर्ष 2023-24 से लेकर अब तक मंत्रालय की योजनाओं के अंतर्गत बिहार राज्य को जारी की गई निधि का योजना-वार एवं वर्ष-वार ब्यौरा **विवरण- II** में दिया गया है।

कटिहार, किशनगंज, पूर्णिया और अररिया ज़िलों में मंज़ूर की गई परियोजनाओ का ब्यौरा इस प्रकार है:

क्रम सं	**जिला**	**सक्षम के तहत मंज़ूर किए गए एडब्ल्यूसी**	**प्रधानमंत्री जनजाति आदिवासी न्याय महाअभियान के तहत मंज़ूर किए गए एडब्ल्यूसी**	**धरती आबा जनजातीय ग्राम उत्कर्ष अभियान के तहत मंज़ूर किए गए एडब्ल्यूसी**	**कार्यशील वन स्टॉप सेंटर**
1	कटिहार	426	12	3	2

2	किशनगंज	274	9	4	1
3	पूर्णिया	358	7	5	2
4	अररिया	279	-	-	1

मंत्रालय की योजनाओं के अंतर्गत, राज्यों/ संघ राज्य क्षेत्रों को निधि का आवंटन तथा नई परियोजनाओं की स्वीकृति योजनागत मानदंडों और वार्षिक कार्यक्रम कार्यान्वयन योजना(एपीआई)/कार्यक्रम अनुमोदन बोर्ड की स्वीकृति और संबंधित राज्य/ संघ राज्य क्षेत्र से प्राप्त प्रस्तावों के आधार पर एपीआईपी बैठकों के दौरान दी जाती है।

विवरण -I

बिहार राज्य में मंत्रालय की योजनाओं के अंतर्गत शामिल लाभार्थियों का ब्यौरा

मिशन	**योजना**	**श्रेणी**	**लाभार्थियों की संख्या**
मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (दिनांक 30.06.2026 तक)		गर्भवती महिलाएँ	7,06,695
		स्तनपान कराने वाली माताएँ	4,98,576
		बच्चे (0-6 वर्ष)	50,27,695
		किशोरियां	66,695
मिशन वात्सल्य (वित्तीय वर्ष 2025-26)		संस्थागत देखभाल में लाभार्थी	3228
		गैर-संस्थागत देखभाल में लाभार्थी	6001
मिशन शक्ति	वन स्टॉप सेंटर (दिनांक 30.06.2026 तक)	सहायता प्राप्त महिलाएँ	55,071
	महिला हेल्पलाइन(दिनांक 30.06.2026 तक)	सहायता प्राप्त महिलाएँ	1,14,873
	प्रधानमंत्री मातृ वंदना योजना(दिनांक 20.07.2026 तक)	भुगतान प्राप्त लाभार्थी	44,11,000

	शक्ति सदन (वित्तीय वर्ष 2025-26)	शक्ति सदन में लाभार्थी	2028
	सखी निवास(वित्तीय वर्ष 2025-26)	सखी निवास में लाभार्थी	20
	संकल्प: एचईडब्ल्यू(दिनांक 31.03.2026 तक)	महिला लाभार्थी	6,915
	पालना (दिनांक 20.07.2026 तक)	पालना में लाभार्थी	814

विवरण -II

वित्तीय वर्ष 2023-24 से अब तक बिहार राज्य को मंत्रालय की योजनाओं के तहत जारी निधि का योजना-वार और वर्ष-वार ब्यौरा

(राशि करोड़ रुपये में)

क्रम सं	**वित्तीय वर्ष**	**मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0**	**मिशन वात्सल्य**	**मिशन शक्ति**
1.	2023-24	1859.29	65.18	1.58
2.	2024-25	2262.92	53.35	152.20
3.	2025-26	905.43	51.95	221.25
4.	2026-27	281.22 (20.07.2026 तक)	9.38 (21.07.2026 तक)	37.87 (20.07.2026 तक)

ENROLMENT OF NURSES AND MIDWIVES

1138. SHRI BENNY BEHANAN:

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

(a) the total number of registered nurses and midwives in the country, State/UT-

wise;

(b) the number of nurses and midwives enrolled on the National Register Tracking System(NRTS), State/UT-wise;

(c) whether the Government has assessed the impact of non-enrolment on verification of credentials, inter-State mobility and workforce planning, if so, the details thereof; and

(d) the steps taken by the Government to increase enrolment and address technical and procedural difficulties faced by nurses in registering in the NRTS?

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 State Nursing Councils (SNCs) as per the provisions of respective State Act register nurses and midwives. SNCs maintain data base of available nursing personnel practising in their States by registering various categories of Nurses and Midwives. As per the records received from Indian Nursing Council (INC), there are 46.02 lakh nursing personnel registered. **State/UT-wise total number of registered nurses** in the country is given at **Statement-I**.

Nurses Registration and Tracking System (NRTS) is a fully computerised interactive system launched by INC in association with the National Informatics Centre (NIC) for maintaining a live register of nursing personnel. Nurses apply to get registered on NRTS and after verification of their data by the

concerned State Nursing Council, the nurse is issued a Nurse Unique Identification Number (NUID) Card and Nurse Passbook. **State/UT-wise total number of enrolled nurses** in the NRTS is given at **Statement-II**. For inter-state mobility Nurses can apply to their respective Nursing Councils for NOC. NOC letter is sent via email/hard copy to the requested council.

INC has conducted meetings with Registrars of State Nursing Councils to facilitate implementation of NRTS. INC also conducts virtual training programmes, provides online user manuals, and operates a dedicated helpdesk and technical support email for resolving registration-related difficulties. This Ministry has also issued directions to State Governments for implementation of NRTS.

STATEMENT-I

STATE WISE NUMBER OF REGISTERED NURSES IN INDIA

S. No.	STATE	Total No. of Registered Nurses and Auxiliary Nurses in India as on 31.12.2025		
		ANM	RN and RM	LHV
1.	Andhra Pradesh	142608	306983	2480
2.	Arunachal Pradesh	8761	10930	383
3.	Assam	32572	35677	524
4.	Bihar	42605	19475	511
5.	Chattisgarh	15238	45631	1352
6.	Delhi	6333	111322	0
7.	Goa	558	2277	0
8.	Gujarat	44037	135421	0
9.	Haryana	33079	46864	694
10.	Himachal Pradesh	7181	39066	500

11.	Jharkhand	16270	10748	142
12.	Karnataka	21690	530321	6840
13.	Kerala	32573	379090	8507
14.	Madhya Pradesh	51613	175363	1731
15.	Maharashtra	96299	190398	968
16.	Meghalaya	2622	12845	264
17.	Manipur	4941	18189	0
18.	Mizoram	3007	6244	0
19.	Odisha	45533	52423	238
20.	Punjab	54519	154784	2584
21.	Rajasthan	76654	237217	323
22.	Tamil Nadu	70564	394405	11295
23.	Tripura	3594	11186	148
24.	Uttar Pradesh	148297	234174	2763
25.	Uttarakhand	12729	24790	55
26.	West Bengal	72129	228758	12854
27.	Telangana	4746	60919	0
28.	Sikkim	308	3486	0
29.	Nagaland	2922	3886	0
30.	Jammu and Kashmir	5264	4859	0
	Total	**1059246**	**3487731**	**55156**

Source: Respective State Nurses Registration Council

ANM: Auxiliary Nurse Midwives, **RN and RM:** Registered Nurses and Registered Midwives, **LHV:** Lady Health Visitors,

Note - Data upto 31.12.2021; Data upto 31.12.2023; Data upto 31.12.2024

STATEMENT - II

STATE WISE NUMBER OF REGISTERED NURSES & MIDWIVES ENROLLED ON THE NURSES REGISTRATION & TRACKING SYSTEM (NRTS) AS ON 13/07/2026				
S. No.	**STATE**	**ANM**	**RN and RM**	**LHV**
1	Andhra Pradesh	22622	69204	45
2	Arunachal Pradesh	2082	3440	8
3	Assam	9725	21572	0

4	Bihar	42557	19452	11
5	Chhattisgarh	11328	25888	6
6	Delhi	1731	27414	3
7	Goa	652	3710	1
8	Gujarat	9447	45582	0
9	Haryana	7363	19883	13
10	Himachal Pradesh	3548	30759	0
11	Jharkhand	12699	11924	17
12	Karnataka	470	81711	13
13	Kerala	7415	142349	4
14	Madhya Pradesh	17084	53214	33
15	Maharashtra	19781	59947	8
16	Meghalaya	130	3563	2
17	Manipur	2603	10478	0
18	Mizoram	1387	4688	0
19	Odisha	31039	47200	5
20	Punjab	9184	55423	4
21	Rajasthan	18101	64564	35
22	Tamil Nadu	916	56129	39
23	Tripura	1120	5937	0
24	Uttar Pradesh	40039	88302	22
25	Uttarakhand	6323	17984	0
26	West Bengal	22047	70843	2
27	Telangana	8898	58860	2050
28	Sikkim	181	2478	0
29	Nagaland	320	704	0
30	Jammu and Kashmir	1356	6476	1
	Total	**312148**	**1109678**	**2322**

Source- Indian Nursing Council.

HEALTH INSURANCE SCHEME IN PUNJAB

1139. SHRIMATI HARSIMRAT KAUR BADAL:

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

(a) whether the Union Government is aware that private hospitals in Punjab suspended cashless treatment under the State-run health insurance scheme due to approximately Rs. 600 crore in pending dues from the Punjab Government, if so, the details thereof;

(b) whether the Mukhya Mantri Sehat Yojana (MMSY) launched by the Punjab Government providing Rs.10 lakh per year per family is being adequately funded and operationalised and whether the Ayushman Bharat component of Rs.1 lakh per family is being released on time, if so, the details thereof;

(c) whether the Union Government is aware of severe regional disparities within Punjab's health infrastructure such as lack of doctors, absence of trauma centres and step-motherly treatment of entire districts such as Moga from health investments, if so, the details thereof; and

(d) the steps taken by the Union Government to ensure that rural Punjab receives adequate upgraged to primary health centre and community health centres to address health problems in Punjab?

THE MINISTER 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 State of Punjab, a total of 16.65 lakh families are eligible for health coverage under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). State of Punjab is implementing AB-PMJAY through a hybrid model, wherein claims up to Rs. 1 lakh are settled through an insurance company, while claims exceeding Rs. 1 lakh and up to the scheme limit are settled through the Trust mode.

AB-PMJAY is a centrally sponsored scheme, with the cost of implementation shared between the Central and State Governments in the ratio of 60:40 for Punjab.

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 utilization certificates for previous releases and demand received from the States/UTs.

(c): Under Centrally Sponsored Scheme (CSS), '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, 03 medical colleges have been approved in SAS Mohali, Kapurthala and Hoshiarpur for which Rs. 223.40 crore has been released. Further, under the CSS for 'Strengthening and Upgradation of Govt. Medical Colleges for Increase of PG seats', two colleges were approved for increasing 87 PG seats for which Rs. 44 crore has been released by Central

Government.

Under the scheme for ‘Upgradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country’, 100 MBBS seats have been approved in 02 colleges with an approved cost of Rs. 120 crore and entire central share of Rs.72 crore has been released to the State Government.

Further, under National Programme for Prevention and Management of Trauma and Burn Injuries, to reduce the incidence, mortality, morbidity, and long-term disabilities resulting from accidents, five Trauma Care Facilities at Districts/Sub-District Hospital situated at Pathankot, Jalandhar, Khanna, Fazailka and Ferozpur, in Punjab have been sanctioned.

(d): Under National Health Mission, through 1.86 lakh Ayushman Arogya Mandirs in the country, including 3,322 AAMs in Punjab, 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.

The AAMs incrementally provide 12 package of primary health care services across the country, encompassing reproductive and child care services, communicable diseases, non-communicable diseases, palliative care and elderly

care, care for common mental disorders, neurological conditions (epilepsy, dementia) and substance use disorders management (tobacco, alcohol, drugs), oral health, ENT care, and basic emergency care. Government of India also initiated Ayushman Arogya Shivir, a monthly fixed day outreach programme to create awareness among people at both SHCs and PHCs.

To complement the expanded services, the essential list of drugs and diagnostics has been expanded to make available 179 drugs and 63 diagnostics at PHC-AAMs and 113 drugs and 14 diagnostics at SHC-AAMs.

Under the CSS component of Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission, support has been provided for the state of Punjab with provision of amount Rs. 755.65 crore for establishment of 22 Integrated Public Health Labs and 21 Critical Care Blocks over the period of FY 2021-22 to FY 2025-26.

स्वायत्तशासी राज्य चिकित्सा महाविद्यालय

1140. श्री उत्कर्ष वर्मा मधुरः

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

(क) प्रदेश के लखीमपुर-खीरी जिले में स्थापित स्वायत्तशासी राज्य चिकित्सा महाविद्यालय में गंभीर बीमारियों के इलाज के लिए कार्डियोलॉजी और न्यूरोलॉजी जैसी सुपर स्पेशियलिटी विंग की स्थापना की वर्तमान स्थिति क्या है;

(ख) क्या सरकार का प्रस्ताव इस चिकित्सा महाविद्यालय के बुनियादी ढांचे को और मजबूत करने के

लिए इसे केंद्र सरकार की प्रधानमंत्री स्वास्थ्य सुरक्षा योजना के तहत शामिल करके वित्तीय सहायता प्रदान करने का है, ताकि स्थानीय मरीजों को लखनऊ या दिल्ली रेफर न करना पड़े और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) भारत-नेपाल सीमा पर स्थित लखीमपुर-खीरी जिले के थारू बाहुल्य और दूरदराज के क्षेत्रों में मातृ मृत्यु दर और शिशु मृत्यु दर को कम करने के लिए लागू की जा रही योजनाओं की ब्लॉक-वार प्रगति का ब्यौरा क्या है; और

(घ) इस तराई क्षेत्र में हर साल फैलने वाले एन्सेफलाइटिस, डेंगू और मलेरिया जैसी बीमारियों की रोकथाम के लिए राष्ट्रीय वेक्टर जनित रोग नियंत्रण कार्यक्रम के तहत केंद्र सरकार द्वारा जिले को प्रदान की गई सहायता 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): जन स्वास्थ्य और अस्पताल राज्य के विषय हैं तथा जन स्वास्थ्य सुविधाकेंद्रों में मानव संसाधन की पर्याप्तता और सेवा उपलब्धता सहित स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है।

प्रदेश राज्य सरकार द्वारा प्रदान की गई सूचना के अनुसार, स्वायत्त राज्य मेडिकल कॉलेज, लखीमपुर खीरी जिसकी वार्षिक प्रवेश क्षमता 100 एमबीबीएस छात्रों की है को स्नातक चिकित्सा शिक्षा प्रदान करने के लिए राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा निर्धारित मानदंडों और मानकों के अनुसार स्थापित किया गया है। वर्तमान में कॉलेज एमबीबीएस शिक्षण के लिए एनएमसी विनियमों के तहत अनिवार्य विभागों, अवसंरचना और सुविधाकेंद्रों से सुसज्जित है। वर्तमान में, कॉलेज में कार्डियोलॉजी, न्यूरोलॉजी आदि जैसे सुपर-स्पेशलिटी विभाग स्थापित नहीं किए गए हैं। कार्डियोलॉजी और न्यूरोलॉजी आदि जैसे रोगों से संबंधित गंभीर रोगियों का उपचार सामान्य

चिकित्सा विभाग के संकाय द्वारा किया जा रहा है और जिन रोगियों को सुपर-स्पेशलिस्ट परिचर्या की आवश्यकता होती है, उन्हें केजीएमयू लखनऊ/एसजीपीजीआई को रेफर किया जा रहा है।

(ग): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, भारत सरकार भारत-नेपाल सीमा के साथ स्थित लखीमपुर-खीरी के थारू बहुल और दूरस्थ क्षेत्रों सहित सभी राज्यों और संघ राज्य क्षेत्रों में मातृ स्वास्थ्य सेवाओं में सुधार के लिए विभिन्न योजनाओं को कार्यान्वित करती है जिनमें जननी सुरक्षा योजना (जेएसवाई), जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके), प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए), सुरक्षित मातृत्व आश्वासन (सुमन) और मासिक ग्राम स्वास्थ्य, स्वच्छता और पोषण दिवस (वीएचएसएनडी) भी शामिल हैं।

इसके अतिरिक्त, प्रसवोत्तर परिचर्या का उद्देश्य माताओं में खतरे के संकेतों का पता लगाने और ऐसे उच्च-जोखिम वाली प्रसवोत्तर माताओं का शीघ्र पता लगाने, रेफरल और उपचार के लिए मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (आशा) को प्रोत्साहन देकर प्रसवोत्तर परिचर्या की गुणवत्ता को सुदृढ़ करना है।

इसके अलावा, मातृ स्वास्थ्य सेवाओं में सुधार के लिए अवसंरचना को मजबूत किया जाता है, जिसमें प्रथम रेफरल इकाइयों (एफआरयू) का क्रियान्वयन, मातृ एवं शिशु स्वास्थ्य (एमसीएच) विंग की स्थापना, प्रसूति उच्च निर्भरता इकाइयों और गहन परिचर्या इकाइयों (प्रसूति एचडीयू और आईसीयू) का क्रियान्वयन तथा स्वास्थ्य परिचर्या सुविधाकेंद्रों तक बेहतर पहुँच और संस्थागत प्रसव को बढ़ावा देने के लिए दुर्गम भूभागों, दूरस्थ और आदिवासी क्षेत्रों में बर्थ वेटिंग होम्स (बीडब्ल्यूएच) की स्थापना शामिल है।

स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत प्रजनन, नवजात, शिशु, किशोर स्वास्थ्य और पोषण (आरएमएनसीएच + एन) रणनीति के कार्यान्वयन में सहयोग करता है। प्रदेश राज्य सहित देश भर में बाल स्वास्थ्य परिणामों में सुधार के लिए जैसे कि

स्वास्थ्य केंद्र आधारित नवजात शिशु परिचर्या, कंगारू मदर केयर (केएमसी), समग्र शिशु बाल स्वास्थ्य कार्यक्रम (एसएसबीएसके), जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके) और राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) 2.0 कार्यकलापों जैसी पहलों का कार्यान्वयन किया जा रहा है।

(घ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, राज्यों/संघ राज्य क्षेत्रों को फ्लेक्सीबल पूल के अंतर्गत एकमुश्त आधार पर निधि जारी की जाती है ताकि राज्यों/संघ राज्य क्षेत्रों को अपनी अपेक्षाओं और प्राथमिकताओं के अनुसार निधि का उपयोग करने के लिए अधिक लचीलापन मिल सके।

वित्त वर्ष 2023-24 से 2025-26 तक राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत राष्ट्रीय वेक्टर जनित रोग नियंत्रण कार्यक्रम (एनवीबीडीसीपी) के लिए प्रदेश राज्य हेतु राज्य कार्यक्रम कार्यान्वयन योजना (एसपीआईपी) अनुमोदन और व्यय का विवरण नीचे दिया गया है:

(लाख रू. में)

वित्त वर्ष	**एसपीआईपी अनुमोदन**	**व्यय**
2023-24	15657.22	7731.20
2024-25	16396.44	6327.92
2025-26	18337.89	3191.08

INDICATORS IN NFHS-4 AND NFHS-5

1141: DR D. RAVI KUMAR:

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

(a) whether the Government is aware that several indicators available in NFHS-4 and NFHS-5 including anaemia prevalence, haemoglobin levels among women and children, infant and child mortality, perinatal mortality, sanitation, access to

clean cooking fuel, sex ratio, sexual behaviour and household deaths, have not been included in the NFHS-6 factsheets;

(b) if so, the details thereof along with the reasons for excluding these indicators from the published factsheets;

(c) whether these indicators have been collected during NFHS-6 and if so, the timeline for making the data publicly available;

(d) whether the Government proposes to restore continuity in reporting these indicators to facilitate evidence-based policy planning and longitudinal comparisons; and

(e) 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): The Ministry of Health and Family Welfare (MoHandFW) conducts an integrated survey namely National Family Health Survey (NFHS). The survey provides data on health and family welfare and associated domains like characteristics of the population; fertility and fertility preferences; family planning; maternal and child health; nutrition; morbidity and healthcare; women's empowerment, etc. The National and State/UT Fact Sheets of sixth round of NFHS (2023-24) were released on 29.05.2026.

The indicators to be included in the NFHS-6 National and State/UT Fact Sheets were finalized based on the recommendations of the Technical Advisory

Committee (TAC) constituted for NFHS-6, comprising representatives from concerned Ministries/Departments including Department of Drinking Water and Sanitation (DDWS), Ministry of Women and Child Development (MoWCD), Ministry of Statistics and Programme Implementation (MoSPI), Office of Registrar General of India (ORGI), NITI Aayog, Department of Empowerment of Persons with Disabilities (DEPwD), Indian Council of Medical Research (ICMR) etc.

The TAC recommended finalizing the list of indicators for the Fact Sheets in line with the Data Harmonization initiatives of the MoSPI, so as to avoid inconsistencies arising from fragmented and unharmonized data available across different official data sources. The TAC further recommended that the Fact Sheets are intended to present only key indicators, particularly those related to health and family welfare, so as to better highlight the key takeaways of the survey.

The Ministry timely disseminates NFHS data by conducting regular follow-ups with the nodal agency and regular meetings at higher levels to monitor progress and oversee intermediary steps.

REGIONAL IMBALANCE IN FERTILIZERS AVAILABILITY

1142. SHRI SUKHDEO BHAGAT:

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

(a) whether the Government is aware that despite the implementation of the New

Urea Policy, 2015, Direct Benefit Transfer (DBT) in fertilizers and several subsidy reforms introduced thereafter, a large number of small and marginal farmers continue to face shortages, regional imbalances in fertilizer availability and rising cultivation costs owing to the increasing prices of non-urea fertilizers such as DAP and MOP;

(b) whether the Government has conducted any assessment regarding the impact of the existing fertilizer subsidy structure, wherein urea remains price-controlled while phosphatic and potassic fertilizers are decontrolled, on balanced nutrient application, soil health and the financial burden on farmers; and

(c) if so, the details thereof?

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

(a): Following measures are taken by the Government every season for ensuring adequate and timely availability of fertilizers to the farmers 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 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. Regular Weekly Video Conference is conducted jointly by DA & FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

v. The distribution of fertilizers within the State at district/ block level is done by the concerned State Government.

In view of above, the availability of all the fertilizers viz. Urea, DAP, MOP and NPKS, has remained adequate across the States during the ongoing Kharif 2026 season. The information regarding requirement, availability, sales and closing stock of these fertilizers in the States during the period 01.04.2026 to 21.07.2026 is placed at **Statement**.

Further, The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (PandK) Fertilizers. Under NBS policy, MRP of PandK fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The NBS subsidy is provided to manufacturer / importer on notified PandK 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 PandK

fertilizers so that fertilizers remain affordable to the farmers.

To make DAP which is a key fertilizer, available at affordable price of Rs. 1350 per 50 kg bag, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif 2026 season to keep the prices of fertilizers stable.

(b) and (c): Government promotes judicious use of fertilizer through Soil Health and Fertility scheme. The scheme is being implemented since 201415 to provide Soil Health Cards (SHCs) for all farm holdings, to promote balanced and integrated nutrient management for improving productivity and soil fertility.

- Soil samples are processed as per standard procedures and analysed for parameters such as pH, Electrical Conductivity, Organic Carbon, available Nitrogen, Phosphorus, Potassium, Sulphur, and micronutrients (Zinc, Copper, Iron, Manganese and Boron).
- Since 2014-15, 26.09 crore Soil Health Cards have been generated/ distributed as on date across the country.
- In addition to state soil labs above, 1020 school mini soil labs are also

established in the country under school soil health programme.

- Under the scheme, Rs. 2153.29 Crore fund has been released so far since inception.
- 93781 farmer's trainings, 6.80 lakh demonstrations, 7425 farmer's melas/ campaigns on soil health card recommendations have been organized across the country.
- 1351166 ha area also covered under Promotion and Distribution of Micronutrients in the scheme.
- National Productivity Council (NPC), New Delhi carried out a study 'Soil Testing Infrastructure for Faster Delivery of SHC in India' in 2017 in 76 districts of 19 States including Madhya Pradesh covering 170 soil testing labs and 1700 farmers. As a result of application of fertilizer and micronutrients as per SHC recommendations, there has been a decrease of use of chemical fertilizer application in the range of 8-10% was found. Overall 5-6% increase in the yield of crops was reported, due to application of fertilizer and micronutrients as per SHC.
- An impact study of Soil Health and Fertility Scheme (November 2017) was conducted by National Institute of Agricultural Extension Management (MANAGE), Hyderabad. As per report, about 62.8% of the farmers use fertilizers according to the recommendations on the SHC. The cost per acre

reduced by 4 to 10 % due to low fertilizer use. Crop yields increased for majority of the crops, although moderately. Overall, paddy farmers reduced use of urea by 9%, Diammonium Phosphate (DAP)/Single Super Phosphate by 7%, but increased use of Potassium by 20%.

- There was substantial decline in fertilizer use especially urea and DAP in paddy and cotton resulted in decreased cost of cultivation per unit area.

Further, NITI Aayog has conducted a study on the Nutrient Based Subsidy (NBS) Scheme. The evaluation notes that the Scheme has several conceptual strengths, including the promotion of balanced fertilization through nutrient-linked subsidies, expansion of coverage to 28 fertilizer grades, and comparatively lower subsidy requirements than urea. The study also highlights that there is scope for further strengthening the effectiveness of the Scheme by addressing aspects such as the inclusion of urea within the NBS framework, further streamlining operational processes, reducing import dependence, improving affordability for small and marginal farmers.

STATEMENT

STATE WISE REQUIREMENT, AVAILABILITY and SALES OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.2026 TO 21.07.2026)

Fig. in LMT

		UREA				DAP				MOP				NPKS			
S.No	State	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26	Requirement	Availability	DBT Sales	Closing Stock as on 21.07.26
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	3.38	6.45	2.56	3.88	0.70	1.58	0.76	0.82	0.36	0.71	0.30	0.41	1.91	6.48	2.53	3.96
3	Arunachal Pradesh	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	1.28	2.13	1.60	0.54	0.19	0.41	0.24	0.17	0.14	0.42	0.19	0.23	0.13	0.28	0.09	0.19
5	Bihar	4.20	7.66	3.07	4.59	1.47	2.26	0.83	1.42	0.77	0.80	0.12	0.69	1.76	3.22	0.67	2.55
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	5.67	7.33	4.93	2.40	2.42	1.97	1.36	0.61	0.61	0.82	0.50	0.32	1.93	2.29	1.54	0.76
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.02	0.09	0.08	0.01	0.00	0.03	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.02	0.02	0.01	0.00
12	Gujarat	5.79	8.21	5.42	2.79	2.47	2.21	1.56	0.65	0.29	0.41	0.20	0.21	3.34	4.19	2.23	1.96
13	Haryana	6.05	9.52	7.31	2.21	1.25	1.61	1.17	0.44	0.39	0.38	0.13	0.25	0.30	0.42	0.16	0.26
14	Himachal Pradesh	0.16	0.39	0.25	0.14	0.01	0.03	0.00	0.03	0.00	0.02	0.00	0.01	0.09	0.09	0.06	0.03
15	Jammu and kashmir	0.58	1.15	0.76	0.39	0.17	0.29	0.19	0.10	0.08	0.15	0.10	0.04	0.01	0.06	0.02	0.04
16	Jharkhand	1.37	2.08	0.96	1.12	0.42	0.38	0.22	0.16	0.04	0.06	0.01	0.05	0.52	0.59	0.25	0.34
17	Karnataka	6.19	8.48	4.51	3.98	2.65	3.11	2.27	0.83	1.27	1.59	0.76	0.84	7.26	12.10	6.76	5.35
18	Kerala	0.31	0.64	0.39	0.26	0.06	0.18	0.09	0.09	0.21	0.43	0.28	0.15	0.49	0.57	0.32	0.25
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	9.84	14.42	8.97	5.45	3.01	3.13	2.13	1.00	0.77	0.58	0.27	0.31	4.26	6.69	3.54	3.16
21	Maharashtra	9.73	14.08	8.63	5.45	3.30	3.61	2.55	1.06	0.82	1.80	0.83	0.96	11.20	21.23	11.49	9.73
22	Manipur	0.10	0.18	0.11	0.07	0.02	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.01	0.02	0.00	0.01
23	Meghalaya	0.02	0.01	0.01	0.00	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

24	Mizoram	0.02	0.01	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	2.73	4.17	1.67	2.49	1.22	1.53	0.80	0.73	0.55	0.76	0.21	0.55	1.68	2.12	0.81	1.32
27	Puducherry	0.04	0.05	0.04	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.02	0.05	0.03	0.02
28	Punjab	11.69	15.01	11.77	3.24	1.50	2.33	1.31	1.02	0.57	0.64	0.21	0.43	0.48	0.50	0.18	0.32
29	Rajasthan	5.93	10.61	6.73	3.87	2.85	2.60	1.85	0.75	0.04	0.14	0.04	0.10	0.67	1.38	0.65	0.73
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	2.57	4.49	2.89	1.60	0.75	1.02	0.56	0.46	0.58	0.70	0.40	0.31	2.59	3.80	1.97	1.83
32	Telangana	7.02	7.51	3.93	3.58	1.97	1.71	1.43	0.28	0.54	0.53	0.13	0.40	6.85	7.46	4.02	3.44
33	Tripura	0.05	0.13	0.05	0.08	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02
34	Uttarakhand	0.68	0.95	0.69	0.25	0.14	0.30	0.14	0.15	0.04	0.05	0.01	0.05	0.11	0.04	0.02	0.02
35	Uttar Pradesh	23.38	33.66	17.36	16.30	4.92	8.63	3.45	5.17	1.42	1.37	0.23	1.14	1.95	6.26	1.28	4.98
36	West Bengal	3.26	7.30	3.26	4.04	0.79	1.33	0.55	0.79	0.76	1.51	0.39	1.12	1.97	5.67	1.75	3.92
	All India	112.09	166.78	97.98	68.79	32.35	40.29	23.52	16.77	10.29	13.91	5.32	8.61	49.58	85.56	40.39	45.17

Primary Indicator of comfortable availability: Availability > Requirement
Secondary Indicator of comfortable availability: Availability > Sales

सीएसआर के माध्यम से आंगनवाड़ी केंद्रों का सुदृढ़ीकरण

1143. श्री रमाशंकर बिद्यार्थी राजभर:

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

(क) सक्षम आंगनवाड़ी और पोषण अभियान के तहत प्रदेश के ग्रामीण क्षेत्रों में किए जा रहे कार्यों का ब्यौरा क्या है;

(ख) क्या आंगनवाड़ी कार्यकर्ताओं के वेतन ढांचे को बढ़ाने का कोई प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और वर्तमान ढांचे और प्रस्तावित वृद्धि का ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(ग) देवरिया और बलिया जिलों में आंगनवाड़ी केंद्रों, जर्जर भवनों की कुल संख्या कितनी है और आवश्यक बुनियादी सुविधाओं की स्थिति क्या है;

(घ) कुपोषण की समस्या को समाप्त करने के लिए सरकार द्वारा पोषण ट्रैकर और अन्य डिजिटल प्लेटफार्मों के माध्यम से निगरानी तंत्र को किस हद तक प्रभावी बनाया गया है; और

(ड.) क्या सरकार आंगनवाड़ी केंद्रों के बुनियादी ढांचे को मजबूत करने के लिए कॉर्पोरेट सामाजिक दायित्व (सीएसआर) के माध्यम से निजी संस्थाओं की भागीदारी बढ़ाने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ड.): 15वें वित्त आयोग के दौरान 6 वर्ष से कम उम्र के बच्चों, गर्भवती और स्तनपान कराने वाली महिलाओं, किशोरियों (14-18 वर्ष) के लिए पोषण सहायता; प्रारम्भिक बाल्यावस्था देखरेख और शिक्षा [3-6 वर्ष]; आंगनवाड़ी अवसंरचना जिसमें आधुनिक, उन्नत सक्षम आंगनवाड़ी भी शामिल हैं, पोषण अभियान और किशोरियों के लिए योजना घटकों को 'मिशन सक्षम आंगनवाड़ी और पोषण 2.0' के तहत पुनर्गठित किया गया।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, प्रदेश राज्य सहित देश भर में आंगनवाड़ी केंद्रों के माध्यम से पात्र लाभार्थियों को छह सेवाओं अर्थात पूरक पोषण (एसएनपी),

विद्यालय पूर्व अनौपचारिक शिक्षा, पोषण और स्वास्थ्य शिक्षा, टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाओं का एक पैकेज प्रदान किया जाता है। छह सेवाओं में से तीन अर्थात टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं स्वास्थ्य से संबंधित हैं और ये राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं। ये सेवाएं देश भर में आंगनवाड़ी केंद्रों के माध्यम से पात्र पंजीकृत लाभार्थियों अर्थात 6 वर्ष तक के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं तथा राज्यों के आकांक्षी जिलों और पूर्वोत्तर क्षेत्र के सभी जिलों में 14 से 18 वर्ष की आयु वर्ग की किशोरियों को प्रदान की जाती हैं।

प्रदेश राज्य सहित पूरे देश में आंगनवाड़ी केंद्रों पर लाभार्थियों, बुनियादी सुविधाओं, सेवा प्रदायगी आदि से जुड़ी ज़िलेवार जानकारी पोषण ट्रेकर के लिंक: https://www. poshantracker.in/statistics पर देखी जा सकती है।

आंगनवाड़ी कार्यकर्त्री और आंगनवाड़ी सहायिका स्थानीय समुदाय से लिए गए मानद कर्मचारी होती हैं जो स्थानीय समुदाय की सहायता हेतु स्वेच्छा से बच्चों की देखभाल और विकास के क्षेत्र में अपनी सेवाएँ देने के लिए आगे आती हैं, जिसके लिए उन्हें मानदेय दिया जाता है। यह मानदेय समय-समय पर बढ़ाया जाता है। 1 अक्टूबर, 2018 से, भारत सरकार ने केंद्र और राज्यों और संघ राज्य क्षेत्रों के बीच तय लागत-साझाकरण अनुपात के अनुसार आंगनवाड़ी केंद्रों में आंगनवाड़ी कार्यकर्त्रियों का मानदेय 3,000 रुपये से बढ़ाकर 4,500 रुपये प्रति माह और आंगनवाड़ी सहायिकाओं का मानदेय 1,500 रुपये से बढ़ाकर 2,250 रुपये प्रति माह कर दिया है। इसके अलावा, राज्य और संघ राज्य क्षेत्र भी इन कर्मचारियों को अपने संसाधनों से अतिरिक्त मौद्रिक प्रोत्साहन और टॉप-अप देते हैं जो कि प्रत्येक राज्य में अलग-अलग होता है। साथ ही, आंगनवाड़ी कार्यकर्त्रियों को 500 रुपये प्रति माह और आंगनवाड़ी सहायिकाओं को 250 रुपये प्रति माह का कार्य निषपादन-आधारित प्रोत्साहन भी दिया जाता है।

मंत्रालय ने 'मिशन सक्षम आंगनवाड़ी और पोषण 2.0' के तहत तय पैमानों पर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की तत्समय (रियल टाइम) निगरानी

और ट्रैकिंग के लिए एक महत्वपूर्ण निगरानी उपकरण के तौर पर 'पोषण ट्रैकर' डिजिटल ऐप शुरू किया है। पोषण ट्रैकर ऐप की सहायता से मंत्रालय अलग-अलग पैमानों पर योजना के कार्यान्वयन की समीक्षा और आवश्यक सुधार कर सकता है। इसने आंगनवाड़ी सेवाओं अर्थात आंगनवाड़ी केंद्रों का खुलना, बच्चों की दैनिक उपस्थिति, ईसीसीई गतिविधियां, बच्चों की वृद्धि की निगरानी, पका हुआ गर्म भोजन और टेक-होम राशन प्रदायगी, शारीरिक वृद्धि मापन इत्यादि के संबंध में लगभग तत्समय डेटा एकत्रित करना आसान बना दिया है।

यह मिशन एक सार्वभौमिक व्यापक योजना है जहां किसी भी लाभार्थी के लिए पंजीकरण करने और सेवाएं प्राप्त करने के लिए कोई बाधा नहीं है। प्रत्येक लाभार्थी जो चेहरे की पहचान प्रणाली (एफआरएस) के लिए ईकेवाईसी प्रक्रिया से गुजरने का इच्छुक है, वह योजना का लाभ प्राप्त करने का पूरी तरह से हकदार है। इस आधारकार्ड आधारित ट्रैकिंग ने लाभार्थियों की सही पहचान, लीकेज को रोकने और फर्जी प्रविष्टियों को समाप्त किया जा सका है। पोषण ट्रैकर डैशबोर्ड पर उपलब्ध आंकड़ों के अनुसार, 99.88 प्रतिशत पंजीकृत लाभार्थी आधारकार्ड सत्यापित हैं। सेवा प्रदायगी की अंतिम लाभार्थी तक ट्रैकिंग के लिए, महिला और बाल विकास मंत्रालय ने टेक-होम राशन (टीएचआर) की प्रदायगी के लिए पोषण ट्रैकर एप्लिकेशन में चेहरे की पहचान प्रणाली (एफआरएस) विकसित की है ताकि यह सुनिश्चित किया जा सके कि लाभ केवल पोषण ट्रैकर में पंजीकृत इच्छित लाभार्थी को ही दिया जाए।

लाभार्थियों को टेक-होम राशन (टीएचआर) की निर्बाध प्रदायगी सुनिश्चित करने के लिए पोषण ट्रैकर में नॉमिनी मॉड्यूल भी शुरू किया गया है। यदि किसी भी कारण से, पंजीकृत लाभार्थी एफआरएस के माध्यम से अपना टीएचआर प्राप्त करने के लिए आंगनवाड़ी केंद्र पर जाने में असमर्थ है, तो वह अपना टीएचआर प्राप्त करने के लिए अपनी ओर से एक नामांकित व्यक्ति का चयन कर सकती है। नामांकित व्यक्ति को केवल एक बार ई-केवाईसी से गुजरना होगा, लेकिन लाभार्थी की ओर से टीएचआर प्राप्त करने के लिए प्रत्येक बार चेहरे का मिलान किया जाएगा। नामांकित व्यक्ति को जोड़ने के बाद भी लाभार्थी यदि चाहे तो टीएचआर प्राप्त करना जारी रख सकता है। इससे

लाभार्थियों का जीवन आसान हुआ है।

मंत्रालय ने मिशन सक्षम आंगनवाड़ी और पोषण 2.0, मिशन शक्ति और मिशन वात्सल्य नामक तीन मिशनों के तहत विभिन्न गतिविधियों को पूरा करने के लिए संगठनों, व्यक्तियों, कॉरपोरेट्स इत्यादि के साथ सहयोग के लिए पंखुड़ी पोर्टल शुरू किया है। विवरण https://pankhudi.wcd.gov.in/web/home लिंक पर उपलब्ध है।

उच्च जोखिम वाले सार्वजनिक स्वास्थ्य निगरानी क्षेत्र

1144. श्री उमेषभाई बाबूभाई पटेलः

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

(क) संघ राज्यक्षेत्र दादरा और नगर हवेली तथा दमन और दीव में वर्तमान में संचालित 'रेड कैटेगरी' की भेषज और रासायनिक इकाइयों की संख्या कितनी है तथा उनके नामों, निर्मित उत्पादों और उत्पादन क्षमता का ब्यौरा क्या है;

(ख) क्या उक्त इकाइयों के उच्च घनत्व/एक स्थान पर होने के कारण सार्वजनिक स्वास्थ्य पर पड़ने वाले प्रभाव के संबंध में महामारी विज्ञान का कोई अद्यतन आंकड़ा उपलब्ध है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार सीपीसीबी/पीसीसी/जीपीसीबी के साथ समन्वय करके वास्तविक समय पर प्रदूषण का आंकड़ा और क्षेत्रीय बीमारी के बोझ का एक एकीकृत विश्लेषण करने की प्रक्रिया कर रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(घ) क्या किसी तीसरे पक्ष के स्वतंत्र संस्थान ने इस संबंध में स्वास्थ्य पर पड़ने वाले प्रभाव का अध्ययन किया है या करने का प्रस्ताव किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(ङ) क्या दमन-वापी औद्योगिक बेल्ट को उच्च जोखिम वाले सार्वजनिक स्वास्थ्य निगरानी क्षेत्र के रूप में घोषित करने और कैंसर का पता लगाने /बायो-मॉनिटरिंग शुरू करने तथा विशेष रोग

रजिस्ट्रियां स्थापित करने की कोई योजना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क): पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय के अधीन केंद्रीय प्रदूषण नियंत्रण बोर्ड (सीपीसीबी) द्वारा दी गई सूचना के अनुसार, दादरा और नगर हवेली एवं दमन और दीव (डीएनएच एवं डीडी) संघ राज्य क्षेत्र में वर्तमान में 24 रेड कैटेगरी की भेषज और रासायनिक इकाइयाँ कार्यशील हैं। इन 24 इकाइयों के नाम, निर्मित उत्पाद और उत्पादन क्षमता से संबंधित ब्यौरा **विवरण** में संलग्न हैं।

(ख): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) द्वारा दी गई सूचना के अनुसार, वर्तमान में कोई भी महामारी विज्ञान संबंधी अध्ययन या डेटा उपलब्ध नहीं है जो विशेष रूप से दादरा और नगर हवेली एवं दमन और दीव/दमन-वापी इंडस्ट्रीयल बेल्ट में रेड कैटेगरी के भेषज/रासायनिक उद्योगों की सांद्रता और सार्वजनिक स्वास्थ्य परिणामों के बीच संबंध स्थापित करता हो।

(ग): गुजरात प्रदूषण नियंत्रण बोर्ड (जीपीसीबी) और प्रदूषण नियंत्रण समिति (पीसीसी), दादरा और नगर हवेली एवं दमन और दीव द्वारा दी गई सूचना के अनुसार, वास्तविक समय के प्रदूषण निगरानी आंकड़ों और क्षेत्रीय रोग भार के एकीकृत विश्लेषण करने के लिए कोई विशिष्ट अध्ययन नहीं किया गया है। तथापि, पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय के अधीन संबंधित प्रदूषण नियंत्रण प्राधिकरणों और संबंधित राज्य/संघ राज्य क्षेत्र प्रदूषण नियंत्रण प्राधिकरणों द्वारा पर्यावरणीय निगरानी और नियामक कार्रवाई की जाती है, जबकि रोग निगरानी स्थापित जन स्वास्थ्य निगरानी तंत्रों के माध्यम से की जाती है।

(घ): मंत्रालय के पास ऐसी किसी स्वतंत्र तृतीय पक्ष संस्था की कोई जानकारी उपलब्ध नहीं है जिसने दमन-वापी इंडस्ट्रियल क्षेत्र पर स्वास्थ्य पर पड़ने वाले प्रभाव का कोई विशेष व्यापक

अध्ययन किया है या करने का प्रस्ताव किया है।

(ङ): केंद्रीय प्रदूषण नियंत्रण बोर्ड द्वारा दी गई जानकारी के अनुसार, दादरा और नगर हवेली एवं दमन और दीव संघ राज्य क्षेत्र गंभीर रूप से प्रदूषित क्षेत्रों (सीपीए) की श्रेणी में नहीं आते हैं। स्वास्थ्य और परिवार कल्याण विभाग राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत राष्ट्रीय गैर-संचारी रोग रोकथाम एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत देश भर के राज्यों और संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करता है। यह कार्यक्रम कैंसर सहित गैर-संचारी रोगों के लिए अवसंरचना को सुदृढ़ करने, मानव संसाधन विकास, जांच, शीघ्र निदान, रेफरल, उपचार और स्वास्थ्य संवर्धन पर केंद्रित है। एनपी-एनसीडी के तहत, दादरा और नगर हवेली एवं दमन और दीव संघ राज्य क्षेत्रों सहित देश भर में 770 जिला एनसीडी क्लीनिक और सामुदायिक स्वास्थ्य केंद्रों में 6,410 एनसीडी क्लीनिक स्थापित किए गए हैं।

<u>विवरण</u>

दादरा और नगर हवेली एवं दमन और दीव संघ राज्य क्षेत्र में कार्यरत 'रेड कैटेगरी' की भेषजीय और रासायनिक उद्योगों की सूची

क्र.सं.	**उद्योग का नाम**	**पता**	**जिला**	**उत्पाद**	**उत्पादन क्षमता**
1.	कैशा लाइफसाइंसेज प्राइवेट लिमिटेड (फार्मा)	सर्वे नंबर 342/3(77), भारत इंडस्ट्रीयल एस्टेट, ग्राम भीमपुर, दमन — 396210	दमन	भेषजीय सूत्रीकरण श्रेणी के लिए प्राकृतिक विज्ञान और इंजीनियरिंग पर भेषजीय वैज्ञानिक अनुसंधान और विकास के लिए अनुसंधान एवं विकास केंद्र	केवल विश्लेषण परीक्षण उद्देश्य के लिए
2.	पायल पॉलीप्लास्ट प्राइवेट लिमिटेड (केमिकल)	प्लॉट नंबर 87,88,102 और 103, पांचाल उद्योग नगर, भीमपोर, दमन	दमन	प्लास्टिकराइज़र (अन्य कोई वस्तु नहीं)	28,000 मीट्रिक टन/वर्ष
3.	मेसर्स विनाइल	36/1,	दमन	सभी प्रकार के प्लास्टिक योजक	16,750

	प्रोडक्ट्स प्राइवेट लिमिटेड, जिसे पहले मेसर्स एपीआई इंडस्ट्रियल कॉर्पोरेशन (केमिकल) के नाम से जाना जाता था।	रिंगनवाड़ा, सोमनाथ इंडस्ट्रीयल एस्टेट के पास, दमन - 396210		(अन्य कोई वस्तु नहीं)	मीट्रिक टन/वर्ष
4.	विनाइल प्रोडक्ट्स प्राइवेट लिमिटेड (केमिकल)	37/2, ग्राम-रिंगनवाड़ा, सोमनाथ इंडस्ट्रीयल एस्टेट के पास, दमन	दमन	डियोक्टाइल फ़ेथलेट, डि ब्यूटाइल फ़ेथलेट, डि आइसोडेसिल फ़ेथलेट, डि आइसो ऑक्टाइल फ़ेथलेट, डि आईएसओ ब्यूटाइल फ़ेथलेट, डि इथाइल फ़थलेट, डि ऑक्टाइल मेलेट, डि ब्यूटाइल मैलेट, डि ब्यूटाइल एसीटेट, डि आईएसओ नॉनाइल, फ़ेथलेट और डि ऑक्टाइल एडिपेट	16,750 मीट्रिक टन/वर्ष
5.	विकास ऑर्गेनिक्स प्राइवेट लिमिटेड (केमिकल)	प्लॉट नं. 43-44-45, सिल्वर इंडस्ट्रियल एस्टेट, भीमपुर, दमन .	दमन	विभिन्न प्रकार के प्लास्टिसाइज़र जैसे डीईपी, डीएमपी, डीओपी, डीबीपी, डीओएम, ब्यूटाइल और एथिल एसीटेट, डीबीएम और एपॉक्सी प्लास्टिसाइज़र	12,000 मीट्रिक टन/वर्ष
6.	जेसन इंडस्ट्रीज लिमिटेड (यूनिट - I) (केमिकल)	सर्वे नंबर 377/1 (7ए और 7बी) ज़री कॉज़वे रोड, काचीगाम, दमन	दमन	सिंथेटिक आसंजक पदार्थ वस्त्र सहायक सामग्री प्राथमिक स्याही	3000 मीट्रिक टन प्रति वर्ष 5400 मीट्रिक टन प्रति वर्ष 600 मीट्रिक टन प्रति वर्ष
7.	एनआईडीएल सरफैक्टेंट्स प्राइवेट लिमिटेड (रसायन)	194/5ए, पांचाल उद्योग नगर, भीमपोर, दमन.	दमन	प्रयोगशाला में उत्पादित सल्फोनिक अम्ल उपयोग किया गया अम्ल (उप-	14,400 मीट्रिक टन/वर्ष 13,500

				उत्पाद)	मीट्रिक टन/वर्ष
8.	भारत रेजिंस प्राइवेट लिमिटेड (केमिकल)	प्लॉट संख्या 43, सर्वेक्षण संख्या 168, डाभेल इंडस्ट्रीयल सहकारी समिति लिमिटेड, डाभेल, दमन .	दमन	पॉलीअमीनोमाइड्स (तरल) आसंजक पदार्थ और सीलेंट एपॉक्सी रेजिन – तरल/ठोस पॉलीअमाइड्स (ठोस) कठोरता बढ़ाने वाले पदार्थ वाहनों पर कोटिंग कठोर रेजिन मुद्रण माध्यम	200 मीट्रिक टन/वर्ष 200 मीट्रिक टन/वर्ष 500 मीट्रिक टन/वर्ष 300 मीट्रिक टन/वर्ष 100 मीट्रिक टन/वर्ष 2200 मीट्रिक टन/वर्ष 600 मीट्रिक टन/वर्ष 50 मीट्रिक टन/वर्ष
9.	मसानी पॉलीमर्स प्राइवेट लिमिटेड (रसायन)	प्लॉट नंबर 375/12, राठौड़ पत्थर खदान, ग्राम - काचीगाम,दमन	दमन	असंतृप्त पॉलिएस्टर रेज़िन पॉलिएस्टर वायर बेस कोटिंग मैस्टोन-के-98 का क्रिस्टलीकरण	6000 मीट्रिक टन/वर्ष 360 मीट्रिक टन/वर्ष 360 मीट्रिक टन/वर्ष
10.	रचना प्लास्टिसाइज़र (रसायन)	प्लॉट संख्या 115/ए, 115/बी, 116, 117 पिपरिया	दादरा नगर हवेली	प्लास्टिकराइज़र जैसे कि डीओपी, डीबीपी, डीआईबीपी, डीबीएम, डीओएम, डीओए, डीईपी, डीआईएनपी और डीओटीपी	30,000 मीट्रिक टन/वर्ष

		इंडस्ट्रियल एस्टेट, सिलवासा			
11.	जय जी एंटरप्राइज (केमिकल)	सर्वे नंबर 301/1, प्लॉट संख्या 12, 13 और 14, मसात, सिलवासा।	दादरा नगर हवेली	एसिटैनिलाइड पतला एसिटिक अम्ल सल्फैनिलिक अम्ल एसिटिक एनहाइड्राइड	19600 मीट्रिक टन/वर्ष 1960 मीट्रिक टन/वर्ष 3500 मीट्रिक टन/वर्ष 7000 मीट्रिक टन/वर्ष
12.	केएलजे प्लास्टिसाइजर्स लिमिटेड (केमिकल)	सर्वे नंबर 98/1, ग्राम - सिल्ली, सिलवासा	दादरा नगर हवेली	प्लास्टिकराइज़र अर्थात् डीओपी/डीबीपी/डीआईडीपी/डीईपी और एस्टर जैसे ब्यूटाइल एसीटेट और एथिल (अन्य कोई वस्तु नहीं)	3,80,000 मीट्रिक टन/वर्ष
13.	ललिता केम इंडस्ट्रीज प्राइवेट लिमिटेड (केमिकल)	सर्वे नंबर 200/1/2, ग्राम खरड़पाड़ा, नरोली, सिलवासा	दादरा नगर हवेली	पीवीसी स्टेबलाइजर और स्टीयरेट पीवीसी यौगिक फैटी एसिड प्लास्टिसाइजर	1200 मीट्रिक टन/वर्ष 1200 मीट्रिक टन/वर्ष 600 मीट्रिक टन/वर्ष 9600 मीट्रिक टन/वर्ष
14.	विसेन इंडस्ट्रीज लिमिटेड (रसायन)	सर्वे नंबर 200/1/2, प्लॉट नंबर 68, 69, और 88 बी नानजी इंडस्ट्रियल एस्टेट, गांव:	दादरा नगर हवेली	पॉलीविनाइल एसीटेट इमल्शन, को-पॉलिमर इमल्शन, एक्रिलिक इमल्शन, सिंथेटिक रेज़िन एडहेसिव, टेक्सटाइल प्रिंटिंग डाइंग और फिनिशिंग एजेंट	46000 मीट्रिक टन प्रति वर्ष

		खरड़पाड़ा, यूटी ऑफ डीडी एंड डीएनएच।			
15.	सुब्रय कैटल केम प्राइवेट लिमिटेड (रसायन)	सर्वे नंबर 200/1/2, प्लॉट नंबर 31, ग्राम-खरड़पाड़ा, नरोली, सिलवासा	दादरा नगर हवेली	पीवीसी स्टेबलाइजर और स्टीयरेट पीवीसी यौगिक फैटी एसिड प्लास्टिसाइजर	600 मीट्रिक टन/वर्ष 1200 मीट्रिक टन/वर्ष 600 मीट्रिक टन/वर्ष 6000 मीट्रिक टन/वर्ष
16.	गुजरात पॉलीसोल केमिकल्स लिमिटेड (रसायन)	सर्वे नंबर 1063, 1064, डेमनी रोड, गांव: दादरा, दादरा और नगर हवेली सिलवासा, डीडी से बाहर डीएनएच.	दादरा नगर हवेली	फैलाने वाले एजेंट (तरल और पाउडर रूप में)	800 मीट्रिक टन/वर्ष
17.	सत्येन पॉलीमर्स प्राइवेट लिमिटेड (रसायन)	सर्वे नंबर 678/1/3, प्लॉट नंबर 6, ग्राम नरोली, भिलाड सिल्वासा रोड, नरोली चेक पोस्ट से पहले, सिलवासा, दादरा और नगर हवेली - 396230	दादरा नगर हवेली	असंतृप्त पॉलिएस्टर राल	12000 मीट्रिक टन प्रति वर्ष
18.	डॉर्फ केटल	सर्वे नंबर	दादरा	अकार्बनिक कोटिंग रसायन (सामान्य	1000

	केमिकल्स इंडिया प्राइवेट लिमिटेड (रसायन)	130/1, जयंत भाई देसाई मार्ग, वाघधारा रोड, दादरा, डीएनएच	नगर हवेली	तापमान पर मिश्रण और संलयन द्वारा)	मीट्रिक टन/वर्ष
19.	ऑर्सन रेजिन एंड कोटिंग्स प्राइवेट लिमिटेड	प्लॉट नंबर 13, एसआर 46/1, गंगा इंडस्ट्रियल एस्टेट, ग्राम-अथल, डी एंड एनएच	दादरा नगर हवेली	असंतृप्त पॉलिएस्टर रेजिन विनाइल पॉलिएस्टर रेजिन	600 मीट्रिक टन/माह 50 मीट्रिक टन/माह
20.	श्री कृष्णा डेटकेम प्राइवेट लिमिटेड	सर्वे नंबर 357/1/2, बृहद दादरा गार्डन, ग्राम-दादरा।	दादरा नगर हवेली	एलएबीएसए (अम्लीय घोल) तरल डिटर्जेंट उप-उत्पाद (उपयोग किया गया अम्ल)	10390 टन/वर्ष 5000 टन/वर्ष 7800 टन/वर्ष
21.	आरती सर्फेक्टेंट्स लिमिटेड	सर्वे क्रमांक-193/1/4/5 एवं 6, खानवेल-उधवा रोड, ग्राम खेरडी, सिलवासा, दादरा नगर हवेली एवं दमन और दीव संघ राज्य क्षेत्र	दादरा नगर हवेली	घरेलू सफाई उत्पाद तरल डिटर्जेंट सोडियम लॉरिल ईथर सल्फेट (एसएलईएस) एलएबीएसए सोडियम लॉरिल सल्फेट अल्फाओल्डफिन सल्फेट	150 मीट्रिक टन प्रति वर्ष 250 मीट्रिक टन प्रति वर्ष 165 मीट्रिक टन प्रति माह 650 टीपीएम 250 टीपीएम 250 टीपीएम
22.	नगर हवेली परफ्यूम्स एंड एरोमैटिक्स	प्लॉट नंबर 207, द्वितीय चरण पिपरिया इंडस्ट्रीयल एस्टेट पिपरिया सिलवासा	दादरा नगर हवेली	विभिन्न प्रकार के एल्डिहाइड विभिन्न प्रकार के गामा लैक्टोन विभिन्न प्रकार के ईथर विभिन्न प्रकार के ईथर मिश्रित परफ्यूम अल्फाएमाइल सिनामिक एल्डिहाइड	25 मीट्रिक टन प्रति वर्ष 12 मीट्रिक टन प्रति

				एल्डिहाइड सी-14-12 फेनिल एथिल एसीटेट अनडेसिलनिक एसिड गेरानिल एसीटेट सिट्रोनेलिल एसीटेट फेनिल एथिल मिथाइल ईथर हेप्टाल्डिहाइड विभिन्न प्राकृतिक तेलों का निर्माण	वर्ष 10 मीट्रिक टन प्रति वर्ष 15 मीट्रिक टन प्रति वर्ष 10 मीट्रिक टन प्रति वर्ष 25 मीट्रिक टन प्रति वर्ष 12 मीट्रिक टन प्रति वर्ष 30 मीट्रिक टन प्रति वर्ष 24 मीट्रिक टन प्रति वर्ष 10 मीट्रिक टन प्रति वर्ष 10 मीट्रिक टन प्रति वर्ष 15 मीट्रिक टन प्रति वर्ष 24 मीट्रिक टन प्रति वर्ष 48 मीट्रिक टन प्रति

					वर्ष
23.	फेना (पी) लिमिटेड	सर्वे नंबर 217, प्लॉट नंबर 12, सन फार्मा के पास, ग्राम दादरा, सिलवासा - 396 193	दादरा नगर हवेली	डिटर्जेंट केक / डिश क्लीनिंग बार डिटर्जेंट पाउडर / क्लीनिंग पाउडर एसिड स्लरी	21600 टीपीए 36000 टीपीए 7500 टीपीए
24.	उपरा केम प्राइवेट लिमिटेड	सर्वे नंबर 65/66-2, प्लॉट संख्या 1, सरकारी इंडस्ट्रीयल एस्टेट, ग्राम: पिपरिया, सिलवासा — 396230. (संघ राज्य क्षेत्र)	दादरा नगर हवेली	एन्हींड्रोस एल्युमिनियम क्लोराइड	8400 मीट्रिक टन/वर्ष

PROGRESS OF AB-PMJAY IN BULANDSHAHR

1145. DR. BHOLA SINGH:

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

(a) the progress made under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), including beneficiaries covered and hospital admissions during the last three years;

(b) the number of empanelled Government and private hospitals in Bulandshahr District, Uttar Pradesh along with the number of beneficiaries who have availed treatment under the Scheme;

(c) whether the Government has taken steps to strengthen Ayushman Arogya

Mandirs and digital health services under the Ayushman Bharat Digital Mission in Bulandshahr; 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): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore economically vulnerable families, constituting the bottom 40% of India's population. In March 2024, the scheme was expanded to include approximately 37 lakh families of Accredited Social Health Activists, Anganwadi Workers, and Anganwadi Helpers. The scheme was further expanded in October 2024 to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status.

A total of 7.14 crore hospital admissions amounting to Rs. 1.17 lakh crore have been authorized under AB-PMJAY across the country during the last three years (FY 2023-24 to FY 2025-26).

(b): As on 30.06.2026, a total of 171 hospitals are empanelled under AB-PMJAY in Bulandshahr district, Uttar Pradesh, comprising 70 government hospitals and 101 private hospitals. The details of the empanelled hospitals can be accessed at: https://hem.nha.gov.in/search

Further, as on 30.06.2026, a total of 2.98 lakh hospital admissions

amounting to Rs. 460.94 crore have been authorized in Bulandshahr district, Uttar Pradesh.

(c) and (d): The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. As on 20.07.2026, a total of 24 lakh Ayushman Bharat Health Accounts (ABHAs) have been created, 16 lakh health records have been linked with ABHAs, 1,283 health facilities have been registered on Health Facility Registry and 1,772 healthcare professionals have been registered on Health Professional Registry in Bulandshahr district of Uttar Pradesh. Further, 545 public health facilities and 161 private health facilities use an ABDM enabled software in Bulandshahr district of Uttar Pradesh. In addition, through 1.86 lakh Ayushman Arogya Mandirs in the country, comprehensive primary healthcare is provided by strengthening Sub Health Centres and Primary Health Centres.

निजी स्वास्थ्य बीमा कंपनियों द्वारा दावों को खारिज किया जाना

1146. श्री देवेश शाक्यः

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

(क) क्या सरकार को इस बात की जानकारी है कि निजी स्वास्थ्य बीमा कंपनियां विशेषज्ञ डॉक्टरों द्वारा दी गई अस्पताल में भर्ती होने की सलाह से जुड़े दावों को 'गैर-चिकित्सीय आवश्यकता' या 'अपवर्जन' जैसे आधारों का हवाला देते हुए खारिज कर रही हैं, जिससे मरीजों के इलाज पर प्रतिकूल प्रभाव पड़ रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या बीमा कंपनियों को नैदानिक/चिकित्सीय विवेक में हस्तक्षेप करने से रोकने के लिए कोई

राष्ट्रीय मानक दिशानिर्देश या मेडिकल लेखांकन प्रणाली प्रस्तावित है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार भारतीय बीमा विनियामक और विकास प्राधिकरण (आईआरडीएआई) और स्वास्थ्य क्षेत्र के नियामकों के साथ समन्वय करके उपचार करने वाले डॉक्टर के नैदानिक निर्णय को सबसे अधिक प्राथमिकता देने के लिए एक अनिवार्य नीति बनाने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) पिछले तीन वर्षों के दौरान प्राप्त चिकित्सा दावा आवेदनों और उक्त 'गैर-चिकित्सीय आवश्यकता' या 'अपवर्जन' के आधार पर खारिज किए गए दावों का कंपनी-वार ब्यौरा क्या है?

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

(क) से (घ): भारतीय बीमा नियामक एवं विकास प्राधिकरण(आईआरडीआई) ने सूचित किया है कि बीमाकर्ता पॉलिसी की शर्तों और प्रत्येक मामले की पात्रता के आधार पर दावों का आकलन करते हैं जिनमें नैदानिक रिकॉर्ड, उपचार करने वाले चिकित्सक का आकलन, लागू चिकित्सा मानक, यथा प्रयोज्य मानक उपचार प्रोटोकॉल और पॉलिसी के नियम एवं शर्तें शामिल होती हैं जिससे स्वास्थ्य बीमा पॉलिसी के तहत उनकी संविदात्मक देयता का निर्धारण किया जा सके। इसके अतिरिक्त, आईआरडीएआई के पास ऐसा कोई प्रस्ताव विचाराधीन नहीं है जिसके अनुसार बीमा दावे की देयता निर्धारित करने के लिए उपचार करने वाले चिकित्सक की नैदानिक राय को सर्वोपरि माना जाए।

आईआरडीएआई बीमा कर्ताओं के स्वास्थ्य बीमा दावों की अस्वीकृति से संबंधित समग्र डेटा एकत्र करता है, किंतु वर्तमान में वह "गैर-चिकित्सकीय आवश्यकता" या "अपवाद" जैसे विशिष्ट आधारों पर अलग-अलग दावा अस्वीकृत डेटा एकत्र नहीं करता है। इसलिए, इन विशिष्ट कारणों से होने वाली अस्वीकृतियों का बीमाकर्ता-वार डेटा उपलब्ध नहीं है।

CHILD CARE CENTERS IN NORTH EAST REGION

1147. DR. INDRA HANG SUBBA:

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

(a) the details of the functional children care centres run by the Ministry in eight States of North East Region (NER), State-wise;

(b) the details of the funds sanctioned to these centres and utilised thereof during each of the last three years and the current year, year-wise and State-wise; and

(c) whether the Ministry has any provisions for employment of vulnerable children after their completion of education/skilling in the said centres if so, the details thereof?

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

(a) to (c): Under the Juvenile Justice (Care and Protection of Children) Act, 2015, Child Care Institutions (CCIs) are established, managed and monitored by the respective State Governments and UT Administrations.

The Juvenile Justice (Care and Protection of Children) Model Rules, 2016 provide that every Child Care Institution shall ensure access to education and skill development for children in its care. Rule 37 further requires every Child Care Institution to provide gainful vocational training and skill-based education suited to the child's age, aptitude, interest and ability, with a view to enhancing employability and enabling certification, wherever

applicable.

The Ministry of Women and Child Development supplements the efforts of the States and UTs through the Centrally Sponsored Scheme Mission Vatsalya. The Mission Vatsalya Scheme, inter-alia, provides After Care support for eligible young adults who have attained the age of 18 years and are leaving Child Care Institutions, in accordance with the provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Mission Vatsalya Guidelines.

The State-wise details of Child Care Institutions supported in the eight North Eastern States under Mission Vatsalya Scheme during FY 2025-26 are placed at **Statement-I.**

The State-wise details of funds released in the North Eastern States during the last three years and the current year are placed at **Statement-II**.

STATEMENT-I

THE STATE-WISE DETAILS OF CHILD CARE INSTITUTIONS SUPPORTED UNDER MISSION VATSALYA SCHEME DURING FY 2025-26

S. No.	State	Total CCIs
1	Arunachal Pradesh	11
2	Assam	91
3	Manipur	99
4	Meghalaya	58
5	Mizoram	67
6	Nagaland	62
7	Sikkim	28
8	Tripura	40

STATEMENT-II

THE STATE-WISE DETAILS OF FUNDS RELEASED INTHE NORTH EASTERN STATES DURING THE LAST THREE YEARS AND THE CURRENT YEAR

(Rs. in Crores)

S. No.	Name of the State	Amount released FY 2023-24	Amount released FY 2024-25	Amount released FY 2025-26	Amount released FY 2026-27 (as on 21.07.2026)
1	Arunachal Pradesh	24.35	5.32	7.74	0.98
2	Assam	59.66	31.39	29.61	6.18
3	Manipur	29.24	68.15	34.36	2.75
4	Meghalaya	31.28	22.30	42.75	6.04
5	Mizoram	53.09	37.06	33.65	2.34
6	Nagaland	29.28	33.92	25.66	1.91
7	Sikkim	5.80	16.21	8.51	0.88
8	Tripura	32.09	19.23	18.11	1.38

स्नैक्स और पैकेज्ड खाद्य पदार्थों में पाम ऑयल का उपयोग

1148. श्री चंदन चौहानः

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

(क) क्या सरकार को इस बात की जानकारी है कि देश में स्नैक्स, बिस्कुट, नमकीन और अन्य पैकेज्ड खाद्य पदार्थों में बड़े पैमाने पर पाम ऑयल का उपयोग किया जा रहा है, जिसे स्वास्थ्य के लिए हानिकारक माना जाता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या यह भी सच है कि कई बहुराष्ट्रीय कंपनियां विकसित देशों में उन्हीं उत्पादों के लिए सूरजमुखी के तेल या बेहतर गुणवत्ता वाले खाद्य तेलों का उपयोग करती हैं, जबकि देश में और अन्य निम्न तथा मध्यम आय वाले देशों में पाम ऑयल का उपयोग किया जाता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार इस बात से सहमत है कि यदि कोई खाद्य पदार्थ या उसका कोई घटक एक देश में स्वास्थ्य के लिए अनुपयुक्त या हानिकारक माना जाता है, तो उसी उत्पाद को अन्य देशों में उपभोक्ताओं के लिए सुरक्षित नहीं माना जाना चाहिए और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार का प्रस्ताव इस संबंध में कोई दिशानिर्देश जारी करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) को खाद्य पदार्थों के लिए वैज्ञानिक मानक निर्धारित करने और मानव उपभोग के लिए सुरक्षित और संतुलित भोजन की प्राप्ति सुनिश्चित करने के लिए उनके विनिर्माण, भंडारण, वितरण, विक्रय और आयात को विनियमित करने का अधिदेश प्राप्त है। खाद्य सुरक्षा और मानक अधिनियम, 2006 के कार्यान्वयन और प्रवर्तन की जिम्मेदारी केंद्र और राज्यों की साझा जिम्मेदारी है।

एफएसएसएआई ने खाद्य सुरक्षा और मानक (खाद्य उत्पाद मानक और खाद्य योजक) विनियम, 2011 अधिसूचित किया है, जिसमें बिस्कुट, खाद्य तेल एवं अन्य पैकेटबंद खाद्य पदार्थों सहित विभिन्न खाद्य उत्पादों के खाद्य उत्पाद मानक विनिर्दिष्ट किए गए हैं। उपर्युक्त विनियम के उप-विनियम 2.2 में खाद्य पदार्थों में उपयोग किए जाने वाले खाद्य तेल सहित वसा, तेल और वसा इमल्शन, के खाद्य उत्पाद मानक सम्मिलित किए गए हैं, जिनमें पाम ऑयल एक मानकीकृत उत्पाद है।

पाम आयल मानकीकृत खाद्य तेल होने के कारण, खाद्य सुरक्षा और मानक (खाद्य उत्पाद मानक और खाद्य योजक) महानिदेशक, 2011 के अनुसार स्नैक्स, बिस्कुट, नमकीन और अन्य पैकेटबंद खाद्य पदार्थ जैसे खाद्य पदार्थों में खाद्य तेल घटक के रूप में इसका उपयोग करने की अनुमति है।

खाद्य सुरक्षा और मानक (लेबलिंग और प्रदर्शन) विनियम, 2020 के उप-विनियम 5(2)(घ) में यह विनिर्दिष्ट है कि "खाद्य संघटकों की सूची में खाद्य संघटकों के लिए एक विशिष्ट नाम का उपयोग किया जाएगा" और 'खाद्य वनस्पति तेल' वर्ग के नाम में आने वाले संघटकों के लिए लाभार्थियों के जानकारी युक्त खाद्य विकल्पों के लिए विशिष्ट खाद्य तेल का नाम दिया जाएगा।

एफबीओ को निर्धारित मानकों का पालन करना अनिवार्य है। ये खाद्य सुरक्षा मानक स्वतंत्र जोखिम का आकलन करने वाले निकायों अर्थात वैज्ञानिक पैनलों और वैज्ञानिक समितियों द्वारा प्रदान की गई वैज्ञानिक राय के आधार पर बनाए गए हैं और अंतरराष्ट्रीय स्तर पर स्वीकृत कोडेक्स मानकों के अनुरूप होते हैं।

पीएचसी और सीएचसी में चिकित्साकर्मियों की कमी

1149. श्रीमती गनीबेन नागाजी ठाकोर:

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

(क) क्या देश के ग्रामीण और दूरदराज के क्षेत्रों के प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों(सीएचसी) और जिला अस्पतालों में डॉक्टरों, विशेषज्ञ डॉक्टरों, नर्सिंग स्टाफ और पैरामेडिकल कर्मियों की भारी कमी है;

(ख) यदि हां, तो उक्त केंद्रों/अस्पतालों में रिक्त पदों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;

(ग) पिछले तीन वर्षों के दौरान इन रिक्तियों को भरने और ग्रामीण तथा जनजातीय क्षेत्रों में स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है; और

(घ) क्या सरकार का प्रत्येक जिले में आधुनिक डायग्नोस्टिक सुविधाओं, टेलीमेडिसिन सेवा और आवश्यक जीवन-रक्षक दवाओं की उपलब्धता सुनिश्चित करने के लिए कोई नई योजना लागू करने का प्रस्ताव 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): देश के ग्रामीण और दूरदराज के क्षेत्रों में स्थित प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), जिला अस्पतालों में डॉक्टरों, विशेषज्ञों, नर्सिंग स्टाफ और पैरामेडिकल कर्मचारियों से संबंधित विवरण तथा देश भर के केंद्रों/अस्पतालों में उनकी रिक्तियों का राज्य/संघ राज्य क्षेत्र वार विवरण एचडीआई 2023-24 के निम्नलिखित लिंक पर देखा जा सकता है:

https://www.mohfwdohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0 a2f700ac62.pdf

स्वास्थ्य राज्य का विषय है। स्वास्थ्य परिचर्या सुविधा केंद्रों में रिक्त पदों को भरने और ग्रामीण तथा जनजातीय क्षेत्रों में स्वास्थ्य सेवाओं को सुदृढ़ करने का प्राथमिक दायित्व संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर ग्रामीण क्षेत्रों में जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए राज्यों/ संघ राज्य क्षेत्र को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के अभिलेख (आरओपी) के रूप में प्रस्तावों को मंजूरी देती है। राज्यों/संघ राज्य क्षेत्रों को दीर्घकालिक रूप से भारतीय जन स्वास्थ्य मानकों (आईपीएचएस) के अनुसार पर्याप्त संख्या में नियमित पदों का सृजन करके मानव संसाधन की उपलब्धता सुनिश्चित करनी होगी और अल्पावधि से मध्यम अवधि में महत्वपूर्ण कमियों को पूरा करने के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) पदों का उपयोग करना होगा। एनएचएम आईपीएचएस के अनुसार मध्यम और प्राथमिक स्वास्थ्य परिचर्या सुविधा केंद्रों (जिला अस्पताल और उससे नीचे के स्तर) में मानव संसाधन की कमियों को पूरा करके नियमित मानव संसाधनों की पूर्ति करता है।

एनएचएम के अंतर्गत, देश के ग्रामीण और दूरदराज के क्षेत्रों में डॉक्टरों, नर्सिंग स्टाफ और पैरामेडिकल कर्मचारियों को प्रैक्टिस करने के लिए प्रोत्साहित करने हेतु निम्नलिखित प्रकार के प्रोत्साहन और मानधन प्रदान किए जाते हैं:

- ग्रामीण और दूरदराज के क्षेत्रों में सेवा देने के लिए विशेषज्ञ चिकित्सकों को दुर्गम क्षेत्र भत्ता और उनके आवासीय क्वार्टरों के लिए भत्ता ताकि वे ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केन्द्रों में सेवा करने के लिए आकर्षित हों।
- ग्रामीण और दूरदराज के क्षेत्रों में सिजेरियन सेक्शन करने के लिए विशेषज्ञों की उपलब्धता बढ़ाने हेतु स्त्री रोग विशेषज्ञों / आपातकालीन प्रसूति देखभाल (ईएमओसी) प्रशिक्षित, बाल रोग विशेषज्ञों और एनेस्थेटिस्ट / जीवन रक्षक एनेस्थीसिया कौशल (एलएसएएस) प्रशिक्षित चिकित्सकों को मानदेय भी प्रदान किया जाता है।
- चिकित्सकों के लिए विशेष प्रोत्साहन, समय पर प्रसवपूर्व जांच (एएनसी) और रिकॉर्डिंग सुनिश्चित करने के लिए 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 करने योग्य 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 अधिमानी 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 बहु-कौशल के लिए समर्थन दिया जाता है। स्वास्थ्य परिणामों में सुधार लाने के लिए मौजूदा मानव संसाधन का कौशल उन्नयन एनआरएचएम के तहत एक और प्रमुख कार्यनीति है।

सरकार ने राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत जन स्वास्थ्य सुविधा केंद्रों में आने वाले रोगियों के लिए आवश्यक दवाओं की उपलब्धता सुनिश्चित करने और उनकी जेब से होने वाले खर्च (ओओपीई) को कम करने के लिए नि:शुल्क दवा सेवा पहल (एफ़डीएसआई) शुरू की है। इसमें उप स्वास्थ्य केंद्र स्तर पर 113 दवाओं, प्राथमिक स्वास्थ्य केंद्र स्तर पर 179 दवाओं, सामुदायिक स्वास्थ्य केंद्र स्तर पर 301 दवाओं, उप जिला अस्पताल स्तर पर 318 दवाओं और

जिला अस्पतालों में 381 दवाओं के लिए राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता प्रदान करना शामिल है।

मंत्रालय एनएचएम के अंतर्गत 'नि:शुल्क निदान सेवा पहल' कार्यक्रम का समर्थन करता है, जिसका उद्देश्य समुदाय के निकट सुलभ और किफायती पैथोलॉजिकल एवं रेडियोलॉजिकल निदान सेवाएं प्रदान करना है, जिससे जेब से होने वाला खर्च (ओओपीई) कम होता है। जन स्वास्थ्य सुविधा केंद्रों के सभी स्तरों पर निदान सेवाएँ नि:शुल्क प्रदान की जाती हैं (उप केंद्रों पर 14 परीक्षण, प्राथमिक स्वास्थ्य केंद्रों पर 63, सामुदायिक स्वास्थ्य केंद्रों पर 97, उप जिला अस्पतालों में 111 परीक्षण और जिला अस्पतालों में 134 परीक्षण)।

इसके अतिरिक्त, डिजिटल स्वास्थ्य सेवा को मजबूत करने और विशेष रूप से ग्रामीण तथा अल्पसेवित क्षेत्रों तक पहुँच में सुधार करने के लिए ई-संजीवनी जैसे डिजिटल प्लेटफ़ॉर्म के माध्यम से टेलीकंसल्टेशन सेवाएँ प्रदान की जाती हैं। देश भर में ग्रामीण क्षेत्रों सहित सभी कार्यशील एएएम पर उपलब्ध टेलीकंसल्टेशन सेवाएँ लोगों को उनके घरों के निकट विशेषज्ञ सेवाएं उपलब्ध कराती हैं, जिससे भौतिक पहुँच की चुनौतियाँ और सेवा प्रदाताओं की कमी दूर होती है तथा देखभाल की निरंतरता सुनिश्चित होती है।

UNIFORM CODE FOR MARKETING PRACTICES

1150. SHRIMATI KRISHNA DEVI SHIVSHANKAR PATEL:

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

(a) whether the Government has released a new marketing code for pharmaceutical companies that is the Uniform Code for Marketing Practices (UCOMP 2024), if so, the details thereof alongwith the new guidelines therein;

(b) whether it is it fact that a section of doctors and public health organisations have rejected the said guidelines as firms will still be able to continue with their

unethical marketing practices, if so, the details thereof; and

(c) whether it is a fact that new code is modified version of a similar code introduced in 2015 which has the same loopholes which are present in the new code, if so, the details thereof?

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

(a): The Department of Pharmaceuticals notified the Uniform Code for Pharmaceutical Marketing Practices (UCPMP), 2024 on 12.03.2024, replacing the earlier UCPMP, 2015. The Code was subsequently amended in September, 2025. A copy of the Code is available on the website of the Department of Pharmaceuticals as per the following link -.https://pharma-dept.gov.in/policy/uniform-code-pharmaceutical-marketing-practices-ucpmp-2024-reg.

(b): No such information is available with the Government.

(c): The UCPMP, 2024 supersedes the earlier version of the Code and incorporates revised provisions to strengthen the framework governing ethical marketing practices by pharmaceutical companies. These include, inter alia, the constitution of Ethics Committees for Pharmaceutical Marketing Practices (ECPMPs), appointment of Ethics Officers by pharmaceutical companies, a structured complaint redressal and appellate mechanism, submission of self-declarations regarding compliance, and disclosure of prescribed marketing expenditure.

The Code also contains enhanced provisions governing interactions between pharmaceutical companies and healthcare professionals/healthcare organizations with respect to promotional activities. The amendments notified in 2025 further streamlined the implementation and disclosure requirements by requiring companies to submit annual statements with respect to marketing expenditure incurred by them on the relevant platform.

माननीय अध्यक्ष: सदन की कार्यवाही बारह बजे तक के लिए स्थगित की जाती है।

11.04 hrs

The Lok Sabha then adjourned till Twelve of the Clock.

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12.00 hrs

The Lok Sabha reassembled at Twelve of the Clock.
(Shri Jagdambika Pal *in the Chair)*

... (*Interruptions*)

माननीय सभापति : मैंने अपना स्थान ग्रहण कर लिया है, कृपया आप भी अपना स्थान ग्रहण करें।

… (व्यवधान)

माननीय सभापति : महुआ मोइत्रा जी, कृपया अपना स्थान ग्रहण कर लें।

संसदीय कार्य मंत्री जी।

… (व्यवधान)

12.01 hrs

At this stage, Sushri Mahua Moitra, Shri Harish Chandra Meena and some other hon. Members came and stood on the floor near the Table.

… (*Interruptions*)

संसदीय कार्य मंत्री; तथा अल्पसंख्यक कार्य मंत्री (श्री किरेन रिजिजू) : सभापति महोदय, राहुल गांधी जी भी यहाँ आए हैं, नेता प्रतिपक्ष और सब लोग मंच में फिर से हैं। मैं अनुरोध करता हूँ, आप शुरू से चर्चा माँग रहे थे और सरकार चर्चा करने के लिए तैयार भी हो गई थी। आपने चर्चा नहीं कराने के लिए फिर एक कंडीशन लगाई। हमने कल भी आपको फिर से अपील की। आज सुबह भी मैंने के. सी. वेणुगोपाल जी को फिर से अपील की है कि आप प्रमुख विपक्षी दल हैं। बाकी जितने भी एमपीज़ हैं सभी का मत एक ही है कि चर्चा होनी चाहिए।… (व्यवधान) नीट एग्ज़ाम पर प्रधानमंत्री जी ने देश को आश्वासन दिया है और प्रमुख एक्टिविस्ट, जिन्होंने भूख हड़ताल की, सोनम वांगचुक जी ने भी अपना अनशन तोड़ा है और उन्होंने भी चर्चा के लिए माँग की है। … (व्यवधान) फिर अब हम देश के सामने चर्चा नहीं करके बहाना बनाएंगे तो यह अच्छा संदेश नहीं जाएगा।… (व्यवधान)

माननीय प्रधानमंत्री जी ने आश्वासन दिया है कि एग्ज़ाम पेपर लीक को लेकर कठोर कानून लाने जा रहे हैं। यह आश्वासन भी दिया है।… (व्यवधान) अभी एक बजे हमारी कैबिनेट मीटिंग है। कैबिनेट मीटिंग में इससे संबंधित मसले को हल करने के लिए सरकार की मंशा बहुत ही सख्ती से, एक सख्त कानून लाने की है।… (व्यवधान) प्रधानमंत्री जी ने जो कहा है, हम उसका फैसला भी लेने जा रहे हैं। ऐसे समय में अगर पार्लियामेंट में हम लोग चर्चा नहीं करेंगे तो बिल्कुल अच्छा संदेश नहीं जाएगा। … (व्यवधान)

मैं राहुल गांधी जी से अनुरोध करता हूँ, आप अपने कांग्रेस पार्टी के साथियों को ज़रा समझा दीजिए और बाकी कई पार्टीज़ के एमपीज़ ने भी निजी तौर पर अपना मत रखा है कि चर्चा होनी चाहिए। … (व्यवधान) मुझे यह समझ में नहीं आ रहा है कि आज पाँचवाँ दिन है, हम इसमें एक अच्छी और सार्थक बहस क्यों नहीं कर सकते हैं? आप कंडीशन मत डालिए, हम आज भी चर्चा शुरू कर सकते हैं। … (व्यवधान)

माननीय सभापति : मेरी बात सुन लें।

… (व्यवधान)

माननीय सभापति : राहुल जी, मेरी बात सुन लें। मैं समय दे रहा हूँ, मेरी बात सुन लें।

… (व्यवधान)

माननीय सभापति : माननीय संसदीय कार्य मंत्री जी ने नेता प्रतिपक्ष का नाम लिया है और उन्होंने आग्रह क्या किया है। उन्होंने आग्रह किया है कि आज जिस नीट परीक्षा को लेकर उस पर आप चर्चा चाहते हैं, उस पर सरकार ने क्या कार्रवाई की।

… (व्यवधान)

माननीय सभापति : यहाँ तक कि प्रधानमंत्री जी ने भी एक सख्त कानून बनाने की बात कही है और आपने कैबिनेट की बात कही है।

… (व्यवधान)

माननीय सभापति : उनका आग्रह है कि सदन में आप चर्चा चाहते हैं, सरकार चर्चा के लिए तैयार है। मेरी बात सुन लें, चर्चा के लिए तैयार है। आप उस चर्चा के लिए बिल्कुल सरकार की तरफ से अगर चर्चा तैयार, चर्चा करने की बात है, तो I request all of you to take your seats.

… (*Interruptions*)

माननीय सभापति : आप अपनी सीट पर जाएँ, मैं राहुल जी को अलाउ करूँगा।

… (व्यवधान)

माननीय सभापति : आप पैसेज क्लियर कर दें, क्लियर कर दें, आप पैसेज क्लियर कर दें। नहीं, पहले आप पैसेज क्लियर कर दें।

… (व्यवधान)

माननीय सभापति : आप पहले पैसेज क्लियर करें। वर्षा जी, आप पैसेज क्लियर करें।

12.04 hrs

At this stage, Sushri Mahua Moitra, Shri Harish Chandra Meena and some other hon. Members went back to their seats.

माननीय सभापति : सरकार की तरफ से संसदीय कार्य मंत्री जी का बयान आ गया है कि सरकार ने

क्या-क्या कदम उठाए हैं। चाहे फ़ास्ट ट्रैक कोर्ट हो और चाहे कानून लाने की बात हो, 13 लोग जेल में हैं, इस पर कोई राजनीति नहीं है और कोई सत्ता पक्ष, प्रतिपक्ष का सवाल नहीं है। अगर आपकी भी चिंता है, आपकी भी चिंता है तो सरकार इस पर चर्चा के लिए तैयार है।

… (व्यवधान)

माननीय सभापति : इंजीनियर राशिद साहब, आप कृपया बैठ जाएँ।

… (व्यवधान)

माननीय सभापति : राहुल जी, एक मिनट रुक जाइए।

… (व्यवधान)

माननीय सभापति : राहुल जी, एक मिनट पेपर ले कर दें, फिर आपको समय देंगे।

… (व्यवधान)

HON. CHAIRPERSON: You are quite aware of the procedure of the Parliamentary practice.

… (*Interruptions*)

माननीय सभापति: सबसे पहले स्थगन प्रस्ताव आता है। हाउस में सबसे पहले इस चेयर से स्थगन प्रस्ताव की सूचना दी जाती है।

… (व्यवधान)

HON. CHAIRPERSON: Kindly take your seats.

… (Interruptions)

माननीय सभापति: माननीय सदस्यगण, माननीय अध्यक्ष जी को कई माननीय सदस्यों के द्वारा कई विषयों पर स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं। माननीय अध्यक्ष जी ने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

… (व्यवधान)

माननीय सभापति : गौरव गोगोई जी, शुरु यहीं से होता है।

… (व्यवधान)

12.06 hrs

At this stage, Shri Hibi Eden, Sushri Mahua Moitra and some other hon. Members came and stood on the floor near the Table.

… (*Interruptions*)

माननीय सभापति : पेपर रखने के बाद मैं समय दूंगा।

12.06½ hrs

PAPERS LAID ON THE TABLE

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): I rise to lay on the Table:-

(1) (i) A copy of the Annual Report (Hindi and English versions) of the National Judicial Academy, India, Bhopal, for the year 2022-2023, alongwith Audited Accounts.

(ii) A copy of the Review (Hindi and English versions) by the Government of the working of the National Judicial Academy, India, Bhopal, for the year 2022-2023.

(2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 7038/18/26]

… (*Interruptions*)

HON. CHAIRPERSON: This is not fair.

… (Interruptions)

HON. CHAIRPERSON: If I am saying that I will give an opportunity to Rahul ji, kindly ask your MPs about it.

… (Interruptions)

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : सभापति महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखता हूं:-

(1) सहायताप्राप्त जननीय प्रौद्योगिकी (विनियमन) अधिनियम, 2021 की धारा 44 के अंतर्गत सहायताप्राप्त जननीय प्रौद्योगिकी (विनियमन) संशोधन नियम, 2026, जो दिनांक 17 जून, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.491(अ) में प्रकाशित हुए थे, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 7039/18/26]

(2) सरोगेसी (विनियमन) अधिनियम, 2021 की धारा 52 के अंतर्गत सरोगेसी (विनियमन) संशोधन नियम, 2026, जो दिनांक 17 जून, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.492(अ) में प्रकाशित हुए थे, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 7040/18/26]

(3) सहायताप्राप्त जननीय प्रौद्योगिकी (विनियमन) अधिनियम, 2021 तथा सरोगेसी (विनियमन) अधिनियम, 2021 के प्रयोजनों के लिए उक्त अधिनयमों की क्रमशः धारा 4 और धारा 17 के अंतर्गत जारी अधिसूचना संख्या का.आ.3265(अ), जो दिनांक 22 जून, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा इस अधिसूचना के जारी किए जाने की तारीख से एक वर्ष की अवधि के लिए राष्ट्रीय सहायताप्राप्त जननीय

प्रौद्योगिकी तथा सरोगेसी बोर्ड की संशोधित संरचना को अधिसूचित किया गया है, की एक प्रति (हिन्दी तथा अंग्रेज़ी संस्करण)।

[Placed in Library, See No. LT 7041/18/26]

(4) मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 की धारा 124 की उप-धारा (1) के अंतर्गत मानसिक स्वास्थ्य देख-रेख (केन्द्रीय मानसिक स्वास्थ्य प्राधिकरण और मानसिक स्वास्थ्य पुनर्विलोकन बोर्ड) संशोधन नियम, 2026, जो दिनांक 1 जून, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.427(अ) में प्रकाशित हुए थे, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 7042/18/26]

… (व्यवधान)

THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND WATERWAYS (SHRI SHANTANU THAKUR): I rise to lay on the Table:-

(1) A copy of the Inland Vessels (Prior Approval for Alteration or Modifications Rules, 2026 (Hindi and English versions) published in Notification No. G.S.R.562(E) in Gazette of India dated 3rd July, 2026 under Section 113 of the Inland Vessels Act, 2021.

[Placed in Library, See No. LT 7043/18/26]

(2) (i) A copy of the Annual Report (Hindi and English versions) of the Inland Waterways Authority of India, 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 Inland Waterways Authority of

India, Noida, 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 7044/18/26]

(4) A copy of the Recycling of Ships Regulations, 2026 (Hindi and English versions) published in Notification No. G.S.R.19(E) in Gazette of India dated 12th January, 2026 under Section 44 of the Recycling of Ships Act, 2019.

(5) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (4) above.

[Placed in Library, See No. LT 7045/18/26]

… (*Interruptions*)

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH): I rise to lay on the Table a copy each of the following Notifications (Hindi and English versions) under article 309 of the Constitution:-

(1) The Ministry of Defence, Defence Research and Development Organisation, Group 'C' (Security) posts Recruitment (Amendment) Rules, 2026 published in Notification No. S.R.O.3(E) in Gazette of India dated 13th April, 2026.

[Placed in Library, See No. LT 7046/18/26]

(2) The Ministry of Defence, Defence Research and Development Organisation, Group 'C' (Fire Service) posts Recruitment (Amendment)

Rules, 2026 published in Notification No. S.R.O.4(E) in Gazette of India dated 13th April, 2026.

[Placed in Library, See No. LT 7047/18/26]

(3) The Defence Research and Development Organisation, Ministry of Defence, Vehicle Operator 'A', Vehicle Operator 'B' and Vehicle Operator 'C' Recuitment (Amendment) Rules, 2026 published in Notification No. S.R.O.5(E) in Gazette of India dated 13th April, 2026.

[Placed in Library, See No. LT 7048/18/26]

(4) The Ministry of Defence, Defence Research and Development Organisation Group 'C' (Fire Engine Driver 'A', Fire Engine Driver 'B' and Fire Engine Driver 'C') posts Recruitment (Amendment) Rules, 2026 published in Notification No. S.R.O.6(E) in Gazette of India dated 13th April, 2026.

[Placed in Library, See No. LT 7049/18/26]

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… (Interruptions)

12.07 hrs

LEAVE OF ABSENCE OF MEMBERS FROM THE SITTINGS OF THE HOUSE

माननीय सभापति : माननीय सदस्यगण सभा की बैठकों से सदस्यों की अनुपस्थिति संबंधी समिति ने 23 जुलाई, 2026 को सभा में प्रस्तुत अपने तीसरे प्रतिवेदन में सिफारिश की है कि निम्नलिखित सदस्यों को उनके नामों के सामने उल्लेखित अवधि के लिए अनुपस्थिति की

अनुमति प्रदान की जाए :-

क्रम सं.	**अनुपस्थिति की अनुमति के लिए आवेदन करने वाले सदस्य का नाम**	**अनुपस्थिति की अवधि जिसके लिए समिति अनुमति दिए जाने की सिफारिश की गई**
1.	डॉ. शिव पाल सिंह पटेल	01.12.2025 से 19.12.2025
2.	डॉ. नामदेव किरसान	01.12.2025 से 19.12.2025; 28.01.2026 से 13.02.2026
3.	श्री प्रताप चंद्र षडङ्गी	04.12.2025 से 19.12.2025
4.	श्री सुदीप बंदोपाध्याय	01.12.2025 से 19.12.2025
5.	श्री राधाकृष्ण	01.12.2025 से 19.12.2025; 28.01.2026 से 13.02.2026; 09.03.2026 से 31.03.2026
6.	छ. उदयनराजे प्रतापसिंह महाराज भोंसले	28.01.2026 से 13.02.2026
7.	श्री नारायण तातू राणे	28.01.2026 से 13.02.2026
8.	श्रीमती माला राय	28.01.2026 से 13.02.2026
9.	श्री मुरलीधर मोहोल (राज्य मंत्री)	11.03.2026 से 02.04.2026
10.	श्री अमृतपाल सिंह	09.08.2025 से 12.08.2025; 18.08.2025 से 21.08.2025; 01.12.2025 से 19.12.2025; 28.01.2026 से 13.02.2026; 09.03.2026 से 23.03.2026

क्या सभा की यह इच्छा है कि समिति द्वारा अनुशंसित अनुमति प्रदान की जाए?

अनेक माननीय सदस्य : जी, हां।

माननीय सभापति : धन्यवाद। अनुमति प्रदान की जाती है। सदस्यों को तदनुसार सूचित किया जाएगा।

… (व्यवधान)

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12.08 hrs

PUBLIC ACCOUNTS COMMITTEE

Statements

DR. AMAR SINGH (FATEHGARH SAHIB): I rise to lay the Statements (Hindi and English versions) showing further Action Taken by Government on the observations/recommendations contained in the following Action Taken Reports of the Public Accounts Committee (2026-27):-

(1) Fifty-first Report (Sixteenth Lok Sabha) on Action Taken by the Government on the observations/recommendations of the Committee contained in their Twenty-first Report (Sixteenth Lok Sabha) on "Role and Functioning of Indian Coast Guard".

(2) Seventy-second Report (Sixteenth Lok Sabha) on Action Taken by the Government on the observations/recommendations of the Committee contained in their Thirty-fourth Report (Sixteenth Lok Sabha) on “Employees’ Provident Fund Organisation”.

(3) Ninety-ninth Report (Sixteenth Lok Sabha) on Action Taken by the Government on the observations/recommendations of the Committee contained in their Sixty-ninth Report (Sixteenth Lok Sabha) on "Suburban Train Servies in Indian Railways".

(4) One Hundred-twentieth Report (Sixteenth Lok Sabha) on Action taken by the Government on the Observations and Recommendations contained in their Ninety-sixth Report (Sixteenth Lok Sabha) on “Management of Narcotics Substances”.

(5) Fiftieth Report (Seventeenth Lok Sabha) on Action Taken by the Government on the observations/recommendations of the Committee contained in their Twenty-fourth Report (Seventeenth Lok Sabha) on “Excesses Over Voted Grants and Charged Appropriations (2017-18)”.

(6) Fifty-sixth Report (Seventeenth Lok Sabha) on Action Taken by the Government on the observations/recommendations of the Committee contained in their Eighty-fifth Report (Sixteenth Lok Sabha) on “Tribal Sub-Plan (TSP)”.

(7) Fifty-seventh Report (Seventeenth Lok Sabha) on Action taken by the Government on the observations/recommendations of the Committee contained in their Twenty-first Report (Seventeenth Lok Sabha) on “Implementation of Food Safety and Standards Act, 2006”.

(8) Fifty-eighth Report (Seventeenth Lok Sabha) on Action taken by the Government on the observations/recommendations of the Committee contained in their Twenty-fifth Report (Seventeenth Lok Sabha) on "Financial Loss due to non-receipt of completion-cum-occupancy certificate", "Loss due to failure to levy departmental charges" and "Undue benefit to contractor".

(9) Sixty-seventh Report (Seventeenth Lok Sabha) on Action Taken by the Government on the observations/recommendations of the Committee contained in their Forty-first Report (Seventeenth Lok Sabha) on "Functioning of Directorate of Estates".

(10) Eighty-second Report (Seventeenth Lok Sabha) on Action Taken by the

Government on the observations/recommendations contained in their Fifty-fifth Report (Seventeenth Lok Sabha) on “Provisioning, procurement and issue of High Altitude Clothing, Equipment, Ration and Housing”.

(11) Hundredth Report (Seventeenth Lok Sabha) on Action Taken by the Government on the observations/recommendations contained in their Sixty-second Report (Seventeenth Lok Sabha) on "Irregular Payment of Ad-hoc Bonus”.

(12) One Hundred fourteenth Report (Seventeenth Lok Sabha) on Action Taken by the Government on the observations/recommendations contained in their Sixty-sixth Report (Sixteenth Lok Sabha) on "Non-compliance by the Ministries/Departments in Timely submission of Action Taken Notes on the non-selected Audit Paragraphs (Civil and Other Ministries)”.

(13) One Hundred seventeenth Report (Seventeenth Lok Sabha) on Action Taken by the Government on the observations/recommendations contained in their Fifty-third Report (Seventeenth Lok Sabha) on "Excess Over Voted Grants and Charged Appropriation (2019-20)”.

(14) One Hundred thirty-seventh Report (Seventeenth Lok Sabha) on Action Taken by the Government on the observations/ recommendations contained in their Sixty-sixth Report (Seventeenth Lok Sabha) on “Excesses over Voted Grants and Charged Appropriations (2020-21)”.

... (Interruptions)

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12.09 hrs

STANDING COMMITTEE ON EDUCATION, WOMEN, CHILDREN, YOUTH AND SPORTS

379th to 381st Reports

SHRI ZIA UR REHMAN (SAMBHAL): I rise to lay the following Reports* (Hindi and English versions) of Standing Committee on Education, Women, Children, Youth and Sports:-

(1) 379th Report on "Action Taken by the Government on the recommendations/observations contained in the Three Hundred Sixty-fifth Report on Demands for Grants 2025-26 of the Ministry of Women and Child Development".

(2) 380th Report on "Action Taken by the Government on the recommendations/observations contained in the Three Hundred and Sixty-eighth Report on Review of functioning of National Council for Teacher Education (NCTE) and initiatives taken to support training of teachers in light of NEP 2020's thrust on Capacity Building of Teachers of the Department of School Education and Literacy, Ministry of Education".

(3) 381st Report on "Action Taken by the Government on the recommendations/observations contained in the Three Hundred and Sixty Fourth Report on Demands for Grants (2025-26) of the Department of Higher Education, Ministry of Education''.

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* The Reports were presented to the Hon'ble Chairman, Rajya Sabha on 16th June, 2026, when the House was not in Session and forwarded to the Hon'ble Speaker, Lok Sabha on the same day. Orders for the publication and circulation of the Reports were given by the Hon'ble Chairman, Rajya Sabha.

12.10 hrs

BUSINESS OF THE HOUSE

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI ARJUN RAM MEGHWAL): Sir, with your permission I rise to announce that Government Business during the week commencing Monday, the 27th of July, 2026 will consist of:-

1. Consideration of any item of Government Business carried over from today's Order Paper:- [it contains - Discussion on Statutory Resolution seeking disapproval of the Supreme Court (Number of Judges) Amendment Ordinance, 2026 (No.1 of 2026) and consideration and passing of the Supreme Court (Number of Judges) Amendment Bill, 2026] … (*Interruptions*)
2. Consideration and passing of the Prevention of Insults to National Honour (Amendment) Bill, 2026, after it is introduced, considered and passed by Rajya Sabha. … (*Interruptions*)
3. Consideration and passing of the Micro, Small and Medium Enterprises Development (Amendment) Bill, 2026, after it is introduced, considered and passed by Rajya Sabha. … (*Interruptions*)
4. Discussion on Demands for Excess Grants for the year 2022-23 and introduction, consideration and passing of the related Appropriation Bill. … (*Interruptions*)

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… (*Interruptions*)

12.11 hrs

MATTERS UNDER RULE 377*

माननीय सभापति : माननीय सदस्यगण, आज जिन सदस्यों को नियम 377 के अधीन मामलों को उठाने की अनुमति दी गई है, वे 20 मिनट के भीतर मामले के अनुमोदित पाठ को व्यक्तिगत रूप से सभा पटल पर रख सकते हैं।

… (व्यवधान)

(i) Regarding expansion of Super Specialty Medical Services at AIIMS, Gorakhpur, Uttar Pradesh

श्री रवीन्द्र शुक्ला उर्फ रवि किशन (गोरखपुर) : गोरखपुर एम्स आज पूर्वी उत्तर प्रदेश, बिहार के सीमावर्ती जिलों तथा नेपाल के तराई क्षेत्र के लाखों लोगों को बेहतर स्वास्थ्य सेवाएँ प्रदान कर रहा है। इसके बावजूद एम्स, गोरखपुर में अभी भी कैंसर उपचार, हार्ट सर्जरी, कार्डियोथोरेसिक एवं वैस्कुलर सर्जरी (CTVS), न्यूरो सर्जरी, किडनी प्रत्यारोपण, लिवर प्रत्यारोपण, डेंटल सर्जरी (Oral & Maxillofacial Surgery), जटिल (Complex) शल्य चिकित्सा तथा अन्य सुपर स्पेशियलिटी चिकित्सा सुविधाओं का अभाव है। इन सुविधाओं के उपलब्ध न होने के कारण गंभीर एवं जीवनरक्षक उपचार की आवश्यकता वाले मरीजों के साथ-साथ डेंटल सर्जरी की आवश्यकता वाले मरीजों को भी दिल्ली, लखनऊ, वाराणसी तथा अन्य बड़े चिकित्सा संस्थानों में जाना पड़ता है, जिससे उन्हें आर्थिक, शारीरिक एवं मानसिक कठिनाइयों का सामना करना पड़ता है। अतः मैं केंद्र सरकार से आग्रह करता हूँ कि एम्स, गोरखपुर में कैंसर संस्थान, कार्डियोथोरेसिक एवं वैस्कुलर सर्जरी (CTVS), न्यूरो सर्जरी, किडनी प्रत्यारोपण, लिवर प्रत्यारोपण, डेंटल सर्जरी

* Treated as laid on the Table.

(Oral & Maxillofacial Surgery), जटिल (Complex) शल्य चिकित्सा सुविधाओं तथा अन्य आवश्यक सुपर स्पेशियलिटी विभागों की स्थापना एवं विस्तार शीघ्र कराया जाए । साथ ही विशेषज्ञ चिकित्सकों की नियुक्ति, अत्याधुनिक ऑपरेशन थिएटर तथा आधुनिक चिकित्सा उपकरण उपलब्ध कराए जाएँ, ताकि लाखों मरीजों को अपने क्षेत्र में ही उच्च गुणवत्ता वाली, विश्वसनीय चिकित्सा सुविधा उपलब्ध हो सके।

(ii) Need to develop Jaipur as an Electric Vehicle (EV) Hub

श्रीमती मंजू शर्मा (जयपुर) : मैं सरकार का ध्यान मेरे संसदीय क्षेत्र जयपुर शहर को ई.वाहन (ईवी) हब के रूप में विकसित करने की आवश्यकता की ओर आकर्षित करना चाहती हूँ। माननीय अध्यक्ष महोदय, जयपुर राजस्थान का प्रमुख औद्योगिक, पर्यटन एवं शैक्षणिक केंद्र है । वर्तमान समय में स्वच्छ ऊर्जा और हरित परिवहन को बढ़ावा देना अत्यंत आवश्यक है । जयपुर में इलेक्ट्रिक वाहन निर्माण, बैटरी तकनीक, चार्जिंग इंफ्रास्ट्रक्चर एवं ग्रीन मोबिलिटी के क्षेत्र में व्यापक संभावनाएं मौजूद हैं । मैं केंद्र सरकार से आग्रह करती हूँ कि जयपुर को इलेक्ट्रिक वाहन एवं ग्रीन मोबिलिटी के प्रमुख केंद्र के रूप में विकसित करने हेतु विशेष कार्ययोजना बनाई जाए । इसके अंतर्गत ईवी निर्माण इकाइयों, बैटरी निर्माण एवं रिसाइक्लिंग उद्योगों को प्रोत्साहन, शहर में व्यापक ईवी चार्जिंग नेटवर्क का विस्तार सार्वजनिक परिवहन में इलेक्ट्रिक बसों को बढ़ावा दिया जाए । साथ ही, जयपुर के युवाओं के लिए ईवी तकनीक एवं आधुनिक ऑटोमोबाइल क्षेत्र से जुड़े कौशल विकास केंद्र स्थापित किए जाएं । जयपुर को ई. वाहन हब के रूप में विकसित करना पर्यावरण संरक्षण, औद्योगिक विकास और विकसित भारत 2047 के संकल्प को मजबूती प्रदान करेगा । सरकार से आग्रह करती हूँ कि जयपुर शहर के लिए इस दिशा में एक विशेष पहल प्रारंभ की जाए।

(iii) Need to commemorate the Birth Centenary of freedom fighter Veerangana Parbati Giri at the National level and also release a biopic and a commemorative stamp in her honour

श्री प्रदीप पुरोहित (बारगढ़) : मैं सरकार का ध्यान ओडिशा की महान, निर्भीक एवं त्यागमयी स्वतंत्रता सेनानी, "बड़मा की बेटी" वीरांगना पारबती गिरी जी की ओर आकर्षित करना चाहता हूँ। पारबती गिरी जी का जन्म 19 जनवरी 1926 को हुआ था और वर्ष 2026 में उनकी जन्म-शताब्दी पूर्ण हुई। अल्पायु में ही महात्मागांधी के विचारों से प्रेरित होकर उन्होंने भारत छोड़ो आंदोलन में सक्रिय भूमिका निभाई,कारावास सहा और अंग्रेजी शासन का साहसपूर्वक विरोध किया। उनका राष्ट्रप्रेम,साहस और नेतृत्व पूरे देश के लिए प्रेरणास्रोत है। माननीय प्रधानमंत्री जी ने भी दिसंबर में अपने 'मन की बात' कार्यक्रम में उन्हें श्रद्धापूर्वक स्मरण किया। स्वतंत्रता के पश्चात उन्होंने अपना जीवन समाजसेवा, महिला सशक्तिकरण,शिक्षा,स्वास्थ्य तथा वंचित बच्चों के कल्याण के लिए समर्पित कर दिया। राष्ट्रपति पुरस्कार से सम्मानित होने के बावजूद उन्हें राष्ट्रीय स्तर पर अपेक्षित पहचान अभी तक नहीं मिल सकी है। अतः मैं सरकार से आग्रह करता हूँ कि पारबती गिरी जी की जन्म-शताब्दी को राष्ट्रीय स्तर पर मनाया जाए,उनके जीवन पर आधारित "बड़मा" नामक राष्ट्रीय बायोपिक का निर्माण एवं प्रदर्शन किया जाए तथा भारतीय डाक द्वारा उनके नाम से स्मारक डाक टिकट जारी किया जाए। यह उनके प्रति सच्ची श्रद्धांजलि होगी और युवा पीढ़ी को राष्ट्रसेवा,त्याग एवं समर्पण की प्रेरणा देगी।

(iv) Need for comprehensive development of border villages in the Jammu Lok Sabha Constituency

श्री जुगल किशोर (जम्मू) : मैं सरकार का ध्यान जम्मू लोकसभा क्षेत्र के सीमावर्ती क्षेत्रों के विकास एवं वहाँ रहने वाले नागरिकों की आवश्यकताओं की ओर आकर्षित करना चाहता हूँ। जम्मू लोकसभा क्षेत्र के सीमावर्ती क्षेत्रों में बड़ी संख्या में नागरिक निवास करते हैं, जो देश की सुरक्षा एवं सीमाओं की मजबूती में महत्वपूर्ण योगदान देते हैं। इन क्षेत्रों में रहने वाले लोगों को सड़क संपर्क,

स्वास्थ्य सेवाओं, शिक्षा,पेयजल, बिजली, संचार सुविधाओं तथा अन्य आधारभूत सुविधाओं से संबंधित अनेक चुनौतियों का सामना करना पड़ता है। अतः मैं सरकार से आग्रह करता हूँ कि जम्मू लोकसभा क्षेत्र के सीमावर्ती क्षेत्रों के लिए विशेष विकास योजना तैयार की जाए, जिसमें बेहतर सड़क एवं डिजिटल कनेक्टिविटी, स्वास्थ्य एवं शिक्षा सुविधाओं का विस्तार, युवाओं के लिए रोजगार के अवसर तथा सीमावर्ती गांवों के समग्र विकास को प्राथमिकता दी जाए। सीमावर्ती क्षेत्रों का सशक्त विकास न केवल वहाँ के नागरिकों के जीवन स्तर में सुधार करेगा, बल्कि देश की सुरक्षा और सीमाओं की मजबूती में भी महत्वपूर्ण योगदान देगा।

(v) Need to ensure implementation of Pradhan Mantri Dhan Dhaanya Krishi Yojana in Sidhi Parliamentary Constituency, Madhya Pradesh

डॉ. राजेश मिश्रा (सीधी) : मैं माननीय जलशक्ति मंत्री महोदय का ध्यान मेरे संसदीय क्षेत्र सीधी के अंतर्गत आने वाले किसान भाइयों की एक अत्यंत महत्वपूर्ण व जीवनोपयोगी समस्या की ओर दिलाना चाहता हूँ – हमारा सीधी जिला माननीय प्रधानमंत्री जी की अति महत्वाकांक्षी योजना प्रधानमंत्री धनधान्य कृषि योजना में शामिल किया गया है, हमारे सीधी जिले में महान सिंचाई योजना वर्ष 2021 तक पूरी हो जानी थी किन्तु आज भी 50 प्रतिशत से कम ग्रामों में पानी पहुँच सका है। मेरी मांग है कि इस नहर के निर्माण की व गुणवत्ता की तथा कितने गाँवों में पानी पहुंचा है पूरी जांच कराई जाये। उच्च स्तरीय जांच समिति से वित्तीय सहित इस परियोजना का लक्ष्य समय सीमा में पूर्ण हो ये सुनिश्चित किया जाये। अगर इस योजना से सिंचाई कार्य समय में पूर्ण नहीं हो सकता तो इसे प्रधानमंत्री कृषि सिंचाई योजना के तहत प्राथमिकता देते हुए आवश्यक अतिरिक्त वित्तीय सहायता, प्रधानमंत्री धनधान्य योजना के तहत उपलब्ध कराया जाये। केन्द्रीय जांच समिति द्वारा एक बार पूर्ण वित्तीय आकलन व जांच कराई जाये।

(vi) Need for special Central Assistance for comprehensive development of Palghar district, Maharashtra

डॉ. हेमंत विष्णु सवरा (पालघर) : मैं सरकार का ध्यान महाराष्ट्र के पालघर जिले की विकास संबंधी आवश्यकताओं की ओर आकर्षित करना चाहता हूँ। पालघर एक आदिवासी बहुल जिला है, जहाँ आज भी अनेक ग्रामीण एवं दूरस्थ क्षेत्रों में सड़क, पेयजल, स्वास्थ्य, शिक्षा, सिंचाई तथा रोजगार जैसी मूलभूत सुविधाओं का अभाव है। जिले के अनेक आदिवासी गांवों में गुणवत्तापूर्ण स्वास्थ्य सेवाएँ उपलब्ध नहीं हैं तथा प्राथमिक स्वास्थ्य केंद्रों और सामुदायिक स्वास्थ्य केंद्रों में विशेषज्ञ चिकित्सकों एवं आवश्यक संसाधनों की कमी है। कई क्षेत्रों में पेयजल की उपलब्धता और सिंचाई सुविधाओं के विस्तार की आवश्यकता है। साथ ही, किसानों, मछुआरों तथा वन-आधारित आजीविका से जुड़े परिवारों के लिए बेहतर बाजार, कौशल विकास और रोजगार के अवसर उपलब्ध कराए जाने की आवश्यकता है। अतः मैं भारत सरकार से आग्रह करता हूँ कि पालघर जिले के समग्र एवं संतुलित विकास के लिए विशेष केंद्रीय सहायता प्रदान करते हुए सड़क, स्वास्थ्य, शिक्षा, पेयजल, सिंचाई तथा आदिवासी कल्याण से संबंधित योजनाओं को प्राथमिकता के आधार पर प्रभावी ढंग से लागू किया जाए, ताकि जिले के लोगों के जीवन स्तर में व्यापक सुधार सुनिश्चित हो सके।

(vii) Need to sanction the proposed Washing Pit and Pit Line Project at Jogabani/Forbes Ganj in Araria Parliamentary Constituency, Bihar

श्री प्रदीप कुमार सिंह (अररिया) : अररिया लोकसभा क्षेत्र (बिहार) अंतर्गत जोगबनी/फारबिसगंज में प्रस्तावित वाशिंग पिट एवं पिट लाइन निर्माण परियोजना की ओर आकर्षित कराना चाहता हूँ। जोगबनी भारत-नेपाल सीमा पर स्थित एक महत्वपूर्ण अंतरराष्ट्रीय व्यापारिक एवं सामरिक केंद्र है। इस क्षेत्र में वाशिंग पिट एवं कोच अनुरक्षण (Maintenance) की समुचित व्यवस्था नहीं होने के कारण नई ट्रेनों के संचालन, ट्रेनों के विस्तार तथा उनके नियमित रखरखाव में गंभीर कठिनाइयों

का सामना करना पड़ रहा है। परिणामस्वरूप सीमांचल क्षेत्र के लाखों रेल यात्रियों को अपेक्षित रेल सुविधाओं से वंचित रहना पड़ रहा है। उक्त परियोजना का IRPSM Proposal वर्तमान में रेलवे बोर्ड के EDME (Projects) स्तर पर विचाराधीन है । परियोजना से संबंधित Estimate Compliance भी संबंधित रेलवे अधिकारियों द्वारा तैयार कर रेलवे बोर्ड को भेजा जा रहा है। ऐसे में अब इस परियोजना को और अधिक लंबित रखना जनहित के प्रतिकूल होगा। अतः मैं रेल मंत्री महोदय से आग्रह करता हूँ कि Estimate Compliance प्राप्त होने के उपरांत IRPSM Proposal को रेलवे बोर्ड के EDME (Projects) स्तर पर तत्काल अनुमोदित करते हुए वाशिंग पिट एवं पिट लाइन निर्माण कार्य की प्रशासनिक स्वीकृति शीघ्र प्रदान की जाए, ताकि जोगबनी/फारबिसगंज क्षेत्र में ट्रेनों के अनुरक्षण की आधुनिक सुविधा विकसित हो सके, नई ट्रेनों के संचालन का मार्ग प्रशस्त हो।

(viii) Regarding steps undertaken to promote green cities and towns aligning with Sustainable Development Goals

DR. RABINDRA NARAYAN BEHERA (JAJPUR): I would like to draw the attention of Minister of Environment, Forest and Climate Change about the current status of forest and tree cover in the country and also provide me the status as to whether there has been any increase in green cover since 2014. The Government has undertaken steps to expand green cover through afforestation, urban forestry and community-based initiatives under many Policies and programmes. Please provide the details about initiatives undertaken by the Government to promote green cities and towns in alignment with Sustainable Development Goal-11.

(ix) Need to develop a Model Solar Tech village and a EV Charging Skill Development Centre in Phulpur Parliamentary Constituency, Uttar Pradesh

श्री प्रवीण पटेल (फूलपुर) : मैं सरकार का ध्यान फूलपुर लोकसभा क्षेत्र की भविष्य की जरूरतों के अनुरूप एक आधुनिक ग्रीन-इकोनॉमी हब बनाने की ओर आकर्षित करना चाहता हूँ। फूलपुर में कई प्रतिष्ठित औद्योगिक इकाइयाँ और ग्रामीण क्षेत्र हैं, जहाँ नवीकरणीय ऊर्जा (Renewable Energy) और आधुनिक तकनीकी कौशल की अपार संभावनाएं हैं । अतः मेरा केंद्र सरकार से आग्रह है कि नवीन और नवीकरणीय ऊर्जा मंत्रालय की 'पीएम-सूर्य घर: मुफ्त बिजली योजना' के अंतर्गत फूलपुर के एक चयनित ग्रामीण क्लस्टर को उत्तर प्रदेश के पहले 'मॉडल सोलर टेक विलेज' (Model Solar Tech Village) के रूप में विकसित किया जाए। इसके तहत न केवल पूरे गांव को 100% रूफटॉप सोलर से लैस किया जाए, बल्कि कौशल विकास मंत्रालय के सहयोग से स्थानीय आईटीआई (ITI) में एक विशेष 'सोलर टेक्नोलॉजी एंड ईवी चार्जिंग स्किलिंग सेंटर' की स्थापना की जाए । यह अभिनव कदम फूलपुर के ग्रामीण युवाओं को 'हरित रोजगार' (Green Jobs) के लिए तैयार करेगा और क्षेत्र को पर्यावरण-अनुकूल विकास का एक राष्ट्रीय मॉडल बनाएगा।

(x) Need to set up a National Institute for Coffee Research and Climate Resilience in Kodagu, Karnataka

SHRI YADUVEER WADIYAR (MYSORE): Kodagu, the heart of India's coffee industry, contributes significantly to the nation's coffee production and exports while also sustaining the livelihoods of thousands of farmers and plantation workers. However, coffee cultivation today faces unprecedented challenges due to climate change, erratic rainfall, rising temperatures, emerging pests and diseases, and increasing production costs. These challenges threaten not only

the coffee economy of Kodagu but also the ecological balance of the Western Ghats. I urge the Government of India to establish a National Institute for Coffee Research and Climate Resilience in Kodagu as a Centre of Excellence dedicated to coffee, spices, and sustainable plantation agriculture. The institute should work in collaboration with the Coffee Board of India, agricultural universities, ICAR institutions, and international research organizations to develop climate-resilient crop varieties, promote precision agriculture, strengthen pest and disease management, and support value addition and farmer training. Such an institution would benefit coffee-growing regions across India, enhance global competitiveness, promote sustainable agricultural practices, generate skilled employment, and reinforce India's position as one of the world's leading producers of high-quality coffee. I therefore request the Government to consider this proposal on priority.

(xi) Need to introduce Vande Bharat Express between Nagpur and Mumbai with stoppage at Akola Junction

SHRI ANUP SANJAY DHOTRE (AKOLA): I would like to draw the attention of the Government to the urgent need for introducing a new Vande Bharat Express between Nagpur and Mumbai with a scheduled halt at Akola Junction. Sir, the recently introduced Nagpur–Pune Vande Bharat Express has received an encouraging response from passengers, and the Railways is reportedly considering augmenting its capacity by adding more coaches. This clearly reflects the growing demand for fast, comfortable, and efficient rail

connectivity from the Vidarbha region. In this context, the introduction of a Nagpur–Mumbai Vande Bharat Express with a halt at Akola Junction would greatly benefit thousands of passengers, including IT professionals, students, patients seeking advanced medical treatment, businesspersons, government employees, and workers who regularly travel between Vidarbha and Mumbai. Akola serves as a major railway junction and caters to a large population from the surrounding districts. I, therefore, urge the Government to kindly consider the introduction of a Nagpur–Mumbai Vande Bharat Express with a scheduled halt at Akola Junction in the larger public interest.

(xii) Need to shift Bio-gas plant from residential area at Bharat Nagar in Jind, Haryana posing serious health concerns for public to industrial area

श्री सतपाल ब्रह्मचारी (सोनीपत) : मैं हरियाणा के जींद शहर में भारत नगर गली नंबर 5 के सामने तथा धागा मिल, रघु नगर और चाबरी कॉलोनी के बीच स्थित घनी आबादी वाले रिहायशी क्षेत्र में स्थापित बायो गैस प्लांट से उत्पन्न जनस्वास्थ्य एवं पर्यावरण संबंधी गंभीर चिंताओं की ओर सरकार का ध्यान आकर्षित करना चाहता हूँ। स्थानीय नागरिकों का कहना है कि प्लांट के संचालन के बाद दुर्गंध, धुएँ तथा मच्छरों की समस्या बढ़ी है, जिससे लोगों के स्वास्थ्य पर प्रतिकूल प्रभाव पड़ने की आशंका है। प्लांट के आसपास अनेक आवासीय कॉलोनियाँ, विद्यालय, धार्मिक स्थल एवं सार्वजनिक संस्थान स्थित हैं । स्थानीय नागरिकों, किसान संगठनों एवं सामाजिक संस्थाओं द्वारा कई बार धरना-प्रदर्शन और महापंचायत आयोजित कर प्लांट को रिहायशी क्षेत्र से हटाकर उपयुक्त औद्योगिक क्षेत्र में स्थानांतरित करने की मांग की गई है। अतः केंद्र सरकार राज्य सरकार एवं संबंधित प्रदूषण नियंत्रण प्राधिकरणों के साथ समन्वय कर मामले की उच्चस्तरीय जांच कराए, पर्यावरणीय एवं वैधानिक मानकों के अनुपालन का परीक्षण करे तथा

आवश्यक होने पर प्लांट को उपयुक्त स्थान पर स्थानांतरित कर प्रभावित नागरिकों के हितों की रक्षा सुनिश्चित करे।

(xiii) Need to notify Ecological Sensitive Areas as per the recommendations made in Oommen V Oommen Report

ADV. DEAN KURIAKOSE (IDUKKI): The Kasturi Rangan-led High Level Working Group (HLWG) had recommended an area of 13,108.7 sq km in 123 villages in the state to be demarcated ecologically sensitive. However, the State Government, after physical verification, excluded an area of 3,114.30 sq km due to agriculture and settlements. The Ministry of Environment, Forest & Climate Change accepted the proposal and the draft notification was published with an area of 9,993.70 sq km, inclusive of 123 villages. Later, the previous State Government further pointed out that the area under the draft notification constitutes two categories -- forest land constituting 9,107 sq km and a non-forest area of 886.7 sq km. The state proposed to remove the non-forest area of 886.7 sq km from Ecological Sensitive Areas (ESA) and sought to denote only 9,107 sq km as ESA with 118 villages. However, the proposal has not been cleared yet. In this regard, I request the Ministry of Environment, Forest & Climate Change to notify ESAs in line with the Oommen V Oommen report.

(xiv) Need to improve mobile network and internet services in rural areas of Amethi Parliamentary Constituency, Uttar Pradesh

श्री किशोरी लाल (अमेठी) : मैं सरकार का ध्यान उत्तर प्रदेश के अमेठी संसदीय क्षेत्र के ग्रामीण क्षेत्रों, विशेषकर ग्रामसभा पंही (मांझगांव),विकासखंड बाजार शुकुल एवं आसपास के गांवों में

मोबाइल नेटवर्क और इंटरनेट सेवाओं की अत्यंत खराब स्थिति की ओर आकर्षित करना चाहता हूँ ।डिजिटल इंडिया के इस दौर में शिक्षा, स्वास्थ्य, बैंकिंग, ई-गवर्नेंस, डिजिटल भुगतान तथा विभिन्न सरकारी सेवाएँ मोबाइल एवं इंटरनेट कनेक्टिविटी पर निर्भर हैं। किंतु क्षेत्र में कमजोर नेटवर्क, बार-बार कॉल ड्रॉप तथा इंटरनेट सेवाओं में व्यवधान के कारण विद्यार्थियों,किसानों, व्यापारियों एवं आम नागरिकों को भारी कठिनाइयों का सामना करना पड़ रहा है। ग्रामसभा मांझगांव में मोबाइल टावर की स्थापना से न केवल आसपास के अनेक गांवों में नेटवर्क कवरेज में उल्लेखनीय सुधार होगा, बल्कि यहाँ स्थित पवित्र कामाख्या देवी शक्तिपीठ पर आने वाले हजारों श्रद्धालुओं को भी बेहतर संचार सुविधाएँ उपलब्ध होंगी। साथ ही अयोध्या जनपद की रुदौली विधानसभा क्षेत्र के नोगवां एवं आसपास के क्षेत्रों के लोगों को भी इसका लाभ मिलेगा। मैं सरकार से आग्रह करता हूँ कि संबंधित दूरसंचार सेवा प्रदाताओं के माध्यम से शीघ्र तकनीकी सर्वेक्षण कराकर ग्रामसभा पंही (मांझगांव) में मोबाइल टावर स्थापित करने तथा अमेठी संसदीय क्षेत्र में दूरसंचार अवसंरचना को सुदृढ़ करने हेतु आवश्यक कार्रवाई की जाए, ताकि क्षेत्रवासियों को गुणवत्तापूर्ण एवं निर्बाध मोबाइल तथा इंटरनेट सेवाएँ उपलब्ध हो सकें।

(xv) Need to restart duty drawback system on export of footwears

प्रो. वर्षा एकनाथ गायकवाड़ (मुम्बई उत्तर-मध्य) : मैं मुंबई में Footwear उद्योग के संकट और उसके पुनरुद्धार के लिए तत्काल कदम उठाए जाने की ओर सरकार का ध्यान दिलाना चाहती हूँ। मुंबई स्थित 'ठक्कर बाप्पा कॉलनी' जो एशिया का सबसे बड़ा Footwear उत्पादन और व्यापारिक क्षेत्र है। यहाँ हजारों परिवारों की आजीविका और स्थानीय रोजगार इसी उद्योग पर निर्भर है, परंतु खेद का विषय है कि पिछले कुछ वर्षों में सरकार की नीतियों और विदेशी प्रतिस्पर्धा के कारण यह उद्योग पूरी तरह तबाह होने की कगार पर पहुँच गया है । पिछले 8-10 वर्षों से लेदर और फुटवियर के Export पर मिलने वाली 'ड्यूटी ड्रॉबॅक' की रियायतें बंद कर दी गई हैं। इसके कारण यहाँ चलने वाले लगभग 300 निर्यात कारखाने पूरी तरह बंद हो गए हैं और यह पूरा व्यापार बांग्लादेश तथा

अन्य पड़ोसी देशों में स्थानांतरित हो चुका है । भारतीय बाजार में अत्यधिक सस्ते चीनी जूतों,चप्पलों के आयात ने स्थानीय लघु उद्यमियों को प्रतिस्पर्धा से बाहर कर दिया, जिससे आर्थिक स्थिति दयनीय हो गई है । सरकार से मेरी मांग हैं कि इस उद्योग को बचाने के लिए फुटवियर निर्यात पर ड्यूटी ड्रॉबॅक की व्यवस्था पुनः शुरू की जाए, ताकि Foreign Currency अर्जित हो सके । संकटग्रस्त लघु उद्यमियों के लिए विशेष आर्थिक पैकेज और न्यूनतम ब्याज दरों पर वर्किंग कैपिटल उपलब्ध कराया जाए ।

(xvi) Need for comprehensive plan for control and prevention of annual floods in Saharanpur and other districts of Uttar Pradesh

श्री इमरान मसूद (सहारनपुर) : सहारनपुर में लगातार हो रही मूसलाधार बारिश ने गंभीर हालात पैदा कर दिए हैं । गागलहेड़ी थाना क्षेत्र के सैय्यद माजरा गांव में शुक्रवार दोपहर तेज जलप्रवाह और मिट्टी के कटाव से पूरा गांव जलमग्न है एवं कई कब्रें क्षतिग्रस्त हो गईं और उनमें दफन शव बाहर आ गए । देहरादून-दिल्ली हाईवे के बनने के बाद से हिंडन नदी और आसपास के जलस्रोत उफान पर हैं । देहरादून-दिल्ली हाईवे के आस पास जल निकासी के लिए कोई दीर्घकालिक योजना नहीं बनाई गई । सहारनपुर में बरसात के मौसम में गाँव की गलियाँ और रास्ते जलमग्न हो जाते हैं, जिससे ग्रामीणों को परेशानी होती है और यातायात प्रभावित होता है । खासकर बरसात के मौसम में, जब सड़कें कीचड़ से भर जाती हैं और गड्ढे हो जाते हैं । यह ध्यान रखना महत्वपूर्ण है कि ये समस्याएँ केवल सहारनपुर जिले तक सीमित नहीं हैं, बल्कि उत्तर प्रदेश के कई अन्य जिलों में भी मौजूद हैं । इन समस्याओं को हल करने के लिए, सरकार को ग्रामीण क्षेत्रों में बुनियादी ढांचे को मजबूत करने के लिए एक दीर्घकालिक योजना बनानी होगी ।

(xvii) Regarding investigation into Land Consolidation work in Banda Parliamentary Constituency, Uttar Pradesh

श्रीमती कृष्णा देवी शिवशंकर पटेल (बांदा) : मेरे संसदीय क्षेत्र के जनपद बांदा उत्तर प्रदेश के

ग्राम अमली कौर और लोहरा में राजस्व विभाग की चकबंदी प्रक्रिया प्रक्रियाधीन है एवं उससे सम्बन्धित प्रकरणों की शिकायतें लगातार प्राप्त हो रही हैं। जनपद बांदा के राजस्व अधिकारियों द्वारा पूर्णतया विधि विरुद्ध कार्यशैली अपनायी जा रही है जो कि स्थानीय किसानों के लिये बहुत बडी समस्या का विषय है एवं उक्त ग्रामों में तो तालाबों के रकबों पर चक आवंटित करते हुये उनका आस्तित्व ही समाप्त कर दिया गया है। अत: मै सरकार से आग्रह करती हूँ कि प्रदेश शासन को निर्देश दिया जाए कि जनपद बांदा के अमली कौर , लोहरा ग्राम प्रक्रियाधीन चकबंदी प्रक्रिया में एक उच्चस्तरीय जांच समिति बनाने के लिए कदम उठाने की कृपा करें।

(xviii) Need to introduce 'Right to Learning Bill' in Parliament

श्री सनातन पांडेय (बलिया) : बलिया की क्रांतिकारी और शैक्षिक चेतना से प्रेरित जनता का प्रतिनिधि होने के नाते मैं आपका ध्यान भारतीय शिक्षा व्यवस्था की एक गंभीर चुनौती की ओर आकर्षित करना चाहता हूँ। वर्ष 2009 में लागू शिक्षा का अधिकार (RTE) अधिनियम ने विद्यालयों तक पहुँच बढ़ाने, नामांकन में वृद्धि करने तथा शिक्षा को संविधान के अनुच्छेद 21A के अंतर्गत मौलिक अधिकार बनाने में ऐतिहासिक भूमिका निभाई है। यह सामाजिक न्याय और समान अवसर की दिशा में एक महत्वपूर्ण कदम रहा है। किन्तु आज यह प्रश्न हमारे सामने खड़ा है कि क्या विद्यालय में प्रवेश मात्र से शिक्षा का उद्देश्य पूरा हो जाता है? लाखों बच्चे विद्यालयों में उपस्थित हैं, परंतु उनमें से बड़ी संख्या अपेक्षित स्तर की पढ़ने, लिखने और गणितीय दक्षता प्राप्त नहीं कर पा रही है। एक ओर सीमित संख्या में छात्र विश्वस्तरीय प्रदर्शन कर रहे हैं, वहीं दूसरी ओर करोड़ों बच्चे बुनियादी अधिगम कौशल से वंचित हैं। अतः मेरा दृढ़ मत है कि अब भारत को "शिक्षा के अधिकार" से आगे बढ़कर "सीखने के अधिकार" (Right to Learning) को कानूनी मान्यता देनी चाहिए। मैं सरकार से आग्रह करता हूँ कि आगामी संसद सत्र में "राइट टू लर्निंग अधिनियम" प्रस्तुत किया जाए, जिसमें निम्नलिखित प्रावधान शामिल हों:

1. प्रत्येक बच्चे के लिए कक्षा 3 तक मूलभूत साक्षरता एवं संख्यात्मक दक्षता (FLN) की

कानूनी गारंटी।

2. विद्यालयी सुविधाओं के साथ-साथ सीखने के परिणामों (Learning Outcomes) को शिक्षा का प्रमुख मानदंड बनाया जाए।
3. स्वतंत्र एवं नियमित राष्ट्रीय अधिगम मूल्यांकन प्रणाली स्थापित की जाए।
4. अनुसूचित जाति, अनुसूचित जनजाति, पिछड़े वर्गों, लड़कियों, ग्रामीण क्षेत्रों तथा आर्थिक रूप से कमजोर वर्गों के बच्चों के लिए विशेष शैक्षिक सहायता सुनिश्चित की जाए।
5. शिक्षकों के प्रशिक्षण, क्षमता निर्माण तथा उत्तरदायित्व को अधिगम परिणामों से जोड़ा जाए।
6. सीखने की कमी से जूझ रहे बच्चों के लिए राष्ट्रीय अधिगम पुनर्प्राप्ति मिशन (Learning Recovery Mission) संचालित किया जाए।
7. सरकारी विद्यालयों में पर्याप्त एवं न्यायसंगत सार्वजनिक निवेश सुनिश्चित किया जाए।
8. प्रत्येक बच्चे के लिए गुणवत्तापूर्ण सीखने को एक कानूनी, न्यायसंगत और प्रवर्तनीय अधिकार बनाया जाए।

राष्ट्रीय शिक्षा नीति 2020 ने बुनियादी साक्षरता और संख्यात्मक दक्षता को राष्ट्रीय प्राथमिकता घोषित किया है। अब आवश्यकता इस बात की है कि इस लक्ष्य को कानूनी आधार प्रदान किया जाए ताकि प्रत्येक बच्चे तक गुणवत्तापूर्ण शिक्षा और वास्तविक अधिगम पहुँच सके। मैं भारत सरकार से आग्रह करता हूँ कि आगामी संसद सत्र में "Right to Learning Bill" प्रस्तुत कर इस दिशा में ऐतिहासिक पहल करे तथा देश के प्रत्येक बच्चे के लिए सीखने की संवैधानिक गारंटी सुनिश्चित करे।

(xix) Need to establish an Integrated Fruit Pulp Research Centre with cold storage facility at Anaicut in Vellore, Tamil Nadu

SHRI D. M. KATHIR ANAND (VELLORE): The Anaicut Assembly Segment in

Vellore Parliamentary Constituency is endowed with favourable agro-climatic conditions and fertile soils, making it an important horticultural region of Tamil Nadu. The area is well known for the cultivation of mango, banana, guava, custard apple and several other fruits, providing livelihood to a large number of farmers. Despite the region's immense horticultural potential, there is no Central Government-funded Integrated Fruit Pulp Research Centre or Integrated Cold Storage Facility to support scientific research, value addition, post-harvest management and marketing of fruit produce. Consequently, farmers suffer considerable post-harvest losses, inadequate processing facilities and reduced income. An Integrated Fruit Pulp Research Centre in Anaicut should undertake research on advanced fruit processing technologies, enhancement of shelf life, development of value-added products, phytochemical analysis of regional fruits for nutraceutical and pharmaceutical applications, and innovative green technologies using fruit-based bioactive compounds. The Centre should also include an Integrated Cold Storage Facility with pre-cooling, grading, sorting, ripening, packaging and scientific storage infrastructure to minimise wastage, improve quality, facilitate exports and ensure better price realisation for farmers. The establishment of such a Centre would strengthen horticultural research, promote food processing industries, generate rural employment, encourage agri-entrepreneurship and substantially enhance the income of farmers across Vellore and neighbouring districts. I, therefore, urge the Union Government to allocate adequate funds and take expeditious steps to establish an Integrated Fruit Pulp Research

Centre with an Integrated Cold Storage Facility in Anaicut Assembly Segment of Vellore Parliamentary Constituency, Tamil Nadu.

(**xx**) **Need to re-establish Gujarat State Road Transport Corporation (GSRTC) Passenger Transport Facilities and Bus Terminal Services in Daman and Silvassa**

श्री उमेषभाई बाबूभाई पटेल (दमन और दीव) : वर्ष 1960 में गुजरात राज्य के गठन के बाद से गुजरात राज्य सड़क परिवहन निगम द्वारा दमन एवं सिलवासा सहित इस यूटी को परिवहन सेवाएँ प्रदान की जाती रही हैं। इसके लिए दमन एवं सिलवासा में कंट्रोल प्वाइंट, यात्री पूछताछ केंद्र, अग्रिम टिकट बुकिंग, विद्यार्थी एवं दैनिक यात्री पास वितरण तथा चालक-परिचालकों के विश्राम हेतु आवश्यक सुविधाएँ विकसित की गई थीं। इनका लाभ प्रतिदिन हजारों नागरिक, विद्यार्थी, श्रमिक एवं पर्यटक उठाते थे। किन्तु पिछले लगभग आठ वर्षों से अधिकांश सुविधाएँ बंद हैं। वर्तमान में समुचित बस स्टैंड, पूछताछ केंद्र, अग्रिम आरक्षण एवं यात्री सहायता जैसी मूलभूत सुविधाओं के अभाव में स्थानीय नागरिकों, विद्यार्थियों, श्रमिकों तथा गुजरात एवं अन्य राज्यों से आने वाले पर्यटकों को भारी कठिनाइयों का सामना करना पड़ रहा है, जिससे क्षेत्र की पर्यटन एवं आर्थिक गतिविधियाँ भी प्रभावित हो रही हैं। अतः मैं भारत सरकार से आग्रह करता हूँ कि गुजरात सरकार एवं GSRTC के साथ समन्वय स्थापित कर दमन एवं सिलवासा में आधुनिक बस स्टैंड, कंट्रोल प्वाइंट, पूछताछ केंद्र, अग्रिम टिकट बुकिंग तथा विद्यार्थी एवं दैनिक यात्री पास वितरण सहित सभी आवश्यक यात्री सुविधाएँ शीघ्र पुनः प्रारंभ कराई जाएँ, जिससे दमन, सिलवासा, उमरगाम, वलसाड, पारडी, कपराडा, धरमपुर एवं आसपास के लाखों नागरिकों को सीधा लाभ मिल सके।

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माननीय सभापति: अगर आप नीट पर चर्चा चाहते हैं तो माननीय संसदीय कार्य मंत्री जी ने कह

दिया है। आप इसके बारे में नियम के तहत लिख कर दें।

… (व्यवधान)

माननीय सभापति: संसदीय कार्य मंत्री जी ने कह दिया है। इस नीट पर चर्चा के लिए सरकार तैयार है।

… (व्यवधान)

श्री राहुल गांधी (रायबरेली): आप हमें बोलने दीजिए। … (व्यवधान)

माननीय सभापति: यह माननीय स्पीकर तय करेंगे, बिजनेस एडवाइजरी कमेटी तय करेगी। सरकार चर्चा करने के लिए तैयार है। सरकार ने विस्तार से कह दिया है।

… (व्यवधान)

12.12 hrs

At this stage, Shri Hibi Eden, Sushri Mahua Moitra and some other hon. Members went back to their seats.

माननीय सभापति: अब अगर सरकार चर्चा करने के लिए तैयार है, तो निश्चित तौर से यह व्यवस्था माननीय स्पीकर साहब देंगे।

… (व्यवधान)

HON. CHAIRPERSON: Any agenda of the House will be decided only by the Business Advisory Committee.

… (*Interruptions*)

HON. CHAIRPERSON: Please give your Resolution to the hon. Speaker.

… (*Interruptions*)

माननीय सभापति : अब आप इसे माननीय स्पीकर साहब पर छोड़िए।

… (व्यवधान)

माननीय सभापति : अगर सरकार इस पर तैयार है तो मैं चाहूंगा कि आप इसके लिए माननीय

स्पीकर साहब से बात करें।

… (व्यवधान)

माननीय सभापति : आज बहुत ही महत्वपूर्ण बिल लगा हुआ है।

… (व्यवधान)

12.13 hrs

At this stage, Shri Hibi Eden, Sushri Mahua Moitra and some other hon. Members came and stood on the floor near the Table.

… (*Interruptions*)

HON. CHAIRPERSON: Justice delayed is justice denied. There are a huge number of cases pending in the respective courts.

… (*Interruptions*)

माननीय सभापति: आप क्या कर रहे हैं?

… (व्यवधान)

माननीय सभापति : मैं चाहता हूं कि महत्वपूर्ण बिल पर चर्चा हो। माननीय सुप्रीम कोर्ट के जजेज की संख्या बढ़ाने के लिए सरकार आज एजेंडे में बिल लेकर आई है। आप उसको पास नहीं करने देना चाहते हैं।

… (व्यवधान)

माननीय सभापति : सभा की कार्यवाही सोमवार दिनांक 27 जुलाई, 2026 को प्रातः ग्यारह बजे तक के लिए स्थगित की जाती है। धन्यवाद।

12.14 hrs

The Lok Sabha then adjourned till Eleven of the Clock on Monday, July 27, 2026/ Sravana 05,1948 (Saka).

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ANNEXURE-I

(i) Member-wise Index to Starred Questions

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8	Shri Brijendra Singh Ola	81
9	Shri Bunty Vivek Sahu	92
10	Shri Dineshbhai Makwana	86
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21	Dr. Kirsan Namdeo	939, 1023
22	Dr. Lata Wankhede	1125, 957
23	Dr. M K Vishnu Prasad	1049
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25	Dr. Manna Lal Rawat	928
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27	Dr. Raj Kumar Chabbewal	973
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